THE PERCEPTIONS, EXPERIENCES AND CHALLENGES IN THE PROFESSION OF

SCHOOL PSYCHOLOGY:

EVIDENCE FROM LEBANESE ANGLO-SAXON SCHOOLS.

_____

A Thesis

presented to

the Faculty of Humanities

at Notre Dame University- Louaize

_____

In Partial Fulfilment

of the Requirements for the Degree

Master of Arts in Educational Psychology

_____

by

EL CHEMOR HALA

JANUARY, 2021

Notre Dame University - Louaize

Faculty of Humanities

Department of Psychology, Education and Physical Education

We hereby approve the thesis of

EL CHEMOR HALA

Candidate for the degree of Master of Arts in Educational Psychology

Dr. Simon Abou Jaoude

Chair

Fr. Dr. Joseph Tannous.

Committee Member

Dr. Chady Rahme

Committee Member

Dedication

Dedicated to my father Michel El Chemor. Thank you for the unconditional love, for believing in me, for your support and for allowing me to pursue my dream. Thank you, Sir.

This one is for you Dad!

Table of Contents

Abstract

  School psychology appears to add credibility to the schooling and learning process of children. The profession of school psychology is relatively lesser known and appreciated. School psychologists' main concern is the psychological, emotional, and social well-being of the students. The role of the school psychologists is very important, although very little research has been done on the perceptions, experiences, and challenges that school psychologists undergo in their profession in Lebanon. A phenomenological qualitative research is used in this study. The study is based on a set of interviews conducted with ten school psychologists working in eight Lebanese Anglo-Saxon schools. The school psychologists that participated in the study were sent questionnaires through e-mail or interviewed separately by the researcher in person or over the phone. The participants were asked about their perceptions, experiences, and challenges in relation to supporting students with difficulties. Data analysis explored the essential themes and experiences encountered by the school psychologists. Six major themes emerged from the data analysis; Schools' relationship to mental health services; Psychologists as front liners in mental health in school; School based mental health approaches and applications on students; School psychologists' view of challenges and concerns; School psychologists and community partners, and Lessons learned from field. The findings of the study support that schools are the ideal setting to commence mental health work.

Key Words: Education; Psychology; School Psychologist; Mental health; Schools; Teachers; Parents; Students, Difficulties, Experiences, Challenges, Perceptions, Qualitative Research.

Introduction

Of the many branches of psychology, school psychology and educational psychology appear to add credibility to the schooling and learning process of children. At first glimpse, they may seem to be very little difference between the two fields. While educational psychology better work to address area of academic concern, the two are quite different in many ways.

The first and second paragraphs of the American Psychological Association (APA) define School psychologist as the following:

"Individuals prepared to intervene at the individual and system level with the aim to develop, implement, and evaluate preventive programs. In these efforts, they conduct ecologically valid assessments and intervene to promote positive learning environments within, which learners from diverse backgrounds have equal access to effective educational and psychological services to promote healthy development" (APA, 2010).

The American Psychological Association (APA) Division 15 describes Educational Psychology as the following:

"Educational Psychology provides a collegial environment for psychologists with interests in research, teaching or practice in educational settings at all levels to present and publish papers about their work in the theory, methodology, and applications to a broad spectrum of teaching and learning lesson." (American Psychological Association, 2000, p.7). In Lebanon, there are universities that offer Master's degrees in School Psychology (Lebanese University). Other universities offer a Master's Degree in Educational Psychology (Notre Dame University), while other would name their program General Psychology with emphasis in Guidance and School Counseling (Haigazian University). However, the new reform law in Lebanon issued in March

2017 uses officially the psychological services offered in schools as "Educational Psychology" (MoPH, 2017).

As compared to Clinical Psychology, the profession of School Psychology is relatively lesser known and appreciated. Even school administrators lack the knowledge about the specific roles and responsibilities of the School Psychologists. Abroad, School Psychologists, or Educational Psychologists as they call them in Lebanon, are called School Counselors.

Psychological Services in schools were up until recently somehow available in reputable schools despite the continued variability in delivery systems and practitioner qualifications. In March 2017, the Ministry of Public Health passed a law that dictates the below as taken and translated from the Official Gazette, which is a periodical publication that has been authorized to publish public or legal notices: In order for an individual to be able to practice as a psychologist, may it be clinical or school; one should have a master's degree in one of these respective field and should have completed 400 hours of supervised and applied training, after which the individual sits for the colloquium certificate (excluding graduates from Lebanese University) to receive an official license to practice the psychology profession from the Ministry of Public Health. These changes continue to evolve in an effort to make the work of practicing School Psychologists available to all students, parents, teachers, and the community. "Education in Lebanon badly needs psychological services" said Professor Shahe Kazanan following his presentation on the History of psychology in Lebanon at AUB. "The state is not taking advantage of making use of school psychology- every single school in Lebanon should have a school psychologist" he continued (Daily Star, March 2016).

Rationale of the study

Increasingly, the position of the school psychologist, with the new reform law in 2017, is being recognized as a key role in the school setting, joint with the roles of educators and principals. The psychological, emotional, and social well-being of the students are the main concern of everyone at school, particularly to the school psychologist. While doing my 400 hours of training in a Lebanese Anglo-Saxon Catholic school, I observed closely an exciting profession that made me navigate towards becoming an accomplished school psychologist in the near future. I started to be intrigued by what a psychologist really experiences in a school context, and how they handle mental health issues and academic difficulties as well as social interactions. In my observation, I came to realize the increase in mental health problems among the youth and the need of mental health awareness in a big part of the society. Parents, educators, principals, and individuals working in schools are becoming more aware of students' academic difficulties and mental health issues.

The psychologists in the school in which I was training as an intern were clamoring for help in developing recommendations to include in the assessments they were conducting. After hours of parents and teachers' interviews, classroom observations, and diagnostic testing in school, they would prepare lengthy reports detailing the students' academic or behavioral problems. As part of that effort, I noticed the breadth of knowledge, roles, and responsibilities of school psychologists that provides an incredible opportunity to contribute to the well-being of children, families, and the school. On the other hand, school psychologists do encounter challenges and limitations within their scope of work. The last decade has seen a dramatic rise in the diversity and intensity of students' academic needs, along with greater demands for accountability due to accreditation and quality education. There have been numerous calls from

schools urging school psychologist to implement strategies and practices to assist students with learning, emotional, and behavioral challenges.

While doing my internship at the B.A level at the Hospital of the Cross, my happenstance was totally different with the population that was being observed there. They were patients that resided in hospitals and not students at school. I realized the increase in awareness from family members when it came to mental illness and the readiness and willingness of family members to help the patient as much as possible. The psychologist's role in that environment is extremely crucial, as he/she plays the bridge between the patient, the mental disorder, and the family. The target interfering behavior occurs differently, or unpredictably.

The purpose of this study is to highlight the perceptions, experiences, and challenges of school psychologists in Lebanese Anglo-Saxon schools. It is as well to capture any unique and shared perceptions, experiences, and challenges of school psychologist in Lebanese Anglo-Saxon schools. Specifically, this study seeks to document and understand further the experiences, outcomes, perceptions, and challenges when working with students who have mental health concerns, behavioral, and social difficulties.

The reason that this study uses the qualitative research method is the fact that the main interest of the study lies in the specific experiences of the participants. An important inherent liability that needs to be taken into consideration for all qualitative research is subjectivity brought on by the questioning of the participants. Their responses are a direct result of the experiences and encounters they have witnessed, which is perhaps the strongest feature of this study. On the other hand, even, quantitative research can be vulnerable to the participants' memory of the event which makes it not purely objective.

This thesis aims to explore the following research questions: Which school-based mental health approach provides the best support for mental health of school-age children and youth?

What are school psychologists' experiences when supporting a student with academic and psychosocial conditions? And what challenges do school psychologists face when supporting the mental health needs of students?

Mental Health and Classification Systems

In 1977, president Jimmy Carter established the President's Commission on Mental Health, which led to the Mental Health Systems Act of 1980 and to many good policy ideas, including emphasis on treatment for women, people with sexual identity problems, and disabilities. There was also a new focus on organized psychiatric care for children and adolescents.

Mental Health refers to a state of psychological stability, engagement with life and emotional balance (Gale, 2019). Mental health disorders refer to a wide range of mental health conditions — disorders that affect your mood, thinking, and behavior. Most of the mental health disorders occur between the age of 12 and 25 years (Wei et al, 2013). The International Classification of Diseases (ICD) and the Statistical Manual of Mental Disorders (DSM) are two major diagnostic manuals that provide classification systems relevant to public health, clinical diagnosis, service provision, and specific research applications. In our discussion leading up to writing this part, the researcher found herself returning to these classification systems, in addition to IDEA – Individuals with Disability Education Act – that was released in 1990 by the US Department of Education. These three classification systems have some overlaps and differences.

Diagnostic and Statistical Manual of Mental Disorders. The DSM V is a "classification of mental disorder with associate criteria designed to facilitate more reliable diagnoses of these disorders. With successive editions over the past 60 years, it has become a standard reference for

clinical practice in the mental health field." (American Psychiatric Association, 2013, p. xli).

"The classification of disorders is harmonized with the World Health Organization's International Classification of Diseases (ICD) "(American Psychiatric Association, 2013, p. xli). "The creation of the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was a massive undertaking that involved hundreds of people working toward a common goal over a 12-year process." (American Psychiatric Association, 2013, p.5).

In order to understand mental health, we first need to tackle the notion of mental disorder. The definition of a mental disorder given in the DSM-5 is as follows: A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, and developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder (American Psychiatric Association, 2013, p. 20).

Today's definition of mental health goes beyond the mere absence of mental disorders, which refers to a disorder that dramatically disrupts an individual's emotion, mood, the ability to moderate behavior and that impairs psychological function (Gale, 2019).

More often labeled learning disorders or developmental disorders diagnosis, occur at the school-age range. Some adults on the other hand may also relay to some symptoms but they typically would have first showed at some point during childhood:

- Communication Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder

- Enuresis

- Expressive Language Disorder

- Intellectual Disability

- Rumination Disorder

- Oppositional Defiant Disorder

- Reading Disorder

- Mathematics Disorder

- Encopresis

- Selective Mutism

- Conduct Disorder

- Disorder in Written Expression

- Attachment Disorder

- Social (Pragmatic) Communication Disorder

- Tourette's Disorder

- Transient Tic Disorder

- Stuttering

- Stereotypic Movement Disorder

- Disruptive Mood Dysregulation Disorder

(Grohol, 2019).

International Statistical Classification of Diseases and Related Health Problems. The ICD was created for "the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions." (WHO, 2020).

ICD defines the universe of disorders, diseases, injuries, and other related health conditions (WHO, 2020). "The first international classification edition, known as the International List of Causes of Death, was adopted by the International Statistical Institute in 1893". (WHO, 2020). "WHO was entrusted with the ICD at its creation in 1948 and published the 6th version, ICD-6, that incorporated morbidity for the first time." (WHO, 2020). On 18 June 2018, a version of ICD-11 was released (WHO, 2020).

The definition of mental health given by the World Health Organization (WHO) is as follows "Mental Health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (Olfason, 2013). Good mental health is in relation to psychological and mental well-being. The WHO's work in improving mental health of society and individuals is to prevent mental disorders, protect human rights, take care of people affected by mental disorders, and promote mental well-being. Mental disorders are identified by the combination of abnormal emotions, behaviors, thoughts, and relationships with others. Mental disorders encompass a wide range of problems with different symptoms (Olfason, 2013)

The ICD categorizes mental and behavioral problems as follows with their codes:

- F70–F79 Mental retardation

- F80–F89 Disorders of psychological development

- F90–F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

    World Health Organization. (2016) .

Individuals with Disabilities Education Act. The original version of IDEA (amended in 1990) is the Education for all Handicapped Children Act (EHCA) of 1970. IDEA is a federal law that assures all handicapped children between 5 and 18 year of age have equal opportunity in education, in most cases children between the age of 3-5 and 18-21 years old as well (Cataldo & Bullar, 2016). The purpose of IDEA is intended to ensure that equal school opportunities are provided to students with disabilities, in order for them to be provided with free education that is as close to that which is received by their healthy peers (Cataldo & Bullar, 2016). Before the original EHA (1970), one in five disabled students received their education in a public school, thus leading to numerous students to be isolated socially and being victim to a huge school disadvantage in comparison to their able-bodied peers (Cataldo & Bullar, 2016). According to the law in the USA, students must have access to specialized equipment and materials if it is necessary to the students' education. Handicapped students are as well entitled to skilled and professionally trained educators that would meet the students' needs (Cataldo & Bullar, 2016). The law requires ongoing monitoring for both the parents and the school to make sure that students are not kept out or put in special education without the knowledge nor the consent of the parents and educators (Cataldo & Bullar, 2016). The first step to the process of special education is to identify the students with various school challenges, the state and school provide programs to identify children with disabilities and therefore make the parents aware of the possible recourses which may be available to them and their child (Cataldo & Bullar, 2016). When the parent or the school notice a possibility that the students might have certain learning disabilities, they are referred to an evaluation (Cataldo & Bullar, 2016). The second step is to process the evaluation and the final step is placing the students under the sponsorship of IDEA, if they have been found to require special education (Cataldo & Bullar, 2016). There are different categories

under the IDEA which will make students eligible to special education and are as mentioned below:

Infants and Toddlers (under age 3) under IDEA are defined as individuals younger that three and in need of early intervention services due to the fact that they are experiencing developmental delays in one or more of the following areas:

- Cognitive development

- Physical development

- Communication development

- Social or emotional development

- Adaptive development

(NICHCY, 2012).

Children and Youth (Age 3 to 21) are listed by IDEA under13 different categories of services for which they might be eligible. The disability categories are as mentioned below:

1. Autism

2. Deaf-blindness

3. Deafness

4. Emotional Disturbance

5. Hearing impairment

6. Intellectual disability

7. Multiple disabilities

8. Orthopedic impairment

9. Other health impairments

10. Specific learning disability

11. Speech and language impairment

12. Traumatic brain injury

13. Visual impairment

 (NICHCY, 2012).

School-Based Mental Health Services (SMHS)

The needs of students are diverse, be them physical or psychological (August et al, 2018). High dropout, school violence, high suicide/ homicide, and bullying are high risk behavior that levels have increased across the school system. (Committee on School Health, 2004). An increase on the focus of school mental health has been observed in the recent years, with an estimation of 20% of students have received some form of mental health service (August et al, 2018). Untreated mental health problems lead to a higher risk of school dropout, family dysfunction, unemployment, drug abuse, and juvenile incarceration (Committee on School Health, 2004). "Pediatric health care professionals are becoming increasingly aware of the high levels of mental health needs of children" (Committee on School Health, 2004, p.1839). Psychosocial problems in primary care has been observed to have increased from 7% to 19% in the past 20 years (Committee on School Health, 2004). Providing the appropriate mental health needs to students is an ongoing challenge all around the world. Recent data collection suggests that 1 out of 5 students with mental health difficulties receive specialized help (Sharpe et al, 2016). The Methodology for Epidemiology of Mental Disorders in Children and Adolescents study derived the following data: 20% of children need active mental health intervention, 11% have significant functional impairment, and 5% have extreme functional impairment. As well, the study found that anxiety disorder is present in 13% of children and adolescents, disruptive disorder is found in 10.3%, substance abuse disorder is found in 2% and a total of 21% have 1 or

more mental health disorders (Committee on School Health, 2004). Educators are usually the most commonly contacted mental health support (Sharpe et al, 2016). Convincing evidence has not only indicated that there are strong positive associations between mental health and academic success, but also that behavioral and emotional problems are strong barriers to learning (Paternite, 2005). Studies on the effectiveness of school-based mental health programs have indicated that the implementation of the programs have been promising (van Vulpen et al, 2018). Improvements in decreasing of psychological symptoms and problematic behaviors as well as improvements in self-efficacy and self-esteem for youth receiving services have been observed (van Vulpen et al, 2018). One of the SMHS goals is to reach the disadvantaged students that are unable to access services in the community (van Vulpen et al, 2018). The prospect is for schools to offer another avenue to engage parents and guardians in the early promotion, identification, and treatment of their children's mental health concerns (van Vulpen et al, 2018). Sometimes the school staff who provide mental health services is composed of school psychologist, other school personnel such as counselors, clinical psychologist, social workers, and psychiatrists (Perfect & Morris, 2011).

Mental Health and the School Psychologist

Though the APA differentiates clearly between their roles and responsibilities, educational psychologist and school psychologist are two interchangeable terms in Lebanon. In our schools, school psychologists are sometimes referred to as school counselors. There are multiple demands requested from school psychologists such as social-emotional, academic, and cognitive assessments, crisis intervention, in-service education, program evaluation/research, and consultation and counseling/therapy (Perfect and Morris, 2011). Services provided by school psychologist are multifaceted and entail direct (counseling or

psychometric assessment) and indirect tasks (professional development or consultation for school staff) within the school (Kapoulitsas & Corcoran,2017). Studies have indicated that the school psychologists spend most of their time working with students within the school context and determining whether these students are eligible to special education services (Perfect and Morris, 2011). Hosp and Reschly's (2002) research indicated that the distributions of the duties of the school psychologist where as follows:

- 56% assessment
- 23% consultation
- 19% direct intervention
- 2% research/program evaluation

The presence of school psychologists within learning institutions was first established in the late 1970's and grew exponentially in the 1990s to meet the needs of students with academic, emotional, and behavioral problems. The need for school psychologists is partly attributed to the inevitable psychological consequences of ongoing rapid social change, including the political instability of Lebanon (Ayyash-Abdo, Alumddin & Mukallid, 2010). The school staff, and sometimes parents, were insensitive to or not qualified to intervene (Kazandjian, 1975; Nassif, 1960; Theodory, 1982). Until June 2018, an estimate of 44% of all students were enrolled in public schools and the majority of the rest in private schools (CRDP, 2018-2019). This number definitely increased further in the past year due to the economic inflation in the country. When it comes to school psychologists, a large discrepancy exists between the public and private school sectors in terms of qualifications, workload, and conditions. Governmental involvement and initiatives have been observed in Lebanon, especially lately with the documented recommendations to bring forth the issue of a school psychologist in every school (MoPH,

2017). Most previous governmental efforts that were observed took place in the area of special education, which was considered to fall under the umbrella of guidance and counseling (G. El-Murr, personal communication, 2006).

The primary goal of the school psychologist is to promote the students' social, emotional, and general mental health and well-being, and to support the students' academic success by using their knowledge and professional skills (Kapoulitsas & Corcoran, 2017). The training and coursework prepare school psychologists to be qualified providers of, behavioral health and mental services (Eklund et al., 2017). The training of school psychologists is different and unique from other school-based mental health professionals in such a manner that comprises education, learning theories, classroom environments, school systems, and child psychology (Perfect & Morris, 2011).

Based on limited national empirical data about the effectiveness of the profession of school psychology in the learning institutions and the need of its services, the research question that guides this study is the following: "What are the experiences, challenges, and perceptions that school psychologists undergo when supporting students with academic, behavioral, emotional, and social concerns?"

Literature Review

History of School Psychology

Definitions. The definition of school psychology is not self-evident. To understand and to be able to define faithfully what school psychology is, we need to go deep into the identity, evolution, and development of the field. Previously, school psychology was differently defined than what it is today. White and Harris (1961), in their book "The School Psychologist" described and stated school psychology (educational psychology as also

considered in Lebanon) as being a branch of psychology that concerns itself with the personality of the students in interaction with the school process. The year 1945 brought the establishment of Division 16 of the APA, formed specifically for the specialty of school psychology. In 1969, the National Association of School Psychologists was formed (NASP). NASP brought practitioners nationwide together in a more "stable and strengthened identity. (Fagen and Wise, 1994).

Nowadays, the American Psychological Association's (APA) Division of School Psychology (Division 16) definition of School Psychology, which can be found in the Goals and Objectives section of their website, is the following:

> "School Psychology is a general practice and health service provider of specialty of professional psychology that is concerned with the science and practice of psychology with children, youth, families; learners of all ages; and the schooling process. The basic education and training of school psychologists prepares them to provide a range of psychological assessment, intervention, prevention, health promotion, and program development and evaluation services with a special focus on the developmental process of children and youth within the context of schools, families, and other systems. School psychologist are prepared to intervene at the individual and system level and develop, implement, and evaluate preventive programs. In these efforts, they conduct ecologically valid assessments and intervene to promote positive learning environments within which children and youth from diverse backgrounds have equal access to effective school and psychological services to promote healthy development. (APA, 2010, paragraph 1 and 2).

NASP's website, under the section About School Psychology, reads the following answer to the question "What is a school psychologist?":

"School Psychology helps children and youth succeed academically, socially, behaviorally and emotionally. They collaborate with educators, parents, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community for all students. School psychologists are highly trained in both psychology and education, completing a minimum of a specialist-level degree program (at least 60 graduate semester hours) including a year-long supervised internship. This training emphasizes preparation in mental health and school interventions, child development, learning, behavior, motivation, curriculum, and instruction assessment, consultation, collaboration, school law, and systems. School psychologists must be certified and/or licensed by the state in which they work. They also may be nationally certified by the National School Psychology Certification Board (NSPCB). The National Association of School Psychologists sets ethical and training standards for practice and service delivery."

 (NASP, 2010).

The commonality between the two definitions is that the profession of school psychologist is concerned with the education and mental health of the students in their schools' establishments. The services provided by these professionals are targeted to children, youth, and their families within the school context but are not limited to the school setting. The definitions mentioned above indicate that school psychology is part of a wider field of psychology and in the same time connected to the field of education, as well as other helping profession. The

professional identity is molded according to how the specialty is defined, leading to the subsequent effort in formulating and refining the definitions of school psychology.

Evolution of school psychology. School psychology, like other fields in psychology, traces its origins to philosophy. The writings of the Greek philosophers are perceived as being the origins of both psychology and school psychology (Hagstrom et al., 2007). The works of Aristotle and Plato are very important to school psychology (Hagstrom et al., 2007). Many theorists and researchers have contributed to the development of school psychology such as the American students at Wilhelm Wundt's psychological laboratory, British empiricists Georges Berkley and David Hume, and James McKeen Cattell and Charles Judd, just to name a few (Hagstrom et al., 2007).

Thirty years ago, in the United States of America, school psychology's identity was much less clear and established as it is nowadays (Fagan, 2000). When comparing the history of psychology and the history of school psychology, it is clearly indicated that the important ideas and individuals have been the same for centuries (Hagstrom et al., 2007). The elements that determine the development and practice of school psychology are the status of the children and the value placed on their childhood years, the professional and experimental developments in education and psychology, and the development of special and general public education (Fagan, 2000).

A feeling of optimism about improving society through the improvement of the quality of the students stimulated multiple changes at the beginning of the 20th century.

This shift allowed the perception of children from being an economical family asset to shift to an emotional family asset, it also allowed the growth of agencies that have a mission to promote and protect the children's development (Fagan, 2000). The agencies that were put in

vigor were public schools, community service agencies, which also included psychological clinics, and juvenile courts. Among the experts were individuals who applied psychological knowledge to children. These changes were highly influenced by the particular contribution school of G. Stanley Hall and Lightner Witmer (Fagan, 2000). In the 1890's and throughout the next two decades, psychological practitioners practiced mainly clinical psychology and worked under several titles. It was not before 1910 that the title 'school psychologist' was coined and the services of the school psychologist was intertwined with both clinical and school psychology, both emerging at the same time (Fagan, 2000). Lightner Witmer is credited with being the first school psychologist. He advocated a multidisciplinary approach to serving children through an individualized psychological evaluation which would lead to specialized interventions (Amato R.C. &co, 2012). The writings of Rousseau, William James, Juan Luis Vives, Friedrich Froebel, John Dewey, and El. Thorndike offered the prospect to think about the education of the students and the purpose for education (Hagstrom et al., 2007).   Lev Vygotsky is a pioneer who pursued creating a specific field for school psychology, and believed that it was a mistake to conceive school psychology as a simple branch of applied psychology (Esteban-Guitart, 2018). Vygotsky aimed and designed to use the general or theoretical principles of psychology in the school setting (Esteban-Guitart, 2018). For Vygotsky, school psychology needed to be taught as an independent discipline (Esteban-Guitart, 2018). Vygotsky believed that children moved from an interest caused by their biological growth which, is a response to their organic needs, towards an interest in themselves as individuals (Esteban-Guitart, 2018).

What have been found to be of particular interest and application to school psychology and education is the development of intelligence testing and the child study movement. The introduction of the Binet-type scale in intelligence testing helped with the creation of special

classes, leading in 1920 to the creation of several school tests (Fagan, 2000). The relationship between intelligence and other variables and individual differences continues to be an area that is still studied nowadays (Hagstrom et al., 2007).

The history of school psychology, in comparison to that of other fields in psychology, places more interest on the inclusion of psychology in the instructors training programs and as well on the school reform movement (Hagstrom et al., 2007).

Schools have soon developed and put in place a system for the management of health, academic, and behavioral problem referrals (Fagan, 2000). The services provided varied from individual case studies with the intent to alleviate the problems of the school, to a large-scale research projects that had the goal to shape the school administrative practices which encompass the curricular demands placed upon the students, (Fagan, 2000). Young students' cases were referred by parents, teachers, or even both through the school district channels and were usually for students in their first several years of school that were suspected of academic failure, mental retardation, or giftedness. The older students were referred mostly due to concern of delinquency, school dropout, and truancy. These were the major and widespread concerns, and affected boys more than girls (Fagan, 2000).

Even though the growth of school psychology work was rapid, the turn of the century was without much formal professional development, very few training programs were available and none of the programs were specifically identified for school psychology. At the beginning of the 20th century, education psychology was unregulated. There were no credentialing guidelines, no codes of practice, nor training, and the restrictions were put in place by organized medicine and school policies (Fagan, 2000). The programs of school psychology were usually part of the education department in universities that had as its primary focus preparing teachers (Hagstrom

et al., 2007). Growth of special education has been closely entwined with the practice of school psychology, though at the beginning of the century, classes for special education were put in place and case studies mostly laid out the core on which special classes were created (Fagan, 2000).

School Psychologists and their Role

Due to the negative outcomes linked with the long-term mental health problems, school psychologists' unique position allowed them to deliver programs with a strong empirical basis. The role of school psychologists encompasses supporting the delivery of comprehensive mental health services throughout a multitiered system of support and working as mental health experts within the school settings (Shernoff et al., 2017). School psychologists have a lot to offer outside of the school setting context (Merell et al., 2006).

Making the place of the field of school psychology clear is crucial because it is unique and different in comparison to the more applied areas of psychology (Hagstrom et al., 2007). As mentioned by Hagstrom (2007), Robert Calfee in 1997 used a simple statement in which he said that school psychologists were a diverse group (Hagstrom et al., 2007). School psychologists were first concerned by the assessment of emotional, social, and intellectual development of the students and with recommending and/or developing programs that would be effective for the students (Agresta, 2004).

Curtis and his colleagues (1999) mentioned that the main role of the school psychologists remained psychometric testing but reported that the school psychologist spent an important part of his or her professional time on in-service education, consultation, and individual and group counseling (Agresta, 2004). Kikas (2014) mentioned the four qualities that have an impact on the development of psychological services in school (which were mentioned earlier by Catterall in

1979) and they are as follows: the training of teachers and quality of teaching; the level of psychologists; the level of development of a country's school system, and the level of special school services. These qualities are not the only ones that matter, but there are as well, other quality influencers that need to be taken into consideration in the preparation of school psychologists (Kikas, 2014). School psychologists should also be well informed in the world of research and have skills that will allow the school psychologists to engage in research (Merell et al., 2006).

The primary responsibility of the school psychologist is to promote the quality of life of the students, their families, and the school community (Lasser, 2005). The psychoeducational assessment of the students will continue to be a crucial task of the school psychologist. However, these assessments should be able to provide more than just a simple diagnosis or description of the problem: it should provide more useful assessment strategies, which are part of problem-solving processes and a foundation for effective interventions (Merell et al., 2006). Assessments will continue to have a primary place. Among the numerous and diverse responsibilities of the school psychologist, effective and efficient intervention and prevention activities should be their biggest daily occupations (Merell et al., 2006). Intervention and prevention activities can take place in different contexts, such as small groups, class rooms, individually, with the entire school and community-based contexts (Merell et al., 2006). School psychologists should engage in these activities in order to be able to attain a larger number of individuals and therefore influencing them positively (Merell et al., 2006).

School psychologists seek and receive information about the students through different sources. These sources are key informants that provide the school psychologist with information that allows him/her and other school leaders to identify and address the barriers and obstacles

that prevent the students from reaching success (Johnson & Hannon, 2015). The information provided by some of these sources (i.e. the teachers, parents/caregivers or even the students themselves) allow the school psychologist to leverage and use the input of the sources in the effort to positively influence the students' school experience and promote their overall wellness and achievements (Johnson & Hannon, 2015). Using different sources in order to gather information is a commonly used strategy among school psychologists. The information gathered by the reports provided by the different sources are compared to each other, in order to gather as much information as possible on the student's behaviors, which occur in different settings, such as classrooms, recess, and at home (Johnson & Hannon, 2015). The school psychologist should not only be data-oriented but data driven as well; they use effective techniques of data collection to gather, inform, monitor and adjust intervention activities and base their decisions on valid data (Merell et al., 2006).

During my internship as a school psychologist, I had the opportunity to observe students not only in their recreational times but also in the classroom at different times of the days and during different subjects. During my observation I reported on several occasions that the same student demonstrated a different behavior depending on the teacher and the time of day. This directive is reflected in practice of school psychologists, and revealed that observation of students is the most frequent assessment method utilized. In fact, school psychologists reported conducting more than 20 observations per month (Dombrowski, 2015). Such data gathering would then be compared to the information provided by other sources to the school psychologist. These reports are crucial to the school psychologist because they reflect the severity and frequency of the problem behavior. Such holistic and comprehensive assessment of the challenges faced by the students allows the school psychologist to put in place the most effective

course of action to provide the students with the best chances to succeed and feel comfortable in the school setting (Johnson & Hannon, 2015). Once a diagnosis can be put in place, the educators and the caregivers are provided with strategies and interventions for improving children's outcomes as well as accommodations that permit the child to access the curriculum (Dombrowski, 2015). Such recommendations, which are taken in school and at home, steer the support of the students academically and socially (Johnson & Hannon, 2015). School psychologists have been looked at for a long time for "their expertise in the assessment, evaluation, and delivery of mental and behavioral health services for children in schools (Kelly, 2017, p. 163).

In the early days of the profession, school psychologists worked with a restricted segment of students; especially with those who had or were suspected of having certain disabilities (e.g. learning, intellectual, motor skills to name a few), and those who might be going down a dangerous road in their life or were at risk of having negative outcomes in life (Merell et al., 2006). There will always be a need for the small portion of students who have problems with learning and behavioral and social-emotional problems. Early intervention and prevention with such a population is crucial to avoid later negative outcomes (Merell et al., 2006). The following has been backed up by longitudinal studies, which pointed towards the chronic nature of the problems (Merell et al., 2006)

Research previously done, which investigated the role of the school psychologist, indicated nine main areas of practice, which cover:

1- Assessment practitioner

2- School consultant

3- Counselor

4- Crisis and intervention team member

5- Behavior planning

6- Parental consultant

7- School community consultant

8- Special education consultant/ team member

9- In-service provider

(Mosher, 2015).

The National Association of School Psychologists (NASP) has been working towards redefining the role of school psychologists. Model for Comprehensive and Integrated School Psychological Services (2010) labels the responsibilities of the school psychologist and professional services offered by the school psychologist into 10 domains, mentioned below:

Practices that Permeate All Aspects of Service Delivery:

1- Consultation and collaborations

2- Data-based decision making and accountability

Direct and Indirect Services for Children, Families and Schools:

3- Interventions and instructional support to develop academic skills

4- Interventions and mental health services to develop social and life skills

5- Preventive and responsive services

6- School-wide practices to promote learning

7- Family-school collaborative services

Foundations of School Psychologists' Service Delivery

8- Research and program

9- Diversity in development and learning

10- Legal, ethical, and professional practice

As mentioned above, psychologists who work in schools are required to have a sound knowledge base that includes theoretical background, empirical research, and effective psychological strategies, not to mention techniques that complement the educational achievement and social and emotional development of students.

The psychological needs of preschool, primary school aged children, complementary, and secondary school aged students are very different and psychological services are tailored to meet the needs of these four unique developmental stages.

Mental Health Programs in the School Setting

Current statistics about mental health highlight that less than a third of the youth in need of mental health are receiving the appropriate mental health treatment. There is a need for empirically validated prevention programs and early intervention strategies, which remain the biggest challenge in order to minimize the number of students in need of assistance (Taylor, 2000). The importance of a well-resourced and highly trained psychology workforce in schools to provide prevention, early intervention, and intervention support for students who experience or are at risk of mental health problems and disengagement from school has been long discussed in most educational forums. (Langley et al., 2010) "The prevalence of psychiatric disorders among youth is of concern because of the potential impact of children's mental health difficulties on school-related problems" (Perfect & Morris, 2011, p. 1049). School-based intervention and prevention practices have become crucial in the reduction of incidences related to mental health issues that interfere with social development and learning (Reinke et al., 2011). It is imperative that school administrators and mental health professionals align policies with practice, so that

they can create and sustain together a comprehensive and integrated approach for the issue of mental health in the educative establishment (Taylor, 2000).

A clear connection has been observed between learning, mental health, and the services and education that promote social and emotional health which enhances the students' ability to be able to succeed and overcome challenges that impede with their learning and healthy development (Taylor, 2000). Policy makers, educators, and professionals have acknowledged the important role that schools play in addressing the mental health needs of students and have backed the application of school mental health programs (Wei et al., 2013). When discussing early intervention, a "one size fits all" is not the most appropriate approach to take as mentioned by Evans and colleagues. A more individualized and personalized approach would be more effective in order to ensure the success of the students (Taylor, 2000). A review of relevant literature has suggested a critical novelty, in order to reach a large number of students, and that is, to treat the students at school, the lieu where they spend most of their time during their childhood (Kirk et al., 2018). The school establishment is the ideal place for both identifying and providing therapeutic intervention for mental health issues (Kirk et al., 2018). In the U.S., many schools already provide prevention services, programs for behavioral problems, and a variety of other social-emotional support services (Langley et al., 2010).

To ensure that School Mental Health Programs (SMHP) became very crucial and essential part of the school system around the globe (Srikala & Kumar, 2010). SMHP have been put in place and research has shown that improvements in self-efficacy and self-esteem of the students have been observed. Van Vulpen et al. (2018, p.104) remarked that "studies on their effectiveness have been promising". These programs consist of two primary models: the co-located and the expanded SMH. The co-located SMHP generally entails one on one or individual

therapy which is provided by the school, whereas expanded SMH is a partnership between the schools and the community where the students are treated by a team composed of multidisciplinary professionals (Kirk et al., 2018). SMH sessions often and more generally occur during the time where the students would otherwise be attending lessons in the classroom. This approach addresses the need for efficient delivery of intervention in order to reduce the effect of lost instruction time (Kirk et al., 2018). The SMHP, whether extended or co-located, have indicated large effects in the reduction of problem behavior and mental health symptoms in general, as well as being effective in the treatment of both internalized and externalized problem behavior, the improvement in academic outcomes, safeguarding of general emotional distress, and discipline referrals (Kirk et al., 2018). Meta- analysis studies have indicated the positive effect of the SMHP, which use Cognitive Behavioral Therapy (CBT) within their programs and are therefore enable to reduce both anxiety and depressive symptoms in students of all ages (children and adolescents). The use of modular approaches to CBT have also proved to be beneficial (Kirk et al., 2018, p. 499). SMHP has had positive results in the treatment of Attention-deficit/hyperactive Disorder (ADHD) and has been used not only in psychological treatments but also to avert students at risk of suicidal ideation or psychological symptoms that might extend into clinical stages (Kirk et al., 2018).

Currently there are different models put in place to provide mental health services in schools but only a mere amount is known about the quality of the services provided (Langley et al., 2010). Responsiveness to intervention (RTI) is a multi-tiered service-delivery model. However, much discussion remains surrounding the issues of how many tiers constitute an adequate intervention (O'Connor, Fulmer, & Harty, 2003; Tilly, 2003; Vaughn, 2003; Marston,

2003). RTI is most frequently viewed as a three-tiered model, similar to those used for service-delivery practices such as positive behavioral support.

The application of RTI is typically understood within the context of a multi-tiered model or framework that delineates a continuum of programs and services for students with academic difficulties. The first tier is a process whereby all students are instructed using sound and evidence-based teaching practices designed to allow all students to succeed. If students fail or struggle to learn a particular concept, they may be moved to Tier 2, which focuses on targeted instruction /intervention and supplemental support with small group instruction. If a student grasps the concept, they can return to the general Tier 1 learning environment. However, students who continue to fail to make progress are moved to Tier 3. This last Tier is typically comprised of individual instruction, "which may be special education in some areas" (Mastroppieri, Scruggs, Hauth, & Allen-Bronaugh, 2012, p. 231). The third tier of health services marks the smallest population of students and addresses students with severe mental health symptoms and diagnoses (Committee on School Health, 2004).

In response to the need for lengthened mental health services for students of all ages, research on the use of selective (i.e. students at risk) and universal (i.e. all students) school-based intervention for emotional, behavioral, and mental problems has grown tremendously (Reinke et al., 2013). School-based mental health services (SBMHS) have the capacity to address both financial and structural barriers that might be the cause for individuals not to seek treatment (Millar et al., 2013).

At the moment, school-based mental health programs (SBMHP) fall under two categories: those that focus on specific mental illnesses and those that focus and address mental health and mental illness in general (Reinke et al., 2013). Families are turning toward schools for

support with their children mental health issues, as that is where they spend most of their waking hours. Research has indicated that schools are now perceived as the most common and most preferred place for the delivery of mental health services. Of those who do get help, nearly two thirds do so only in school. (Millar et al., 2013).

Mental Health services (MHS) have several advantages when they are school-based, such as early identification, early intervention, and optimal environment for prevention.

The SBMHS may endorse higher communication, collaboration, and consultation among professionals that work with students and permit the sharing of information that otherwise might not be accessible and available in other intervention settings (Millar et al., 2013).

The SBMHS may be less stigmatizing for families, and therefore offer a better opportunity to connect with students in comparison with community-based mental health services, as well as positively impacting professionals working in the school setting (Millar et al., 2013).

The SBMHS has benefits on both the social and emotional climate of the school (van Vulpen et al., 2018). They support the mission and purpose of schools: learning. All services provided in schools should be appropriate to the learning environment; those that are not risk being ineffective or even counterproductive.

There is no explicit "best practice" model when it comes to SBMHS. They are being delivered in diverse ways. In the past, SBMHS have been restricted and regulated mostly to clinical consultations, treatment services, and assessments of students in or being referred to special education (Paternite, 2005). The SBMH programs and services enhance the mental health care of students but involve effective and collaborative strategies with the aim to promote students' success in school and promoting mental health (Paternite, 2005).

These efforts have not been without challenges. Both schools and mental health services are faced with the realities of developing and implementing programs with fewer funding and fewer professional staff while continuing to address administrative mandates. The following are reasons that have been identified as challenges to school mental health services: access of training, lack of funding, limited school mental health professionals, and world demands for educators (van Vulpen et al., 2018). Moreover, SBMH staff, programs, and services have been historically considered by educators as not being part of the academic mission of schools but as an "add on" (Paternite, 2005).

After discussing the role of a school psychologists, their responsibilities, and tasks as well as the mental health programs and services in the school setting, the next chapter will discuss the theoretical framework that supports the theory of the research study.

Theoretical Framework

In this theoretical framework, the researcher will investigate the structure that can hold or support theory of the research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists. This study used two core intertwined theories: Social Constructivism and Phenomenology. The manner in which these two theories work with the data and research significantly complement each other and sustain the process of discovering the themes brought forward by the collection of stories given by the school psychologists in the selected schools.

Social Constructivism

Social Constructivism was developed in Russia in the 1930's in conjunction with Piaget's cognitive constructivism. These two paradigms have various similarities (Schreiber & Valle, 2013). The effect of social constructivism has since extended throughout the psychological

disciplines, from cognitive psychology, to social psychology, psychology of gender, organizational psychology, abnormal psychology, counseling psychology, abnormal psychology, and cultural psychology (Knapp, 2019). Constructivism's central idea is that human learning is constructed; that learners build new knowledge upon the foundation of previous learning. This prior knowledge influences what new or modified knowledge an individual will construct from new learning experiences (Phillips, 1995).

Social constructivism believes that knowledge is constructed by the lived experiences of the individual (Schreiber & Valle, 2013). In the school setting, constructivism is defined as the understanding that happens as a result of the student's mental activities. Learning is a social activity and social interaction highly impacts the student's knowledge, which is obtained through active constructs. (Walker & Shore, 2015).

There is no one feature which could be said to identify a social constructionist position, but there are assumptions among individuals who identify as such. Some of the following points are stressed upon by social constructivism: First, when an individual interacts with his or her peer, a social negotiation of meaning takes place and the development of his or her personal understanding of the behavior and concept takes place. Second, constructivist teaching believes students are able to have their own production of knowledge as far as they are given with meaningful guidance and experience through a more knowledgeable peer or educator. Third, the educator's role is to guide, advise, monitor, coach, and facilitate learning all the while encouraging the students to hold the wheels of the learning process. Finally, individuals interact in sociocultural setting that shapes the student's understandings (Schreiber & Valle, 2013). The student's learning or knowledge is established and improved through a collective process of construction and creation. So, social constructivism, consequently discusses the interconnections

among individuals and their social worlds (Walker & Shore, 2015). Students need to apprehend the fact that each individual has a unique constructed knowledge but that social groups of individuals commonly hold much knowledge. The knowledge we obtain is through social interactions within specific and diverse societal and social contexts; these contexts are affected by an innumerable factor, which might be power, relationships, and gender, and are mediated by knowledge of various cultures and tools to which each individual belongs (Knapp, 2019)

Lev Vygotsky (1896-1934) is a pioneer in the world of social constructivism and has become highly significant in the field of developmental and school psychology (Knapp, 2019). Vygotsky, originally a Russian teacher and then a psychologist, explained that the child learns through his or her interactions and communications with others. He examined how the social environment influences the learning process. He suggested that learning takes place through the interactions students have with their peers, teachers, and family members. Consequently, teachers can create a learning environment that maximizes the learner's ability to interact with each other through discussion, collaboration, and feedback. (Overall, 2007). Learners need to be challenged with learning material that, if left on their own, they would be unable to complete, but if helped, they could successfully learn. This is called Zone of Proximal Development and was brought forth by Vygotsky (Walker & Shore, 2015). John Dewey and Vygotsky shared the same ideas when it comes to the relationship of activity and learning/development (Glassman, 2001).

John Dewey (1859-1952) is an American philosopher, pedagogue, psychologist, and public intellect (Tarrant & Thiele, 2016). Dewey is one of the few educators that has gained a worldwide influence and who has worked both in practice and in theory (Mchitarjan, 2000). Dewey's pragmatic social behaviorism has many implications for social constructivism. Dewey adopted a child-centered point of view; he focused on student learning, experience, and growth,

he places an equal emphasis on teachers' instructions and student growth. He spoke about 'self-realization, "growth", and designing the curriculum to the interest of the children. He advocated the 'interactive', 'problem-solving', and 'child centered' approaches to education (Beckett, 2018). Dewey's main concepts of education are the following: Education involves adults communicating to the young, their life experiences in the context of shared activities, the means of social renewal is education and education alone, "growth is a constant reorganizing and reconstructing experience", education is child-centered and teacher-centered, the young use the past as a resource in developing a future while adults focus on accommodating the future to the past. The reconstruction of experience is not only social but also personal. Moreover, he says that education eliminates 'obvious social evils', maintains "established custom', and is 'a constructive agency of improving society" (Beckett, 2018).

Phenomenology and Phenomenological Research

Phenomenology is an educational qualitative research design (Padilla-Diaz, 2015). Apparition or manifestation is one of the meanings of the word 'phenomenology' which derives from the Greek language and is defined as the school or philosophy that explains consciousness and it us based on the analysis of phenomena that are observable (Dall'Alba, 2009). Phenomenology has recently become a meaningful and useful design among social sciences and educational research as a real and genuine way of showing realties that have been experienced in the real lives of the participants (Padilla-Diaz, 2015). Phenomenology had a noteworthy impression in the history of modern Eastern philosophy and was first coined by Husserl and then developed by Heidegger before other researchers took it up as a theory of study. The thinkers that took up phenomenology after Heidegger shaped sociology, anthropology, and philosophy in the modern era (Peters, 2009). It is identified and practiced as a style of thinking, and started as a

movement before reaching to complete awareness of being a philosophy (Kim, 2012). The

impact of phenomenology extends to give new insights into what living, learning, and playing in

the world means (Dall'Alba, 2009). Studying students' personal lived experiences from the

perspective of phenomenology plays a prime role in better educating and understanding the

students (Kim, 2012). Phenomenology provides educators with crucial and interesting tools on

how to best teach students and how the students experience the learning process (Kim, 2012).

"Phenomenology studies the structure of consciousness as it is experienced from the first-person

perspective, focusing on the central characteristic of intentionality" (Peters, 2009, p.1).

Qualitative research is contextualized in various philosophical models which focuses on different

conceptions of reality. According to some, the main philosophical models include positivist,

post-positivist, constructivism, post-modernism, and critical theory (Dall'Alba, 2009). A

common misconception today about phenomenology is that it can be used in all qualitative

approaches (Padilla-Diaz, 2015). Kant utilized the term phenomenology in his work, where he

differentiated between the mental representations of objects (knowledge independent from

experience), understanding the object for the thing it is in itself, and the object understood after

experience (Dall'Alba, 2009).

There are three types of phenomenology and general usage criteria:

- Eidetic (essence) or transcendental phenomenology: With regards to the individual

  experience, it analyses the essence that is perceived by the consciousness of the

  participant

- Hermeneutical or descriptive phenomenology: It refers to studying the personal

  experience, and demands an interpretation or description of the meaning of phenomena

  experienced in an investigation by the participants

- Egological, constitutional or genetic phenomenology; It refers to the analysis of the self as a conscious entity. This type appeals to universal consciousness.

(Padilla-Diaz, 2015, p.103).

Epokhé, which means 'doubt' in Greek, was used by Giorgi in 2009 as a concept to refer to suppression or suspension of judgements and the positioning of the researcher with regard to the experiences of the studied phenomena. (Padilla-Diaz, 2015, p.102) It therefore ensures objectivity while processing the data analysis in a qualitative research. The term has as well been adapted generally in qualitative investigation and not just pure phenomenology (Padilla-Diaz, 2015). In phenomenological research, participants are primarily picked by purposive sampling, i.e. a specific criterion needs to be met by the participants at the moment of selection. The most used data collection strategy in phenomenology is profound interview and its main focus is the description of the meanings of phenomena. The data analysis in this type of research is categorized by epokhé, identifying essences and common meanings, "horizontalization" of data, structural and textual analysis. Textual analysis signifies the description of what the participants expressed. Structural analysis means the interpretation of how the participant expressed him/herself (Padilla-Diaz, 2015).

Creswell (2013) describes the following steps to intricate phenomenological analysis:

1. The researcher describes his or her own experience with the object of study in order to identify personal judgments and prejudices so that they don't affect the process of analysis.

2. The researcher proceeds with the "horizontalization" of data. This refers to the process wherein the researchers list each of the relevant quotes of the studied topic and gives them equal value with regard to the expressions of the group. This is where the textual

description begins. What are the participants saying? What are the relevant topics expressed by the research participants?

3. The researcher groups the relevant topics into units of meaning.

4. The researcher writes the textual description and includes "ad verbatim" quotations.

5. The researcher writes the structural description.

Finally, according to the textual and structural analysis, the researcher proceeds to identify the essence of the phenomenon, and focuses on the common elements repeated in each of the researched participants.

Phenomenological research regroups stories and searches for understanding and meaning of the participants' words. Social constructivism believes that the participants are experts of their own experiences and understanding is acquired by the experience of the participants. The approach used to select the participants and the data analysis (textual and structural analysis) are all components used in this study. For these reasons the researcher chose this theoretical framework.

Methodology

The study is intended to gather information that is relevant and to help develop an understanding of school psychologists' overview, approaches, experiences, and challenges while supporting students with mental health concerns. A qualitative and phenomenological approach was used in this study to describe the experiences and challenges of the participants in details. The section that follows will portray how the participants were recruited, how the interview procedure took place, and the data analysis.

Participants

This study involved ten school psychologists from seven Anglo-Saxon schools in the Metn and Keserwan area of Lebanon. The recruited psychologists' work experience ranges from two to twenty-eight years. The school psychologists that were recruited work with students ranging from kindergarten to Grade 12, and were chosen by a purposive sampling approach. Anglo-Saxon Schools are schools that have English as a first language and teach most of their subjects in that language. Those subjects are science, math, physics, chemistry, literature, philosophy and others. All participants have been hired by the School and work as their school psychologists. Three out of ten psychologist have a Master's degree in educational psychology, whereas the rest have a Master's in clinical psychology paired with clinical training and carry an understanding of child and adolescent mental health.

The researcher visited the schools' websites in order to obtain the school psychologists' email. For those who didn't have their email available on the website, the researcher contacted the school by phone and requested from the administration to provide the researcher with the school psychologists' e-mail, after which the researcher used e-mail as a channel to contact the participants. The e-mail sent included the participants' consent letter, recruitment letter, and related ethical protocols, as well as the two semi structured and open-ended questionnaires. There was an attempt by the researcher to specify the research to Christian Anglo-Saxon schools, but the number of available psychologists was not enough, as per the statistician's recommendation. The reason for choosing Anglo-Saxon schools is due to the fact that Notre Dame University is an Anglo-Saxon University and the researcher found it interesting to use this as a criterion in the study.

Interview Procedures

A pilot study for the questions took place before distributing the questionnaire to the selected psychologists. The interviews were conducted over 2019 and 2020. Before meeting and providing the selected psychologists with the questionnaires, information, and consent letters were sent to them by e-mail. A phone call was made to the selected psychologists to schedule a meeting. A visit to the school psychologists was scheduled with the purpose of explaining the goal of the research and the confidentiality protocol. Due to the Coronavirus situation, it was not possible to meet with all the school psychologists. In some cases, a face to face interview was possible. In other cases, the participants either filled the questionnaire electronically, or the interviews were done on mobile applications such as Skype and WhatsApp call.

During the initial phone call, the researcher asked if it was possible to interview the psychologist and that the questions will be sent by e-mail. This was done in order to give them an idea of what the questions would be. Those who didn't want a live interview due to the fear of the Coronavirus were given the possibility to answer the questions by filling them manually or electronically. The psychologists that wished to fill the interview manually were informed that the researcher would come physically to get the interview answers. A third option was given for those who wanted to answer the questions electronically and send them by e-mail.

Therefore, the phone call was followed by an e-mail. The e-mail was sent with two letters attached, the first one titled "interviewee information" and the second titled "consent letter", along with the two questionnaire forms. The first letter that was sent to the participants was titled 'Interviewee Information' and contained the reason for the research and the procedures that would be put in place to gather data. It also contained confidentiality concerns and the completion timing of the questionnaire. The second letter was the consent form where the signature and name of the

participants was requested with information concerning the research, the publication of the data gathered, and the two semi-structured open-ended questions. All 18 questions were requested to be answered, however if the participant wished not to answer a specific question, they had the right to do so.

The first semi-structured interview questionnaire is titled Perceptions, eight open ended questioned that cover their perceptions on the school setting and mental health. The questions were as follows:

1. What are your thoughts on schools providing mental health support to students?

2. How do you, as a school psychologist, operate within your school-based mental health model or approach?

3. What are your experiences when supporting a student with academic and psychosocial conditions?

4. What are your thoughts about involving classroom teachers in your intervention?

5. Are there other school-related personnel that you feel are supportive of your efforts when working with students with academic and psychosocial conditions?

6. Which school-based mental health approaches in your opinion provide the best support for mental health of school-age children and youth?

7. How might school-based mental health interventions be different taking into consideration the nature of the student's mental health concern?

8. How might school-based mental health interventions be different taking into consideration the developmental level of the student?

The second semi-structured interview questionnaire was titled Experiences and Challenges. As the title mentions, the ten opened ended questions cover both their experiences as a school psychologist and the challenges they encountered. The questions were as follows:

1. What experiences do you have in implementing mental health prevention work with the entire student population?

2. What are some of your success stories? Please provide an example of an intervention or plan which successfully supported a student with academic and/or psychosocial condition.

3. To what extent does your role involve working with the family of a student with academic and psychosocial condition? Please provide a specific case example.

4. What challenges do schools psychologists face when supporting the mental health needs of students?

5. Based on your experience(s) addressing academic and psychosocial conditions in your school, what, if any specific recommendation(s) would you have for the pre-service training of school psychologists? What about the continuing professional development for in-service school psychologists?

6. What, if anything, is required to improve mental health services in your current school?

7. Through your experience what are the major mental health concern(s) you have observed in the school setting?

8. In your opinion and based on your school mental health model, do you encourage students being seen by an external psychologist or do you think the entire assessment should be made in school?

9. To what extent should your role be if a student is seeing an external psychologist?

10. How do you describe your services as a school psychologist, from minimal support to the entire assessment?

Both interviews aided in attaining a better understanding of the profession of school psychology, as well as the school psychologists' perceptions, experiences, and challenges in relation to working with students' mental health concerns. The questions supported the process of gathering information and developing an understanding of each participant's perceptions, experiences, and challenges.

Data Analysis

Qualitative data analysis is a multi-step process. The data collected for this research was gathered from the answers to the questionnaires sent by e-mail and from the interviews conducted by the researcher in person or over the phone. The answers to the questionnaires were combined and analyzed by the researcher. During the interviews, the researcher cautiously documented the content and process of each interview. The interviews were all audio-recorded and transcribed to ensure human error was kept to a minimum. The audio was kept on the researcher's password-protected phone. A copy of them was sent to the researcher's password-protected laptop and e-mail address with an efficient watermark method for audio files. Once the research is complete, the audio files will be deleted, in accordance with ethical measures.

To elucidate themes from a textual data source, the first step is to read the text many times and start creating tentative labels based on the meaning, thoughts, and ideas present. Open coding is one of the processes in analyzing the content of a text. That includes labeling concepts and defining and developing categories based on their dimensions and properties. The researcher will call these categories in the result section "themes". The themes are the product of the analysis of data extracted from the interviews, which will eventually lead to the practical results in our research. To make sure that no details are missed, another type of coding was used by the researcher. The line-by-line coding of every sentence and every word. This chosen coding

system provided the researcher with the chance to compare, examine, and conceptualize the data. Moustakas (1994) called the process of identifying significant statements as horizonalization. The main goal of horizonalization is the establishment of horizons or statements that procure insight about how the participants experience the phenomenon (Moustakas, 1994; Creswell, 2007). At the beginning, all the statements were treated equally. As the phenomenon was further reduced, all statements that were either irrelevant to the research questions or those that were repeated were deleted, leaving place only to horizons, which are textual meanings and constituents of the phenomenon (Moustakas, 1994). When the horizonalization was completed, horizons were prearranged into clusters of meaning (Creswell, 2007). Clusters of meanings were used to shift horizons into meaningful themes.

The interviews were transcribed verbatim soon after they took place (when the discussion was still salient). The labels, categories, and then themes were determined by the analysis of each individual question of the ten separate interviews. The themes were afterwards developed into statements that best described the common perceptions, experiences, and challenges of the school psychologists. Following Moustakas' (1994) methods, the researcher's experiences were braked out so as not to influence or bias the data. Moustakas gives great importance to the researcher writing about their own personal experience in such a study. Suffice it to say that the one-year internship of the researcher, as mentioned earlier, provided an advantage to the study.

Validation of the Questionnaire

The task of developing a questionnaire is overwhelming. The greatest challenge perhaps is to come up with a questionnaire that is psychometrically sound and to be able to clearly connect the questionnaire items to the theoretical construct intended to assess. Since no existing questionnaires are available, or none that are determined to be appropriate, the researcher chose

to create her own research questionnaire that would fit the study. Once the construct of interest has been determined, it was important to conduct a literature review to identify if a previously validated questionnaire exists. First, the researcher asked colleagues what they think about the topic. Likewise, she met with experts - professors at university and teachers at schools- to deepen my understanding of the significance of my study. Furthermore, when the researcher was preparing the questionnaire, the guidance of his advisor was considered to identify the possible variables to make sure that they are codable.

One of the proposed strategies the research may have run across is the suggestion to validate the questions. This research-made questionnaire needed to undergo the face - validation process. Face validity is established when the researcher who is an expert on the research subject reviewing the questionnaire concludes that it measures the characteristic or trait of interest (Devous & Born, 2005). To do so, the researcher conducted a pilot survey using a sample of population that included a colleague at work, a professional at a university, a respondent from the population understudy, a professional in the field, and a student in his cohort. The aim of this pilot survey was to check the appropriateness of questions to the target population, the correctness of the instructions to be followed, and most importantly, whether or not the questionnaire fulfils the objective of the study. After obtaining and analyzing the feedback of the respondents to the pilot study, the questionnaire was revised accordingly. This type of internal validity could be assessed by comparing questionnaire responses with objective measures of the study to which they refer.

Face validity involves an expert looking at the items in the questionnaire and agreeing that the test is a valid measure of the construct being measured just on the face of it (Nevo, 1995). The other most important step in the validation process was sending the questionnaire to

a statistician. The researcher entered the collected responses into a spreadsheet to clean the data. Having the statistician read the values aloud and another entering them into the spreadsheet greatly reduces the risk of error. Once data is entered, the next step is to reverse code negatively phrased questions (Cornell, 2018). The chances, again, suggested by the professional were considered. The final stage of the validation process is to revise the questionnaire based on the information you gathered from the principal components analysis. The overall format of the questionnaire remained unchanged (See Appendix) demonstrating adequate reliability and validity.

The experience of the researcher allowed the possibility to make connections with the experiences of the school psychologists recruited for the study. After gathering the data and analyzing it through several processes, the researcher found six major themes and the practical results of the study could be observed.

Research Findings and Discussion

School psychologists are perceived as experts in assessment, evaluation, and delivery of mental and behavioral services for students in school settings (Kelly, 2018). The ten participants in the study, work with students within a wide range of developmental needs, ranging for KG 1 to grade 12, and represent a wider collection of experience in multiple educational settings. The participants' profiles are listed in the table below (Table 1).

Participants Profiles Table

Participants	Experience	Gender	Education	Current Placement
S.P 1	15 Years	F	DEA Clinical Psychology & Psychopathology	Head of the psychology and learning disability department

S.P 2	2 Years	F	M.A Clinical psychology	KG1 to Grade 6 (French department) KG1 to Grade 3 (English department)
S.P.3	14 Years	F	M.A Clinical psychology	Grade 4 to Grade 6
S.P.4	18 Years	F	M.A Clinical psychology	Grade 1 to Grade 3
S.P.5	7 Years teaching 3 Years	F	M.A Educational psychology	KG1- Grade 12
S.P.6	600 hrs 5 Years Private Practice	F	M.A Clinical psychology	KG1- Grade 12
S.P.7	28 Years	F	M.A Clinical psychology	KG1- Grade 12
S.P.8	4 Years 6 Years Private Practice	F	M.A Clinical psychology	Grade 7 to 12
S.P.9	4 Years	F	M.A Educational psychology	KG1- Grade 12
S.P.10	2 Years	M	Candidate M.A Educational psychology	Grade 1- Grade 12

*The School psychologist were numbered for confidentiality reasons and upon the schools' requests. The classification is in alphabetic order according to their family name.

**Should the readers request the interviews of the participants; the response sheets are available.

Profile of the Participants

SP1 has 15 years of experience as a school psychologist and is currently the Head of the Psychology and Learning Disability Department at her school. SP1 has a DEA equivalent of the first year of PhD in the French educational system.

SP2 has 2 years of experience as a school psychologist and works in both the French department and in the English department from kindergarten to grade 6 and from kindergarten to

grade 3 respectively. She holds a M.A degree in Clinical psychology, something commonly found among school psychologists.

SP3 has 14 years of experience as a school psychologist and works with students from grade 4 to grade 6. She holds an MA degree in Clinical Psychology and has experience in analytical, CBT, and systematic therapy.

SP4 works with students from grade 1 to grade 6 and has 18 years of experience as a school psychologist. She holds an MA in Clinical Psychology and has training in psycho-organic therapy and is responsible for the younger students compared to her colleague.

SP5 was a school psychologist for the entire student population from kindergarten to Grade 12. She holds a MA degree in Clinical Psychology and has 7 years of teaching experience and 3 years of experience as a school psychologist.

SP6 works with the entire student population and was chosen because she is the only school psychologist in the school. She has been working for the past 5 years in her private clinic and has done 600hrs as a school psychologist till this day.

SP7 is the school psychologist with the largest amount of experience. She holds an MA degree in Clinical Psychology and has 28 years of experience as a school psychologist. She works with the entire student population (from kindergarten to Grade 12).

SP8 works with students from grade 7 to grade 12. She has been working as a school psychologist for the past 4 years and has 6 years of private practice experience

SP9 works with the entire student population and has 4 years of experience as a school psychologist. She has a Master's in Educational psychology, one of the few among the recruited school psychologist with a degree compatible with the type of work setting.

Finally, SP10 has been working for the two year and a half as a school psychologist. He has previously worked with an NGO handling Syrian refugee children. He holds a master's in Educational Psychology, and works with students from grade 1 to grade 12. SP10 happens to be the only male working in one of the Lebanese Anglo-Saxon school selected for this study.

Results

Inductive and emergent data analysis was implemented, with the unit of data being the sentences that were used to analyze the interview transcript. In the tradition of qualitative research, emergent data suggested a process that is not predetermined. Thus, it is noteworthy that in the 'themes' section, the researcher is going to use Mental Health, although it applies to academic and psycho-social conditions, in alignment with IDEA. As the interview progressed, consistency and commonalities started to develop. Revisions were made to the entire process ranging from the starting point until the researcher found that the trajectory evolved to the extent of discovering answers to the questions asked. The description of the school psychologists' experiences paved the way to uncover themes and understandings. The division of the themes were grounded according to the structure of the interview. Six major themes surfaced from the data analysis of the participants' interviews:

Perceptions

1- Schools' Relationship to Mental Health Services

2- Psychologists as Front liners in Mental Health in School

3- School Based Mental Health Approaches and Applications on Students

Experiences and Challenges

4- School Psychologists' view of Challenges and Concerns

5- School Psychologists and Community Partners

6- Lesson Learned from Field

The six themes in the below paragraphs will be explored with reference to the perceptions, experiences, and challenges of the school psychologists that participated in the study.

Themes

Schools' Relationship to Mental Health Services

Mental health problems often begin during the school years. Untreated mental problems in school can seriously affect the child's ability to learn. Misunderstanding mental health services in schools is due to the misconception of these conditions, starting during the school years. The number of students with academic and psychosocial conditions are increasing. Up to one in five students show signs of mental health conditions. All school psychologist participants focused on how schools with mental health services should promote the well-being of students, and that school is not only about academics but also about resilience and protective factors. The participants spoke additionally about the best approach to use when dealing with students with difficulties. Most of them mentioned that a comprehensive approach in intervention, is the best solution.

In her fourteen years of experience as a school psychologist, SP3 believes that all schools are responsible for meeting the needs of the students that without which, would affect their learning. The school must meet this challenge through its mental health services.

"I think it is a must not and not an option anymore. Every school should have a structure that provides mental health support to students. Because education is not only academics but also emotional, relational and security."

SP8 has four years' experience as a school psychologist. She said that it is important to have these services in schools as the students' success is crucial later on in life.

"Good mental health is crucial to the student's success in school and later on in life. Not only students who receive psychosocial or mental health support achieve better but their wellbeing, their behavior in class, their life/study/management skills and their self-awareness improve."

Through her experience working as a school psychologist for the past four years, SP9 has noticed that it is important to have mental health services in schools and that this helps the student face whatever stressful situation they are struggling with.

"Based on experience and knowledge of the mental health of children and adolescents, having a school counselor is a priority in each school. Students undergo several struggles - whether it be educational, interpersonal, intrapersonal, or familial – and need someone to talk to and guide them through these stressors."

All the participants mentioned the importance of having a mental health service in schools, and they mentioned several personnel who worked in the school setting who support mental health services and initiatives, such as psychomotor therapists, speech therapists, social workers, and other personnel.

Psychologists as Front liners in Mental Health in School

School-based services should be synced, integrated and lead by mental health services. School psychologists support students in their ability to learn and behave. They apply their expertise to help students succeed academically, emotionally, socially, and behaviorally. They partner up with teachers, the school administrators, the families of students, and other professionals to create a safe, supportive, and healthy environment that strengthens connections between school, home, and the community. They also support teachers in their ability to teach.

Furthermore, they develop, implement, and evaluate programs. They do workshops for school staff and give recommendations and referrals to family members when needed.

This framework was mentioned by SP1 who has 15 years of experience as a school psychologist. When it comes to the subject of school psychologists working on prevention and early identification, she believes that the teachers are the first individuals to voice out their concerns when a student has a difficulty. She mentions that other personnel at the school are involved in the process, however the services of the school psychologist are the most crucial in the process.

"We work most on prevention and early identification of the problem if it is behavioral or educational. My services are very crucial. The role of the psychologist is to warn the parents of the danger of the situation and to do a prevention for the future. The role of the psychologist is crucial to one condition is that you are capable of assessing the problem correctly and do the right intervention. The teacher is the core of our work in the school meaning, she is the first person to signal if the child has a problem, she is the first one to see the child has a specific problem, she guides us towards the child problem. All the personal, the coordinators are involved, the person responsible of the cycle, the coordinators and the person responsible of the cycle. The whole group is involved."

SP7, who has an extensive amount of experience as a school psychologist, mentioned that it is important to first get consent from the parents before seeing the student. SP7 answered that the role of the teacher is very important, as well as that of other staff members that work with the students. Nonetheless, everything should go through the school psychologist. Any indication that addresses a child with difficulty should pass by the school psychologist first. She gave detailed answers on how school psychologist proceeds in the school setting.

"The parents give their consent and you take the history and all the information required from the parents and then we see the students, this is for the younger students. I always think that our strategy is that everything should pass first by the school psychologist. Should there be a

speech therapist or a psychomotor therapist outside of the school setting, they need to connect with the psychologist and give their recommendation to the psychologist. They cannot give their recommendations directly to the teachers. In each establishment the psychologist needs to know the demands of the establishment. Of course, there is a suggested procedure according to the regulations of the institution. In the school it is the collaborative efforts working with the student, from the school management team, to the responsible of the division, to the teachers, to the supervisor, all the helping professions available at school ".

The long working hours of the school psychologists make them front liners, as they apply mental health intervention according to the child's needs. The implementation of the approaches is addressed depending on the relationship between the different helping professionals particularly the school psychologist as frontliners.

School Based Mental Health Approaches and Applications on Students

Mental health services embedded in the school system are differentiated from other services that are offered within the school setting. Substantial differences exist between mental health services in general and those that are exercised within the school system. In the interviews conducted, several psychologists asserted that the approach used depends on the student's difficulty, and that there is not any win-it-all. It is a multilayered approach depending on several factors, among which belong the severity of the child's difficulty and developmental age.

SP4, who has 18 years of experience, commented that school-based approaches depend on the student's age, difficulties, and a variety of barriers to learning. She stressed that the approaches and the applications are different between the younger students and the older ones, and that different staff members will be involved in the application of the approach selected.

"Other personnel might be involved in the intervention and implementation including the speech therapist, the social worker, the school nurse, the supervisors and the head of division principals. Intervention plans vary depending on the student's age, risk factors and other

difficulties associated with the mental health problem. Younger students tend to profit more from a team-based approach. Older students (secondary) prefer to have a specific individualized approach from the psychologist".

SP2, who has 2 years of experience and works in both the French department and the English department, agrees fully with her colleague when she says:

"The responsible of each cycle are the most important people and there should be a very solid relation with them. They are the ones that the parents have the first contact with. He/she is in the front of the scene". I work with parents for students age 3 to 6 because at that age most of the problems are at home or in class. Guidance and awareness are the first step and then after I can work on any approach may it be the Cognitive Behavioral therapy or systematic or psychoanalytic or whatever it is. With the youngest we work more parental guidance, we use a lot of drawings and games and class observation. With the older students we work more of pull out and follow up session. We do start with drawings to build a rapport at first so that they have more facility in expressing themselves contrary to the younger ones."

SP6, who works with the entire population in her school, has much to say in this regard. In her interview, she mentions that there are substantial differences in approaches and applications among schools.

"Depending on school, there are some school that are very well equipped and that have a multi-disciplinary team made of speech therapist, psychomotor specialist, social worker that work in the school setting, in this case there is no problem. The best approach depends on the child case. If the case is about anxiety and the anxiety has an effect on student's academic work it would be techniques from CBT. When it is about emotional and familial issues then the best approach would be the systemic approach or family therapy, and when it is about learning difficulties this would be more in the range of psychomotor specialist and speech therapist. It is a team work knowing that everyone can pitch in for a more favorable outcome. We do not work with younger children as we do with older children, as younger children don't know how to really express properly with use more drawing and play therapy where as we with older children we use more talk therapy."

In every profession, there are challenges and concerns when it comes to the situations encountered. During this study, the researcher wanted to know what are the major challenges and concerns school psychologists encounter during their careers.

School Psychologists' view of Challenges and Concerns

The work of a school psychologist is full of challenges and tremendous concerns about school children. A challenge is something that is difficult and which requires effort and determination, whereas a concern is something that causes worry. In the interviews, the school psychologists responded extensively about the challenges they face and the concerns they have. It was surprising to the researcher to hear from the psychologists that were interviewed that one of the toughest challenges is parental denial. This is when parents keep form acknowledging that their child might have a problem or a difficulty. A recurring mental health concern that most school psychologists mentioned was anxiety. Repeatedly, most school psychologists mentioned that anxiety is a major concern among students nowadays.

SP1 mentioned that working with parents is important, but challenging at the same time. She smiled sarcastically and said:

Working with the family is Working with the parents is always very hard. Parents are emotionally involved with their kids and they don't really accept that their child might have a problem. For me the main challenge is parent's denial. As long as the parents accept that the child has a problem and are ready to cooperate with me, then the outcome of the entire procedure is favorable. But when parents refuse to cooperate, while insisting that their child as no difficulty, then stay assured that the effect on the child will be detrimental."

SP6 spoke about different steps when working with parents, among which is parental denial coupled with parental guidance. According to her, the prevalence of anxiety is high among school students. This leads them to have a hard time focusing on their lessons.

"There are different steps when working with parents. The first step involves helping the parents understand the psychological, educational and academic state of the child. After that comes the parental acceptance and guidance."

SP8 mentioned how she operates when the parents are divorced. She said that her hands are tied if the parents are in denial and do not want to cooperate

"When dealing with a minor, especially in a school setting, we often need to involve the student's caregivers as they are the legal guardians and their consent is often needed.
In the case of a violent divorce, both parents and the student received guidance, whether each alone or together. This guidance is to help them separate their couple problems from their family's issues and to ensure a calm and safe environment at home for their children. As for the mental health, I observe that more or less teenage student goes through an anxiety episode at least once in his academic life. This is observed frequently, recently in these very difficult times."

School psychologists and the school staff may sometimes not be able to handle the matter at hand, and would therefore require community members to come in, such as external referrals.

School Psychologists and Community Members

Due to the limited time that school psychologists have in proportion to the student population in their schools, it is recommended that they do intervention and simple counseling for students. Should the student need extensive intervention and follow-up sessions on a weekly basis, it is encouraged that parents seek help outside of the school from specialists in the community. When asked if they encourage student assessments to be made outside of the school, they answered that a comprehensive assessment should be conducted outside of the school setting. When asked about their role if the student is undergoing therapeutic intervention outside of the school, they all answered that their role becomes that of a facilitator of the recommendations presented by the

external psychologist. The communication is built and the follow-up is no longer done by the school psychologist.

SP5, who has 3 years of experience as a school psychologist and works with the entire school population, suggests that the student should see an external psychologist for therapy, assessment, and intervention. She was clear to say that if a child sees an external psychologist, then her role will be to coordinate the recommendations with the psychologist. SP5 answers are the following:

"Personally, I encourage therapy and assessment and intervention outside school. The school is not a neutral environment for the student nor is the school psychologist so this may highly influence the results and diagnosis. Whenever a student is seeing an external psychologist my role will be to coordinate with him/her after the parents' consent. I can also provide the external psychologist with any background information when needed and present recommendations to the teachers based on the psychologist's assessment. I definitely recommend seeing someone outside of the school setting. As school psychologist we have to comply to the mission of the school which is different than the role of other psychologists."

SP1 also believes that assessments and therapy should not be done in schools, and that if the child is seeing an external psychologist, the school psychologist should not intervene. This is because two types of interventions can create conflict,

"Assessment is not done in our school. Only screening of the problem is done in the school setting. The assessment has to be done outside and the psychoeducational report is sent to the school, especially if the referral came from the school. Sometimes it's a follow up with several professionals such as a psychiatrist, speech therapist, psychomotor specialist. It is the school psychologist that does the follow up with them. If the child is already doing a therapy with an external specialist, ethically we do not intervene Our role is to contact the psychologist that follows the child and let them know what is going on with the child at school so that they can regulate strategies put in place."

When these school psychologists talk about their experiences working in schools, it leads to wondering what the lessons they learned are.

Lesson Learned from the Field

Through experience, school psychologists learn countless and valuable lessons. Some of them are likely to stand out vividly. Through these experiences we learn lessons, and most lessons give us the tools to know what to expect and how to react in a certain situation. For this theme, I have chosen the school psychologists that have more than ten years of experience in the field. The lessons learned include the experience they have in implementing mental health preventions; their success stories; what advice they would give to future and current school psychologists, and finally what is required to improve the mental health services in their schools. To the question about his/her experience in implementing mental health preventions, SP7 (28 years of experience) responded with the following:

Whenever you want to implement a program in schools you need to take your time with the students and it should be interactive, it's not just explaining and leaving."

SP1 (15 years of experience), answered the following:

"Awareness, help and support for special students. I work in groups if the problem exists among different students, I have a lot of depression especially among teenagers, so I do a group of 3-4 students, we do a talk therapy session, or focus diagnosis depending on a specific kind of problem."

SP3 (14 years of experience), response to the question was the following:

"We implemented the 'Protected' program which is a safety protection prevention program and the Initiation to Life, which is a prevention to bullying, to safety, to friendship and to empathy. So, we work on different levels from preschool to secondary. We work on different students and the awareness comes through students."

When asked about their success stories, this is what they had to say:

SP7 success story is the following:

"I consider I have a lot of success stories because I have a nice relationship with the students, there are some parents that children have graduated that told me, 'you help this child and now they graduate and are in university', of course it's not because I helped him but because the whole team did. When we help the child to prosper, to graduate and reach a certain place that is a success story."

SP1 said one of her success stories was the following:

"We had a student that was going to be expelled from school because he has major behavioral problems and we did a lot of diagnosis but they didn't not really indicate what was the problem he had so we referred him to a psychiatrist they did the right diagnosis, they gave him the right medication which allowed him to continue to stay in school and now he is in secondary. When remembering the whole story, you see that it is success story."

SP4's success story is the following:

"A student who had self-esteem issues. Talking to her and the teacher and giving her key roles in school plays helped a lot and she gained more and more of her self-esteem and self- confidence."

These were the advice that they gave:

SP7's advice was:

"You need to be someone with empathy, to understand the other, to be supportive towards the students, all of this need to be incorporated. You need to work on yourself as a psychologist, in order to evolve and be up to date".

SP1's advice was:

"For pre-service training they need to have good knowledge of the theories and have experience. It is not wrong for every individual that is doing a training to say that they don't know and want to learn. Concerning in-service psychologist of course they need to keep on doing trainings, seminars and to see new types of therapies to keep on evolving so that he can keep on helping the student."

SP4's advice was:

"First is to be able to screen properly the student's difficulties. Second is how to deal with parents. Third which is very important, is how to deal with a multidisciplinary team, how to motivate teachers for them in return to motivate the students. It should be a continuous professional development because it never stops. You always have new techniques to learn, new knowledge such as legal issues for example concerning bullying, abuse… Especially that, we lack this in our training."

To the question about what would be required to improve the mental health services in their schools:

SP7's response was

"People should understand the role of the psychologist on order to give the school psychologist the necessary support. So maybe more support for the psychologists."

SP1's answered that

"The problem that we have, is that we would need more staff. But it is not possible for the moment due to the country's situation."

SP4's requirements to improve the mental health services in her current school would be

"Definitely I would if I had the choice I would add more health professionals, special educators, psychomotor therapist so they can be more involved and have more of a global approach to help the student from different perspectives."

Discussion

The aim of this study was to apprehend the perceptions, experiences, and challenges of school psychologists who work in Lebanese Anglo-Saxon school, and with students who present academic and psychosocial concerns. The school psychologists did not mention working with a specific approach. The purpose of this study was to gather experiences and stories to deliver a better understanding of the crucial work that is taking place in the school setting. The ten participants represent a range of school demographics and work experience. After analysis of the

ten interviews, six major themes appeared during the data analysis of the school psychologists'
interviews: Schools Relationship to Mental Health Services; Psychologists as Frontliners in
Mental Health in School; School Based Mental Health Approaches and Applications on
Students; School Psychologists' view of Challenges and Concerns; School Psychologists and
Community Partners; Lesson Learned from Field. The six major themes are a mirror of the
current research related to mental health work within the school system.

Summary

The first theme was 'Schools' Relationship to Mental Health Services'. There is a
positive and strong correlation between recent research and the relationship of school with
mental health. Schools have a significant role in the student's life. Students come to school with
a number of barriers and life factors that affect their behavior, learning, and development.
(Christner et al., 2007). Even though the main focus of schools is education, "early attention to
mental health factors can prevent greater difficulties" (Christner et al., 2007). By providing
mental health services, schools are help students with difficulties. All the participants of the
study mentioned how important it was for schools to provide such services. Taylor (2000)
mentioned the connection between leaning and health, and that services that promote social and
emotional health, combined with education, enhance the ability of the students to overcome
barriers of healthy development and learning. Since students spend most of their time at school,
is it an opportunity to detect and do early intervention, if needed.   The second major theme that
arose was 'Psychologists as Front liners in Mental Health in School'. School psychologists have
a critical role when it comes to delivering mental health services (Dvorsky, 2013). It was noticed
from the start of the interviews that the participating school psychologists show a high level of
leadership and professionalism. They provide support to the parents and the students as well

training, guidance, workshops, and leadership to the numerous personnel that work with them in the school setting. Through their answers, we can observe how they are at the front of the scene. The school psychologist is the chef d'orchestre. Among the school psychologists that participated in the study, were working with the entire student population. The research shows that there are other school staff that work in collaboration with the school psychologists, but still indicates that much of the mental health work falls on the school psychologist.

The third major theme discussed was 'School Based Mental Health Approaches and Applications on Students'. A recurrent answer regarding what approach to implement with students was that there is 'no one-size-fits-all' strategy, but it rather depends on the student, his/her situation, and his/her developmental level. Dealing with a teenager is different than dealing with a younger student, and dealing with a student with learning disabilities is different than dealing with a student with emotional issues. All of the aforementioned encounter difficulties, but not of the same nature, and therefore each situation warrants a different approach.

The fourth major theme was 'School Psychologists' view of Challenges and Concerns'. Through their experience, these professionals have encountered multiple challenges and have had major concerns. In their answers, the participants extensively mentioned that one of the major challenges they face was parental denial and the consequences it may have on the students that have difficulties. A major concern mentioned by the participants was anxiety. It is important to note that anxiety related disorders have a prevalence as high as 3.9% in youth, with almost 9% experiencing severe impairment (Perfect & Morris, 2011).

The fifth major theme was 'School Psychologists and Community Partners'. Therapy is not advised in schools, as the psychologist does not have enough of time to allocate to each

student with difficulties. When the situation is complicated, they refer to therapists that work outside of the school settings. All the psychologists that participated in the study mentioned that they are the liaison between the external therapist and the school. They pass on the recommendation, and do not follow up with the students, but rather their external therapists, in order not to create confusion. They pass on the external psychologist's recommendation to the rest of the staff members and work hand in hand to implement them.

Finally, the last major theme speaks about 'Lesson Learned from the Field'. With work comes experience, and with experience come lessons. Each of the participants spoke about how it is not easy to implement mental health prevention programs. It requires hard work, awareness, and an organized program. All of the psychologists had success stories and mentioned them with great joy. They also advised the importance of school psychologists getting up to date on the latest types of therapy and research, since school psychology is a field that is in constant motion. Finally, they recommended the most that their school hires more staff members in the mental health department, in order to be able to provide better help to students in need.

Conclusion

School psychologists play a crucial role in the detection, prevention, and intervention of mental health concerns of students in the school setting. They are professionals and are at the front line of mental health in the school system. Through the years, and with the implementation of mental health services in school, more and more students are making it to graduation (Ysseldyke et al., 2006). In the past couple of decades, mental health services through the schools have become accessible to students (Ysseldyke et al., 2006). The intervention provided by a more experienced member of the profession into a less experience or junior member of the same profession is called

supervision, which is very important. New school psychologist's work needs to be supervised by a more experienced colleague (Tan & Chou, 2017).

This study attempted to gather the perceptions, experiences, and challenges of school psychologists. The questions that channeled these conversations were the following: Which school-based mental health approaches provide the best support for mental health of school-age children? What are school psychologists' experiences when supporting a student with academic and psychosocial conditions? What challenges do schools psychologists face when supporting the mental health needs of students?

The findings of the study support the literature that portrays schools as being the best setting to start with mental health work. It is a hope that schools in Lebanon will continue to advance in the field of mental health, and will provide mental health support services to all their students and their families. There is much importance placed on academics in schools, but it is needless to say there is a highly positive correlation between success in academics and emotional wellbeing. The services provided by school psychologists can not only support the entire school population, but also revolutionize it.

After extensive data analysis, six major themes surfaced from the interviews of the school psychologists that participated in the study. The interviews meticulously described the perceptions, experience, approaches, challenges, views, and outcomes of the ten school psychologists. The perceptions, experience, approaches, challenges, views and outcomes gathered convey the importance of the crucial role of school psychologists in mental health in school settings. Mostly, indicating that it is of utmost importance that schools focus on mental health, as schools nurture resilience, competency, and success in students and their families. With the changing times, it is of utmost importance that in order for schools to face the challenges they encounter today, they

need to find a way to "make technology accessible to all students and ensure educators have the skills to use technology to enhance students learning" (Ysseldyke et al., 2006).

Limitations

There are a few limitations to the study. It is a qualitative research, and as all qualitative research, an inherent vulnerability is present. The information obtained by the participants is intrinsically subjective and depends on the personal accounts of the situations of the participants. Qualitative research relies on the experiences lived by a specific individual, and there is an understanding that bias or deception do not take part in the research. When the research interviews are long and more in-depth, it is possible to detect deception and dishonesty. Due to the nature of the study, the results should not be generalized to other schools and school psychologists. Gender diversity is not present, only one male was questioned as most of the schools contacted had female school psychologists. The situation of the country, at the time the researcher started recruiting the participants, was not optimal. The revolution had started, and things got dire with the COVID-19 pandemic. The restriction imposed by the COVID-19 did not allow the researcher to interview most of the participants, and the closing of schools only made that task harder. As mentioned previously, the school psychologist is looked at as expert in assessment, evaluation, and delivery of mental health services for students in school settings (Kelly, 2018). Most of the participants have a Master's degree in clinical psychology and not in educational or school psychology. Of the ten participants, only three had a Master's degree in educational psychology, which is the degree compatible with the type of work setting. Most schools, till this day, hire psychologists who have a Master's degree in Clinical psychology to work in their schools, as opposed to hiring psychologists with a Master's degree in educational psychology. Clinical and educational psychology are two different fields in psychology. One is

in a clinical setting, whereas the other is in a school setting. The setting is very important as there are different elements involved.

References

Agresta, J. (2004). Professional Role Perceptions of School Social Workers, Psychologists

    and Counselors. Children & Schools.

American Psychological Association (2013). Diagnostic and Statistical Manual of Mental

    Disorders (5th ed.). Arlington, VA: Author

American Psychological Association (2010). Division of School Psychology, Division 16.

    Retrieved from https://www.apa.org/ed/graduate/specialize/school.

Alberta Teacher's Association/Canadian Mental Health Association (Alberta Division).   (2009).

    Compassionate Classrooms: Understanding student mental health. Alberta, CA. Author.

August, G.J., Piehler, T.F., & Miller, F.G. (2018) Getting "SMART" about implementing

    multi- tiered systems of support to promote school mental health. Journal of

    psychology. DOI: 10.1016/j.jsp.2017.10.001

Ayyash-Abdo H., Alamuddin R., & Mukallid S. (2010), School Counseling in Lebanon: Past,

    Present, and Future. Journal of Counseling and Development: Wiley

Beckett, K. (2018). John Dewey's conception of education: Finding common ground with R.S.

    and Paulo Freire. Educational Philosophy & theory Vol.50 Issue 4, pp. 380-389.

Cataldo, L.J., RN, EdD, & Bullard, E.C. (2016). Individuals with Disabilities Education Act

    (IDEA). In D.S. Blanchfield (Ed). The Gale Encyclopedia of Children's Health:

    Infancy through Adolescence (3rd ed., Vol.2, pp.1410-1412) Farmington Hills, MI:

    Gale.

Catterall, C. (1979). Factors affecting the development of school psychological services.

    In C. Catterall (Ed.), Psychology in the school in international perspective. Vol.3

    (pp.177-178). Columbus, OH: International School Psychology Steering Committee.

Committee on School Health Services (2004). School-based Mental Health Services.

    American Academy of Pediatrics Vol.113.

Creswell, J.W. (2013). Qualitative Inquiry & Research Design: Choosing among Five

    Approaches. Los Angeles, CA: Sage Publications.

Dall'Alba, G. (2009). Phenomenology and Education: An introduction. Educational

    Philosophy and Theory. DOI: 10.1111/j.1469-5812.2008.00479.x

De Boer, A.W., Drewes Y.M., de Mutsert, R., Numans, M.E., den Heijer, M., Dekkers, O.M., de

    Roos, A., Lamb, H.J., Blom, J.W., Reis.R.(2018). Incidental findings in research: A

    focus group study about the perspective of the research participant. Journal of Magnetic

    Resonance Imagining, Vol.7, Issue 1

Doll, B., & Lyon, M.A. (1998). Risk and resilience: Implications for the delivery of

    educational and mental health services in schools. School Psychology Review, 27 (3),

    348.

Dombrowski, S.C. (2015) Psychoeducational Assessment and Report Writing. New York:

    Springer

Dvorsky, M. (2013). THE CRITICAL ROLE OF SCHOOL PSYCHOLOGY IN THE SCHOOL

    MENTAL HEALTH MOVEMENT. Psychology in the Schools, Vol.50 (3).

    DOI: 10.1002/pits.21677

Ekulund, K., Meyer, L., Way, S., & Mclean, D. (2017). School Psychologists as Mental   Health

    Providers: The Impact of Staffing Ratios and Medicaid on Service Provisions. John

    Wiley & Sons Inc. doi:10.1002/pits.21996

Esteban-Guitart,M. (2018). The Biosocial Foundation of the Early Vygotsky: Educational

      Psychology Before the Zone of Proximal Development. History of Psychology,

      American Psychological Association. DOI: http://dx.doi.org/10.1037/hop0000092

Fagan, T.K. (2000). Practicing School Psychology, A Turn-of-the-Century Perspective.

      American Psychologist. DOI: 10.1037//0003-066X.55.7.754

Garrison, J. (1995). Deweyan Pragmatism and the Epistemology of Contemporary Social

      Constructivism. American Educational Research Journal, 32(4), 716-740.

Gale. (2019). Mental Health. Gale opposing viewpoints online collection.

Glassman, M. (2001). Dewey and Vygotsky: Society, Experience, and Inquiry in Educational

      Practice. Education Researcher, Vol.30. No.4, pp 3-14).

Gray, S.W. (1963). The Psychologist in the Schools. New York: Holt, Rinehart and Winston

Gohol, J.M. (2019). Symptoms and Treatment of Mental Disorder. Psychological Central.

      Retrieved from www.Psycentral.com/disorders/

Hagstrom, R.P., Mary, K.F., Cramblet, L.D, & Tanner, K. (2007). Educational psychologists

      as scientist-practitioners: An expansion of the meaning of a scientist-practitioner: PROD.

      The American Behavioral Scientist, 50 (6) 797-807

Hickman, L. A., Neubert, S., & Reich, K. (Eds.). (2010). John Dewey between pragmatism

      and constructivism. Fordham University Press

Hosp, J. L., & Reschly, D. J. (2002). Regional differences in school psychology practice. School

Psychology Review, 31, 11 – 29.

Johson, K., & Hannon, M.D. (2015). Measuring the Relationship Between Parents, Teacher

      and Student Behavior Reports and Academic Achievement: Implications for School

      Counselors. Professional School Counseling.

Kapoulitsas, M., & Corcoran, T. (2017). School Psychologists and Ethical Challenges. The

    Educational and Developmental Psychologist. DOI: 10.1017/edp.2016.21

Kazanan, S. (2016) Presentation at AUB on The lusting of psychology in Lebanon. Daily Star,

    March 2016.

Kelly, S.R. (2018). The School Psychologists' Role in Leading Multidisciplinary School- Based

    Treat Assessment Teams. Contemporary School Psychology. DOI:10.1007/s40688-017-

    0153-y

Kikas, E. (2014). The National Status of the Preparation of School Psychologists in Estonia.

    International Journal of School & Educational Psychology, 2:3, 172-178,

    DOI: 10.1080/21683603.2014.934616

Kim, J.H. (2012). Understanding the Lived Experience of a Sioux Indian Male Adolescent:

    Toward the pedagogy of hermeneutical phenomenology in education.

     DOI: 10.1111/j.1469-5812.2010.00733.x

Kirk, A., Michael, K.., Bergman, S., Schorr, M., &Jameson, J. P. (2018) Dose effects of

    cognitive-behavioral therapy in a school mental health program. Cognitive

Behaviour Therapy, 48:6, 497-516, DOI: 10.1080/16506073.2018.1550527

Knapp, N.F. (2019). The Shape Activity: Social Constructivism in the Psychology

    Classroom. Teaching of Psychology 46 (1) 87-91. DOI: 10.1177/009862831881681

Langley, A.K., Nadeem, E., Kataoka, S.H, Stein, B.D., & Jaycox, L.H. (2010). Evidence- Based

    Mental Health Programs in Shools: Barriers and Facilitators of Successful

    Implementation   School Mental Health Vol 2, (3), 105-113

Lasser, J. (2005). Visibility Management and the School Psychologist. School Psychology

        International. DOI: https: doi.org/10.1177/0143034305050892

Lyon, A.R., Pullman, M.D., Whitaker, K., Ludwig, K., Wasse, J.K., & McCauley, E. (2019).

        A Digital Feedback System to Support Implementation of Measurement-Based Care

        by School-Based Mental Health Clinics and. Journal of Clinical Child & Adolescent

        Psychology, 48:sup1, S168-S179, DOI:10.1080/15374416.2017.1280808.

McCaslin, M. & Hickey, D.T. (2001) Educational Psychology, Social Constructivism, and

        Educational Practice: A Case of Emergent Identity. Educational Psychologist, 36:2,

        133-140, DOI: 10.1207/S15326985EP3602_8

Mchitarjan, I. (2000). John Dewey and the development of education in Russia before 1930 --

        report on a forgotten reception. Studies in Philosophy and Education, 19(1-2), 109-131.

Merrell, K.W., Ervin, R.A., & Gimpel, P.G (2006). School psychology for the 21st Century:

        Foundations and Practices. New York: Guilford Press.

Millar, G.M., Lean, D., Sweet, S.D., Moraes, S.C., & Nelson, V. (2013). The psychology school

        mental health initiative: An innovative approach to the delivery of school- based

        intervention services. Canadian Journal of School Psychology, 28 (1), 103-118.

Moustakas, C. (1994). Phenomenological research methods. Thousand Oaks, CA: Sage

        Publications.

Mosher, M.J. (2015). UNDERSTANDING THE ROLE OF THE SCHOOL

        PSYCHOLOGIST FROM THE PERSPECTIVE OF SCHOOL ADMINISTRATORS

        ProQuest.

National Association of School psychologist (2010). About School Psychology

        Retrieved from https://www.nasponline.org/about-school-psychology

NICHCY (2012). Categories of Disability Under IDEA. National Dissemination Center for

      Children with Disabilities Retrieved from

      https://www.parentcenterhub.org/wp-content/uploads/repo_items/gr3.pdf

Olfason, J. (2013). The Role of the School Counsellor as a Frontline Mental Health

      Professional: Views, Experiences, Approaches, Outcomes, and Challenges

      Thesis for the University of Manitoba.

Overall, L. (2007). Big theory 3: Vygotsky and social constructivism. In Supporting

      children's learning: A guide for teaching assistants (pp. 73-84). London: SAGE

      Publications Ltd DOI: 10.4135/9781446212776.n6

Paternite, C.E. (2005). School-Based Mental Health Programs and Services: Overview and

      Introduction to the Special Issue. Journal of Abnormal Child Psychology.

      DOI: 10.1007/s10802-005-7645-3.

Padilla-Díaz, M. (2015). Phenomenology in Educational Qualitative Research: Philosophy as

      Science or Philosophical Science? International Journal of Educational Excellence.

      ISSN 2373-5929.

Peters, M.A. (2009). Editorial: Heidegger, Phenomenology, Education. Educational

      Philosophy and theory. DOI: 10.1111/j.1469-5812.2008.00516.x

Perfect, M.M., & Morris, R.J. (2011). Delivering School-Based Mental Health Services by

      School Psychologists: Education, Training, and Ethical Issues. Psychology in Schools.

      DOI: 10.1002/pits.20612

Reilly, C., & Fenton, V. (2013). Children with epilepsy: the role of the educational

      psychologist. Educational Psychology in Practice, 29:2, 138-151,

      DOI:10.1080/02667363.2013.779573

Reinke, W., Stormont., M., Herman, K.C, & Puri, R. (2011). Supporting children's mental

    health in schools: Teacher perceptions of needs, roles, and barriers. Guilford

    Publications

Schreiber, L.M, & Valle, B.E. (2013). Social Constructivist Teaching Strategies in the Small

    Group Classroom. Small Group Research 44 (4) 395-411.

    DOI:10.1177/1046496413488422

Sharpe, H., Ford, T., Lereya, S.T., & Owen, C. (2016). Survey of Schools' Work with Child

    and Adolescent Mental Health Across England: A System in Need of Support.

    Blackwell Publishing. DOI: 10.1111/camh.12166

Shernoff, E.S, Bearman, S.K, & Kratochwill, T.R. (2017). Training the next generation of

    school psychologists to deliver evidence-based mental health practices: Current

    challenges and future directions. School Psychology Review, 46(2), 219-232

Srikala, B., & Kumar, K. K. (2010). Empowering adolescents with life skills education in

    schools - School mental health program: Does it work? Indian Journal of

    Psychiatry, 52(4), 344.

Tan, S.Y., & Chou, C.C. (20017). Supervision Effects on Self-Efficacy, Competency, and Job

    Involvement of School Counsellors. Journal of Psychologists and Counsellors in

    Schools. Doi: 10.1017/jgc.2017.19

Tarrant, S.P, & Thiele, L.P (2016). Practice makes pedagogy-John Dewey and skills-based

    sustainability education. International Journal of Sustainability in Higher Education

    Vol.17 No. 1, pp. 54, 67.

Taylor, L. (2000). Achieving Coordinated Mental Health Programs in Schools. Journal of

    School   Health.

Thio, A., Taylor, J. D., & Schwartz, M. D. (2013). Deviant behavior. Boston: Pearson.

van Vulpen, K.S., Habegar, A., & Simmons, T. (2018). Rural school-based mental health services: Parent perceptions of needs and barriers. National Association of   Social Workers

Walker, L.C. & Shore, B.M. (2015). Understanding Classroom Roles in Inquiry Education: Linking Role Theory and Social Constructivism to the Concept of Role Diversification. Sage Open. DOI: 10.1177/2158244015607584.

Wei, Y., Hayden, J. A., Kutcher, S., & Zygmunt, A. (2013). The effectiveness of school   mental health literacy programs to address knowledge, attitudes and help seeking among youth Blackwell Pub. DOI:10.1111/eip.12010

Wegmann, K.M, Powers, J.D, Swick, D.C., & Watkins, C.S. (2017). Supporting academic achievement through school-based mental health services: A multisite evaluation of reading outcomes across one academic year. School Social Work Journal, 41 (2), 1-22.

White, M.A, & Harris M.W. (1961). The School Psychologist. Oxford, England   Harper & Brothers

World Health Organization (2014). Mental Health: a state of well-being.

https://www.who.int/features/factfiles/mental_health/en/

World Health Organization. (2016). ICD-10 : International Statistical Classification of Diseases and Related Health Problems : Tenth revision, 5th ed. World Health Organization.

World Health Organization, WHO (2019). Mental Disorder

www.who.int/mental_health/management/en/

World Health Organization, WHO (2020). ICD-11: International Statistical Classification of

Diseases, 11th Revision (ICD-11).

www.who.int/classifications/icd/en

Ysseldyke, J., Burns, M., Dawson, P., Kelley, B., Morrison, D., Ortiz, S., Rosenfield, S., &

Telzrow C., (2006) SCHOOL PSYCHOLOGY: A Blueprint for Training and

Practice III. National Association of School Psychologists.

Appendix A

Interview #1 – Perceptions

1. What are your thoughts on schools providing mental health support to students?

2. How do you, as a school psychologist, operate within your school-based mental health model or approach?

3. What, if anything, is required to improve mental health services in your current school?

4. What are your thoughts about involving classroom teachers in your intervention?

5. Are there other school-related personnel that you feel are supportive of your efforts when working with students with academic and psychosocial conditions?

6. Which school-based mental health approaches in your opinion provide the best support for mental health of school-age children and youth?

7. How might school-based mental health interventions be different taking into consideration the nature of the student's mental health concern?

8. How might school-based mental health interventions be different taking into consideration the developmental level of the student?

9. How do you describe your services as a school psychologist, from minimal support to the entire assessment?

Interview # 2 – Experiences and Challenges

1. What experiences do you have in implementing mental health prevention work with the entire student population?

2. What are some of your success stories? Please provide an example of an intervention or plan which successfully supported a student with academic and/or psychosocial condition.

3. To what extent does your role involve working with the family of a student with academic and psychosocial condition? Please provide a specific case example.

4. What challenges do schools psychologists face when supporting the mental health needs of students?

5. Based on your experience(s) addressing academic and psychosocial conditions in your school, what, if any specific recommendation(s) would you have for the pre-service training of school psychologists? What about the continuing professional development for in-service school psychologists?

6. What are your experiences when supporting a student with academic and psychosocial conditions?

7. Through your experience what are the major mental health concern(s) you have observed in the school setting?

8. In your opinion and based on your school mental health model, do you encourage students being seen by an external psychologist or do you think the entire assessment should be made in school?

9. To what extent should your role be if a student is seeing an external psychologist?

Appendix B

Interviewee Information

Dear Potential Interviewee

My name is Hala El Chemor and I am currently a graduate student in School Psychology from the Department of Psychology, Education and Physical Education at Notre Dame

University- Louaize. I am currently pursuing my master's degree. I am conducting a research as part of my thesis project titled: The Perceptions, Experiences and Challenges in the Profession of School Psychology: Evidence from Lebanese English-Speaking Christian Schools. I would like to kindly ask of you your participation in this study, which will allow to a better understanding of the perceptions, experiences and challenges that school psychologist undergo while supporting students with mental health conditions.

Increasingly the role of the school psychologist is being recognized as a key role in the school setting. There are multiple demands requested from school psychologists such as social-emotional, academic and cognitive assessment; crisis intervention; in-service education; program evaluation/research; consultation and counseling/therapy. School psychologist are trained in social-emotional support for students. Despite the school psychologist important role there are little research that studies the perceptions, experiences and challenges school psychologist encounter while supporting students with mental health concerns. This study will interview up to 7 school psychologists who works with students in secondary and from Catholic English-speaking schools in Lebanon. The school psychologists will undergo the interview individually and questioned them about their perceptions, experiences, approaches and challenges the encounter while supporting students with mental health concerns. The data will be analyzed using a qualitative approach while investigating the experience and essential themes of school psychologists working as mental health professionals.

In this study, a qualitative approach will be used to collect data through interviews with seven school psychologists. The participants will be recruited through a sampling approach.

The reason why this subject was of interest to me is because after doing my internship I observed many students who have mental health concerns and observed the challenges they undergo and as well as how some students still would react in a manner that would intrigue the school psychologist.

The research is guided by the following question:
"What are the experiences, challenges, perceptions that school psychologist undergo when supporting students with mental, academic and social concerns?"

The interviews will be undergone between the months of October and November 2019. If you would accept to participate in the study, know that real names will be replaced by initials and your participation would involve:

- 2x 45 minutes interview about your experiences, perceptions and challenges concerning support of adolescents with mental health concern
- 1x 40 minutes to read and revise the interview transcripts

I would like to close this letter by mentioning that you are under no obligation to agree to participate in this research. If you choose to do so, you will be free to ask any questions or concerns with me at any time throughout the study and you may withdraw from the research at any time without penalty.

I would like to thank you for considering my request in advance. Please contact me at 03-615300 if you would like to be part of this study.

Sincerely,

Hala El Chemor

Consent Letter

Research Project Title: The Perceptions, Experiences and Challenges in the Profession of School Psychology: Evidence from Lebanese English-Speaking Christian Schools
Research: Hala El Chemor under the direction and supervision of Dr. Simon Abou Jaoude

This consent form is only part of the process of informed consent. A copy will be provided to you for your reference and records. It should give you the basic knowledge and idea of what the research consists of and what your participation would involve. If you would like more

information about something that was not mentioned or more details about something that was mentioned, please feel free to ask. Kindly take the time to carefully read this letter and understand any accompanying information.

Increasingly the role of the school psychologist is being recognized as a key role in the school setting. There are multiple demands requested from school psychologists such as social-emotional, academic and cognitive assessment; crisis intervention; in-service education; program evaluation/research; consultation and counseling/therapy. School psychologist are trained in social-emotional support for students. Despite the school psychologist important role there are little research that studies the perceptions, experiences and challenges school psychologist encounter while supporting students with mental health concerns. This study will interview up to 7 school psychologists who works with students in secondary and from Catholic English-speaking schools in Lebanon. The school psychologists will undergo the interview individually and questioned them about their perceptions, experiences, approaches and challenges the encounter while supporting students with mental health concerns. The data will be analyzed using a qualitative approach while investigating the experience and essential themes of school psychologists working as mental health professionals.

In this study, a qualitative approach will be used to collect data through interviews with seven school psychologists. The participants will be recruited through a sampling approach.

The reason why this subject was of interest to me is because after doing my internship I observed many students who have mental health concerns and observed the challenges they undergo and as well as how some students still would react in a manner that would intrigue the school psychologist.

The research is guided by the following question:
"What are the experiences, challenges, perceptions that school psychologist undergo when supporting students with mental, academic and social concerns?"

I _____, agree to be part in the research study tittle: The Perceptions, Experiences and Challenges in the Profession of School Psychology: Evidence from Lebanese

English-Speaking Christian Schools. This data will be used as information to the graduate thesis of Hala El Chemor.

I understand that the duration of my participation will be during the months of October and November 2019 and will include

- 2x 45 minutes interview about your experiences, perceptions and challenges concerning support of adolescents with mental health concern
- 1x 40 minutes to read and revise the interview transcripts

I acknowledge that in order to help protect my anonymity, I will be asked to read and revise the interview transcript. This process will give me and allow me to have the opportunity to edit any information that I might feel too sensitive or that I would feel best to serve in order to identify myself at best. I understand and acknowledge that my name, answers and comments will be kept confidential. I understand that only the thesis advisor and readers of this thesis will have access to the information that will be collected during the study. I understand that the results and findings of this study could be used during a presentation during conferences and could include publication. The results of this study will also be used as data for the thesis. I acknowledge that direct quotes from the information that I provide will be used and that no benefits will be provided for my participation. I understand that the data for this project will be destroyed within three years of the completion of the research.

I acknowledge that a summary of my finding of the study will be sent to me via hard copy or email whichever is preferred by me.

Your signature will indicate that you have understood and acknowledge to your satisfaction all information regarding my role and participation in the research and agree to be a participant. In no way does it waive my legal rights nor release the sponsors, researchers or institution involved from their professional and legal responsibilities. You are in full right to withdraw from the study at any moment may it be by writing or orally, as well you may refrain from answering any questions you prefer not to answer or give, without prejudice or consequences. Your continued

participation should be as informed as your initial consent so you should feel free to ask for any new information or clarification during the period of your participation.

Participant's Signature   Date

_____   _____

Researcher's Signature   Date

_____   _____

Letter to the School

School's Principal   Zouk Mosbeh, February 2020
School Name
Lebanon

Subject: Letter of approval for Ms. Hala M. El Chemor research project in schools.

To Whom It May Concern,

        This is to approve of Ms. Hala El Chemor, ID # 20011418, conducting a research project as partial fulfilment of the requirements for the degree of Masters of Arts in Educational Psychology at NDU involving school psychologists.
        We are seeking your collaboration for the recruitment of participants – school psychologists at your esteemed educational institution.

The purpose of the study is to understand the experiences, challenges, perceptions that school psychologist undergo when supporting students with mental, academic and social conditions.

The procedures used involve school psychologists from Lebanese Anglo-Saxon Schools. The consent form along with the questionnaires will be given to the school psychologist who will sign it if they agree to participate in the study and then answer a set of questions. They will slide the responses into the envelope along with the consent form and seal it closed. No one other than the researcher and research assistants will have access to those sealed envelopes.

We are willing to modify our procedures according to your suggestions and preference and we look forward to collaborating with you on this project.

Please feel free to contact Ms. El Chemor or myself if you required further details or share any concern.

Best regards,

Simon Abou Jaoude, PhD
Assistant Professor, Clinical Psychology
Department of Psychology, Education & Physical Education
Faculty of Humanities, Notre Dame University - Louaize
T: +961 9 208 228
E: sjaoude@ndu.edu.lb

Researcher: Hala M. El-Chemor, MA Candidate
Department of Psychology, Education, & Physical Education
Faculty of Humanities
T: +961 3 615300
E: hmchemor@ndu.edu.lb