Sociocultural Implications on the Learning of Youth with Concurrent Disorders: Factors That Are perceived as Necessary for Student Success in Mainstream Classrooms (Paper No. 14-120)

Bonnie Belczowski
Faculty of Education
University of Windsor
401 Sunset Avenue, Windsor, ON N9B 3P4
belczow@uwindsor.ca

Geri Salinitri
Faculty of Education
University of Windsor
401 Sunset Avenue, Windsor, ON N9B 3P4
sgeri@uwindsor.ca

Abstract: *Research indicates that a significant proportion of adolescent students have a concurrent disorder that is significant enough to cause social or educational impairment. Thus the potential consequences of this condition on students as they progress through adolescence cannot be denied. The present study explored the factors perceived by teachers, administrators, and psychologists to be important in helping this population of students to achieve academic and social success in a mainstream classroom. The results of this study indicate that the number of adolescent students exhibiting symptoms of a concurrent disorder within the secondary school environment has increased in recent years. While a small number of students will need to access community services, many will remain within the classroom. There is a general consensus for a need for empirically-based classroom strategies, although there is a noticeable lack of consistency and confidence regarding the details and implementation of such strategies.*

Keywords: Concurrent disorders; adolescents; teachers; perceptions; student success; mainstream classroom

Introduction

Research shows that 35-50% of individuals have concurrent mental health and substance abuse problems (Salvo et al., 2012; Rush, 2002). Moreover, 60% of youths who are substance abusers also have a comorbid mental health disorder (Armstrong & Costello, 2002). At the high school level in particular, some students experiment with illicit substances. It is important to realize that in some cases, drug use can be a symptom of a larger problem, and these two disorders co-occur in a number of individuals.

The term "concurrent disorder" is given to an individual that is experiencing any combination of "mental/emotional/psychiatric problems with the abuse of alcohol and/or another psychoactive drug" (Rush, 2002, p. v). Concurrent disorders are varied: any mental health problem can coincide with the abuse of any substance. Therefore, these individuals will demonstrate varied symptoms (often reflective of either component condition).

Although they can occur at any age, the natural onset of many mental illnesses occurs during late adolescence. Further, the majority of adolescents have used drugs or alcohol, with the median age at onset for both alcohol and drug abuse being 14 years (Swendsen et al., 2012). When a substance abuse disorder begins in adolescence, students are at an increased risk of developing additional dependencies, disruptive behaviour, and depression (Chan, Dennis, & Funk, 2008). Consequently, concurrent disorders are present in the population of high school students, and it is important that educators are cognizant of their presence.

As educators, it is imperative that we are able to help all students reach their potential, including those that face the added difficulty of a concurrent disorder. We must be willing and able to help students with concurrent disorders overcome obstacles in order to achieve success in school.

The purpose of this study is to investigate the personal, social and situational factors that are perceived to increase the success of adolescent students with concurrent disorders in mainstream classrooms. The study addresses the following clusters of questions:

1. From a teacher's perspective, what strategies implemented within the classroom are effective for an adolescent student with a concurrent disorder in a mainstream classroom? What factors does a teacher perceive as being helpful for these students to achieve academic success (defined as achieving a passing grade in classes), and social success (defined as interacting appropriately with peers)?
2. From an administrator's perspective, what institutional plans are successful in supporting students with concurrent disorders when they study in a mainstream school?
3. From a psychologist's perspective, what personal factors help an adolescent student with a concurrent disorder achieve success in school (viewed objectively by the psychologist, including academic and social success)?

Theoretical Framework

Three theoretical constructs weave through the fabric of the literature review and the analysis of the data. These theories influence the perceptions of the participants in the research:

1. Social learning theory (Bandura,1977)
2. Social cognitive theory (Bandura, 1986, 2001)
3. Social representation theory (Moscovici, 1984, 2000)

Social Learning Theory

According to Bandura (1977), social learning theory is based on the principle that learning occurs through observation and modeling of behaviour. By this theory, individuals learn by acquiring symbolic representations of the modeled activities and not by stimulus-response interactions. The theory stresses the importance of observing and modeling the behaviours, attitudes and emotional reactions of others because people learn from one another in a social context (Akers, 2009).

Social Cognitive Theory

Social cognitive theory arose from Bandura's social learning theory and was posited by Bandura in 1977. It provides a framework for understanding, predicting, and changing human behaviour. The theory identifies human behaviour as an interaction of personal factors, behaviour, and the environment (Bandura 1977; 1986; 1991).

According to Jones (1989), behaviour varies from situation to situation. That is, individuals may interpret situations differently provoking differing responses from different people, or different responses at different times. Thus, social cognitive theory is useful in identifying methods in which individual and group behaviour can be changed.

Social Representation Theory

> Moscovici first defined social representation in 1973 as
> …a system of values, ideas and practices with a twofold function: first, to establish an order which will enable individuals to orientate themselves in their material and social work and to master it: and secondly to enable communication to take place among members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual group history. (p. xiii)

By 2000, Moscovici further identified social representation from "the dynamic point of view as a network of ideas, metaphors and images, more or less loosely tied together" (p.153). These representations are not always logical nor are they coherent thought patterns; instead, they may be thought fragments or contradictory ideas. Therefore, everyday thinking may be different, sometimes opposite, forms of thinking.

This theoretical framework connecting social learning, social cognitive and social representation theories will guide the literature review, the research questions, and the data analysis. Figure 1 shows the conceptual framework of the relationship between the theories and the potential effects of concurrent disorders on the academic and social success of adolescents.

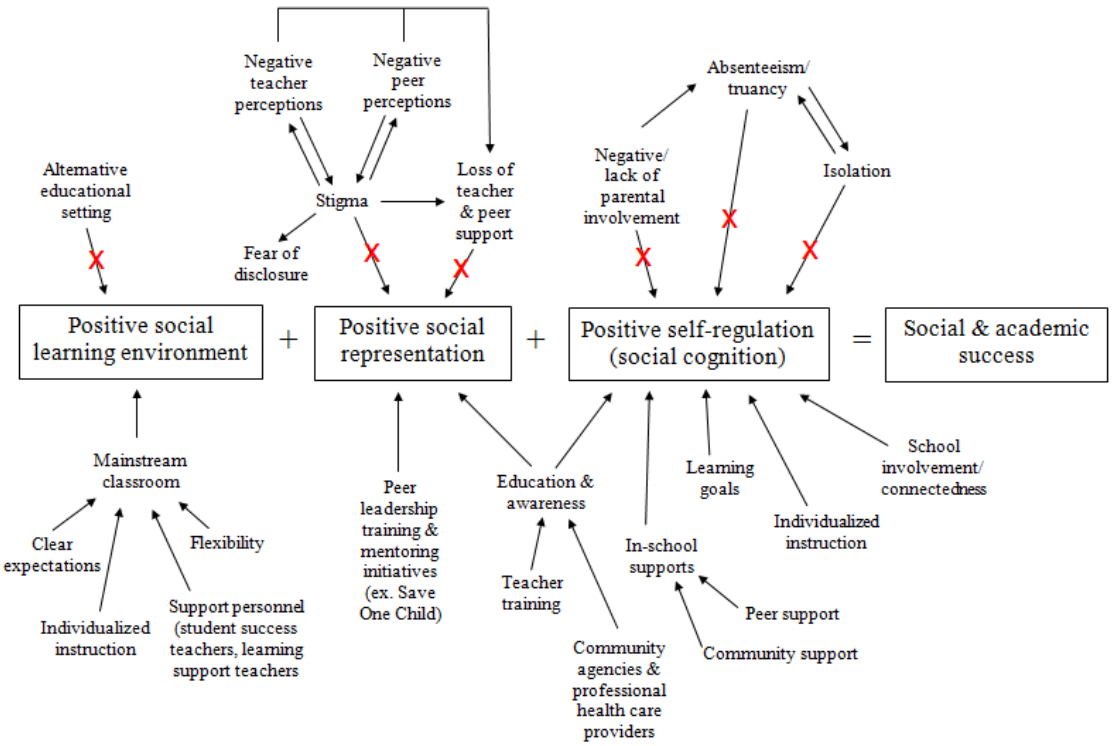

Figure 1: A conceptual framework of the relationship between social learning theory, social cognitive theory, and social representation theory and social and academic success of students with concurrent disorders.

Literature Review

Concurrent Disorders

According to Health Canada, concurrent disorder is the diagnosis given to an individual who is experiencing a mental illness and substance abuse problem simultaneously (Rush, 2002). It is important to note that concurrent disorders are extremely varied in their manifestations. Since any mental health problem can coincide with the abuse of any substance, the symptoms may reflect elements of each disorder individually, as well as novel symptoms that appear due to their interaction.

Concurrent disorders occur with high frequency. Kutcher, Venn, and Szumilas (2009) note that in Canada, "approximately 15 to 20 percent of children and adolescents suffer from some form of mental disorder – one in five students in the average classroom." (p. 44). Research from Health Canada shows that 40-70% of individuals have concurrent mental health and substance abuse problems (Rush, 2002). Armstrong and Costello (2002) report that 60% of youths who are substance abusers also have a comorbid mental health disorder; conduct disorder and oppositional defiant disorder were most common, followed by depression. DeMilio (1989) verifies this association. Earlier research including adolescents and adults reveals that over 28% have a concurrent disorder (Kessler et al., 1996).

Factors that Promote Student Success in Secondary School

Parental involvement plays an important role in a student's academic achievement throughout an individual's school years (Topor, Keane, Shelton, & Calkins, 2010; Fan & Williams, 2010). However, the involvement may take on different forms as an adolescent enters and progresses through secondary school. Research suggests that during adolescence, parental involvement is most beneficial to academic achievement when parents communicate expectations clearly and help students develop strategies to effectively succeed in the school environment (Hill & Tyson, 2009), although other forms of involvement also show favourable results. The positive influence of parental involvement is also evident when other factors, such as social background, family structure, and academic capabilities, are controlled (Catsambis, 2001). Therefore, for a population of students with concurrent disorders to achieve success, parents or caregivers must make the effort to work with the student's teachers and administrators to promote and support this success.

Research shows that supportive relationships with teachers contribute meaningfully to academic success (Bernstein-Yamashiro & Noam, 2013a). Students who perceive a connection with their teachers are more likely to attend class, and to be engaged in the lessons. The natural consequence of this connection is improved academic performance. Further, positive student-teacher relationships foster socio-emotional success in students (Bernstein-Yamashiro & Noam, 2013b). While fostering student-teacher relationships is easiest in small class settings, it is possible, and important, to ensure that students feel accepted in all school environments.

Teachers can also promote success for students with concurrent disorders by creating a positive learning climate within the classroom (Johnson, Eva, Johnson, & Walker, 2011). It is beneficial to all students, including those with concurrent disorders that teachers maintain high standards of academics and behaviour, but to be clear and explicit with the expectations for the

students. Classroom routines should be consistent, although some flexibility regarding assignments is beneficial in situations when a student's symptoms intensify.

Finally, a student's connectedness to his/her school positively predicts academic success (Osterman, 2000; Shochet, Dadds, Ham, & Montague, 2006). The success is attributed to increased academic motivation, in connection with positive attitudes towards school and greater feelings of self-esteem. In contrast, students with a low perceived connectedness with their school are more likely to experience difficulty with their social relationships, both with their peers and with their families. Further, students with a connection to their school community are less likely to participate in risky behaviour, including substance abuse (Maddox & Prinz, 2003).

Stigma

Stigma occurs when an individual is stereotyped or alienated because he/she is viewed as being different from society's norm (Ilic et al., 2013; Corrigan, 2004). Mental illness carries a stigma that is not associated with other, physiological, illnesses. People who suffer from a concurrent disorder may experience bias because of their mental illness, but also because of their substance abuse problem. These individuals may have to deal with stigmatizing judgments on a daily basis; adolescents may face this stigma within the school environment.

Negative Effects of Stigma

People who suffer from mental health and substance abuse problems will often want to conceal their issues and illness for fear of the opinions of others. This often means that these individuals will forgo treatment in order to keep their disorder a secret and avoid the accompanying stigma (Corrigan, 2004).

Individuals with mental illness experience discrimination in various facets of life. Lyons, Hopley, and Horrocks, (2009) note that individuals disclosing mental illness faced difficulty finding gainful employment, a finding which is supported by other researchers (Pescosolido et al., 2010).

Further, individuals with mental illness, including those with concurrent disorders, often experience social isolation. Lyons, Hopley, and Horrocks, (2009) note that individuals with mental illness experience discrimination from their communities, as well as from family members. Consequently, in an effort to avoid discrimination, people who suffer from mental illness, addiction or a concurrent disorder will sometimes choose to isolate themselves. This leads to further reduction of a person's social support network – an essential component to recovery and a balanced life (Markowitz, 1998).

Methodology

Research Approach

This study follows a phenomenological approach to qualitative research. The purpose of this research method is to uncover specific phenomena through examining the perceptions of those involved (Lester, 1999). Creswell (2007) notes that studying lived experiences will expose "contexts or situations that [affect or influence the individuals'] experiences of the phenomenon" (Creswell, 2007, p. 61).

This study examines the phenomenon of working with students with concurrent disorders. Through the perspectives of teachers, administrators, and psychologists who have worked closely with this population of students, the factors needed for these students to achieve success in a traditional classroom setting are exposed.

Participants

This study involved eight participants stemming from three subgroups: secondary teachers (grades 9-12), administrators working within secondary schools or with secondary school populations, and psychologists who work with adolescents aged 13 and older. Creswell (2007) cites Dukes' (1984) recommendation of a sample size of three to ten subjects for a phenomenological study.

To personalize the research, an online random name generator was used to generate pseudonyms for the participants (http://random-name-generator.info/).

Secondary teachers from a public school board in a city in Southwestern Ontario were sent a single email inviting them to participate in a research study involving students with concurrent disorders. Eight individuals responded to this invitation, of which three teachers were randomly selected (by choosing names from a hat) to participate.

Administrators were similarly contacted via email invitation to participate in the research. Only two individuals responded to the initial invitation, and were consequently selected as participants.

This study takes place in an area that is underserviced by psychologists trained and experienced with working with youth. Consequently, it was necessary to purposively select participants within in the psychologist subgroup. Individuals were selected based on their professional experience working with adolescents (aged 13 to 19) in an educational setting, either at the high school or university level. Three psychologists were invited to participate, but only two responded to the request.

Subsequent to initial contact, all participants self-identified as having experience working with students with concurrent disorders, either in current teaching educational settings or in past experiences.

Data Collection

For this study, participants were interviewed using a semi-structured interview technique. In addition to questions designed to elicit the unique perspective of each participant group, each interviewee was asked their perspectives on the roles of the other participant groups.

Interviews were arranged through email contact, and occurred in March and April 2013 at the time and location selected by the participants. Interviews ranged in length from forty to sixty minutes.

Data Analysis

Following careful reading and rereading of transcripts, codes were attached to phrases and sentences of the data. The codes were then used to link the data to other ideas, and to facilitate interpretation.

The categories were analyzed for recurring themes regarding the participants' perspectives of essential strategies for student success using the constant comparison method (Thorne, 2000). In this strategy, individual pieces of data (such as particular statements or themes) were compared "with all others that may be similar or different in order to develop conceptualizations of the possible relations between [them] (Thorne, 2000, p. 69). Further as suggested by Miles and Huberman (1994), a provisional 'start list' was developed from the conceptual framework, analysis of the literature, research questions and key variables addressed in the literature.

Results

Disclosure/Stigma

Kutcher et al. (2009) find that "approximately 15 to 20 percent of children and adolescents suffer from some form of mental disorder" – one in five students in the mainstream classroom (p. 44).

Marlene Cushman, a teacher in her 40s currently works as a Student Success Teacher[1]. She acknowledges, "I'm more knowledgeable of some of the mental health issues of students because of my role and that's not always made aware to the classroom teacher."

Students are often reluctant to share information with teachers. Lynn Faraci, a teacher in her 30s, spoke of the stigma impacting disclosure of mental illness: "He's reluctant to share with me specifics because I think it's the stigma that still comes along with having mental illness, more so than the addictions."

According to the Canadian Mental Health Association in Ontario (http://ontario.cmha.ca/mental-health/mental-health-conditions/stigma-and-discrimination), individuals with a mental illness are faced with "multiple, intersecting layers of discrimination as a result of their mental illness and their identity" (para. 2). There are great consequences to the social representation (Moscovini, 2000) of people with mental illness. They are depicted as dangerous, violent and unpredictable. Due to the stigma associated with the illness, youth have found that they lose their self-esteem and have difficulty making friends. The stigma may be so pervasive that these youth refuse to seek help.

Consequently, there is a need for information disclosure and understanding as a way to combat the stigma associated with mental illness and drug abuse. Dr. Christine Bibeau, PhD, a superintendant with the school board, comments about the difficulty of implementing strategies

---

[1] Student Success Teacher: teacher assigned by principal to develop positive relationships exclusively with students who are struggling or who need extra attention to help them graduate; monitoring attendance, developing work and study skills; working with teachers on strategies for student improvement; working with teachers to create behaviours/improvement plans for student…providing the necessary supports so that every student has the potential for academic and personal success. (Toronto District School Board).

to help students without being aware of their individual needs: “if they’ve already said ‘no, I’m not going to disclose to the school,’ it makes it really tough for us.”

From a professional perspective, psychologists stress that the onus is on the student to advocate for themselves through disclosure. Dr. Adam Eckler, PhD, a psychologist working in a University Student Counselling Centre says,

> By law, they don’t have to say anything, they can just say “here are my accommodations, period”. But usually, when you foster dialogue with professors, when you promote understanding about what’s going on with you, you build in flexibility.

Social learning theory (Bandura, 1977) posits that an individual’s behaviour is learned through observation of the consequences experienced by others in similar situations. The choice to not disclose, then, is influenced by witnessing the stigma faced by other students.

The educators interviewed, both teachers and administrators, overwhelmingly cited the lack of disclosure as a significant barrier to establishing the necessary accommodations for success in the classroom. As Teresa Wayne, an administrator in an urban school, ponders, “how do you save them all when you don’t know who all of them are?”

Academic Success Strategies

The Ontario Ministry of Education sets the requirements for graduation. To successfully complete secondary school and receive the Ontario Secondary School Diploma [OSSD], a number of fixed criteria must be met (http://www.edu.gov.on.ca/extra/eng/ppm/graduate.html). Consequently, there was a general consensus among the teachers and all other participants in the program that the expectations for academic success are the same as those for students in the mainstream. As Greg Sotelo, an administrator of a suburban high school, states that academic success is “achieving a credit.”

The ultimate goal, it follows, is to encourage students to attend a mainstream classroom setting, a view echoed by Nora Hirst, a school psychologist, who oversees both elementary and secondary schools. Following treatment, it’s “very likely” that students will return to their regular classrooms. She explains, “We work very hard to reintegrate students back into the classroom.”

When students are in a positive classroom environment, Bandura’s social learning theory (1977) posits that all students will be able to capitalize on the constructive socializing effects of peers and teachers. Further, this placement should help a student to increase pro-social behaviour by providing a safe environment in which modelling and reinforcement can be provided.

Research suggests that maintaining clear expectations, while providing the flexibility needed to successfully complete course requirements, is helpful for students with mental illness to achieve academic success (Johnson, Eva, Johnson & Walker, 2011). When asked about other strategies that she thought would be helpful, Ms. Cushman reiterated the importance of “being really explicit, really explicit with the student in terms of what the expectations is.” The teachers

in this study, however, had difficulty coming up with additional strategies that could be used to support this population of students.

Overall, all interviewees expressed a desire to help all students achieve academic success despite the inconsistencies in suggestions for implementation. Thus, while some strategies are being implemented to assist students with concurrent disorders to achieve academic success, there is a noticeable lack of direction about specific strategies that can be used within the classroom.

Individualized Attention

The appearance of a concurrent disorder varies from student to student, and the factors that will affect his/her success will also differ. Harre (1984) notes that "social representations are not *social* in the sense of belonging to the group, they are *individual* representations, each of which is similar to every one of the rest" (p. 930). However, individual students are not like all the rest. Dr. Eckler, familiar with the non-uniform appearance of students with concurrent disorders advises:

> From my perspective, and maybe this is the bias of talking to a psychologist, is that it really has to be individualized. So accommodations – you can't have blankets – I don't think there is a blanket accommodation for students with concurrent disorders. What's going to work for John isn't going to necessarily work for Mary. So you really have to see what's going on with the person.

Ontario's Ministry of Education has a policy regarding differentiated instruction for all students, recognizing that students have different strengths and needs, and that all students are entitled to an opportunity to demonstrate their learning and achieve success (Ontario Ministry of Education, 2010). By "offering [the] student a learning experience that responds to his or her individual needs," (Ontario Ministry of Education, 2010, p. 146), students with concurrent disorders are simultaneously able to assimilate and modify the social representations assigned to them (Höijer, 2011).

It is important to realize that students, whether or not they are affected by a concurrent disorder, have unique abilities and enter the classroom with their own unique histories. Bandura's social cognitive theory (1991) acknowledges that an individual's behaviour is an interaction of personal factors, behaviour, and the environment. Consequently, when addressing such behaviour in the classroom, a teacher must consider each student's individual needs. As Dr. Bibeau challenges, it is the responsibility of the teacher "to teach the whole child."

Teacher-Student Relationship

DeWit, Karioja, Rye and Shain (2011) found that emotional support from classmates and teachers is a powerful protective factor in preventing or reducing student mental health problems. Social comparison theory (Festinger, 1954) or social representation theory (Moscovini, 2000) explain student perceptions of the loss of classmate and teacher support in the transition from elementary to secondary school may increase mental health problems occurring in the transition from elementary (middle) school to high schools (DeWitt et al., 2011).

This theory is supported by Ms. Wayne's belief that it is "the caring adult; that's what it comes down to." As she reflected on a comment by one of her teachers, "you know, we don't know the student's stories, we don't know what they come with" she addressed an unspoken thought that "you should know what they come with. If you don't know anything about the student, [how can you teach him or her]?" The mission of the school board involved in this research confirms that teachers need to teach the whole child and help them reach their full potential academically, emotionally and socially.

So how do we address the gap between expectations as per mission statement and priority goals and what really happens between secondary school teachers and their students? DeWit et. al.'s (2011) findings of strong correlations between declining teacher support and diminishing mental health suggest that teachers play a significant role in the prevention of student mental illness and that all stakeholders implement policy on improving the quality of the interpersonal relationships between high school students and their teachers.

Research shows that a positive student-teacher relationship plays a significant role in helping students achieve academic success in the classroom (Bernstein-Yamashiro & Noam, 2013a; b). Further, this relationship enables the modeling of socially-acceptable behaviours that students with concurrent disorders often find challenging (Bandura, 1977). However, there is a lack of accountability in this area of teaching; while the task of meeting curricular expectations is measurable, the student-teacher relationship remains unmonitored. As Dr. Bibeau astutely notes, "if a kid is hearing voices, and they're sitting there, they're not going to be learning math, or social science, or whatever," and it is up to the observant, compassionate teacher to notice the change in the student, and to initiate dialogue.

Awareness and Knowledge, More Professional Support

A consistent theme permeating the answers of all interviews was the need for education, both for students and for the adults that work with them. Research supports the role of information in reducing the stigma associated with mental illness (Atkins, Hoagwood, Kutash, & Seidman, 2010), but there is little consensus on the optimal way to integrate mental health awareness into the curriculum or into extra-curricular programs. Mr. Sotelo recalled that "when we can, bring outside people from the community to talk to the students" about mental health. However, Dr. Eckler proposes that "it's got to be – I think the stuff that is most effective is done by students, for students." By acquiring information from peers, students have the potential to gain unbiased, accepting models of behaviour, supported by social learning. Research suggests that peer learning has positive effects on student achievement while helping students practice various skills that are needed for future employment (Riese, Samara, & Lillejord, 2012), and Reinke, Stormont, Herman, Puri, and Goel (2011) note that school-based prevention programs effectively reduce the negative impact on learning and social development associated with mental health programs. Thus, there is a significant connection between mental health education for students and positive effects on academic and social performance.

The teachers and administrators interviewed, though, overwhelmingly expressed a desire for more strategies to help students with concurrent disorders within their domain of responsibilities. Teachers such as Ms. Cushman noticed the lack of classroom strategies for

students with mental illness and wished for more information about tactics that would help them succeed.

> It would be great if there were strategies for helping students socially and saying, "here are three things that you can do in your classroom to support your student socially." Great! I will try those things! Some may work for me, some may work for that student. That's what I would like. Ideally.

Administrators also noted the need to help teachers further their own knowledge, enrich their teaching practice, and implement strategies to help students with concurrent disorders achieve success in the classroom. As Ms. Wayne noted:

> I think part of that is training. So how can we find other ways that staff can become more knowledgeable about it so that we as administrators are... confident in knowing what [teachers] should do, where you go to next, what's the next plan

In a study by Reinke, Stormont, Herman, Puri, and Goel (2011), 75% of teachers surveyed acknowledged teaching a student with a mental health problem, and believed that schools have a responsibility to support the mental health of their students. However, only 34% of teachers felt that they had the necessary skills to support this population of students. When a mental health awareness training program is implemented, however, teachers' knowledge about the illnesses increases, stigma is reduced, and teachers feel more confident in their ability to provide help for their students (Jorm, Kitchener, Sawyer, Scales, & Cvetkovski, 2010). Clearly, there is a need to educate the educators in this situation. \

Parental Involvement

The importance of involving families is being recognized as a best practice in providing quality services to youth with mental illness (Chovil, 2009). All participants in the research affirmed the need for parental involvement when providing the best directions for youth with concurrent disorders. Ms. Doering was frustrated with the lack of response from a parent with a struggling teen in her class that is experiencing a concurrent disorder: "They've washed their hands of it. Her parents – we did communicate several times – nothing has come of it." Frustrations with parental support appear to impact teachers' efficacy to help the student both academically and socially.

From Ms. Wayne's perspective, it is important to engage all parents: "We need to do more with families and sometimes the families just don't know where to go." Affirming Tannebaum's (2005) statement describing parents as the central dimension, Dr. Bibeau suggests, "parents are the ones that are going to drive where treatment is available," and "because school is not 24/7 and school counseling is not available during the holidays or in the summer between June 28 and September 3", students need a consistent level of involvement to become mentally healthy.

Family engagement is a "huge" piece of the mental health issue. According to Chovil (2009), "there is more than sufficient evidence that demonstrates the necessity to engage with families…as families, children and youth are intrinsically woven together, as are their mental health needs." (p. 32).

Alternative Settings

While acknowledging the need for preventative measures and strategies, a few students can best be served by participating in programs that meet their needs outside of a traditional classroom. Many interviewees, including Ms. Wayne, acknowledged the importance of community resources: "So I think part of [a student's success] is having an opportunity for home instruction for students that need it. I think having the agency schools...as a partner is really important for students." In some situations, these agency schools provide the only environment in which a student can succeed. However, without the opportunity to interact with a larger number of individuals, both adults and peers, students miss the potential learning experience that arises from this social situation; their behaviour cannot be shaped by the traditional secondary school environment unless additional accommodations can be made.

Research suggests that school connectedness serves as a predictor of future mental health problems (Shochet, Dadds, Ham & Montague, 2006), therefore striving to meet the needs of all students, including those with concurrent disorders, within the traditional classroom should be a priority within schools.

Discussion

Findings from this research indicate that teachers, administrators, and psychologists are aware of students with concurrent disorders within the mainstream secondary school population, and have experience working with this population of students. There is general consensus that the number of adolescent students exhibiting symptoms of a concurrent disorder within the secondary school environment has increased in recent years, and that these students have special needs that may or may not be met successfully within the classroom, however there is no clear consensus about strategies or factors that can help increase the success of this population of students.

Stigma and discrimination represent major barriers to reaching goals that individuals with mental illness may set for themselves (Canadian Mental Health Association, http://ontario.cmha.ca/mental-health/mental-health-conditions/stigma-and-discrimination/). Social representation theory (Moscovici, 1984; 2000) posits that individuals create a system of naming and classifying various aspects of their world in order to make sense of them. Consequently, negative stereotypes arise from the fear of the unknown – from the classification of individuals with mental illness as "different." From the results of this study, it is evident that stigma within the schools prevents students from disclosing their needs to teachers and administrators, thereby denying themselves access to resources and services that may increase their potential for success.

Further, while there is agreement among all participants that strategies should be implemented within the classroom, and other initiatives should be taken within the school, there is a definite lack of information regarding the type of intervention that should be followed. Some strategies used by the teachers interviewed in this study are supported by empirical evidence, such as the consistent application of clear expectations, while providing the flexibility needed to successfully complete course requirements, and is helpful for students with mental illness to achieve academic success (Johnson, Eva, Johnson & Walker, 2011). However, the fact that teachers were unable to name other, varying strategies, reflects the need for additional training in this area. Descriptions of effective strategies must be consolidated and shared among educators.

Teachers felt comfortable implementing strategies of differentiated instruction, being familiar with this policy set forth by the Ontario Ministry of Education (2010). The concept of individualizing instruction is supported by Bandura's social cognitive theory (1991), as the student's outward behaviour will reflect the interaction of his/her personal factors with the classroom environment. Consequently, if the classroom environment can be altered through specific teaching strategies or the personal factors modified through appropriate treatment for the concurrent disorder, appropriate behaviour (including academic and social success) can follow suit.

Further training and education is required for teachers to gain confidence in their ability to help students with concurrent disorders achieve success in the classroom. Research confirms that, while students with concurrent disorders are present in mainstream classes in significant number, teachers lack confidence in their ability to effectively teach this population of students (Reinke, Stormont, Herman, Puri, & Goel, 2011; Jorm, Kitchener, Sawyer, Scales, & Cvetkovski, 2010). It is important, but not enough, to simply provide teachers with a list of classroom strategies to use with students with concurrent disorders. School-wide support, including the need for interventions or programs targeting stigma reduction, is required for social misrepresentations to be eliminated, and for students with concurrent disorders to feel fully included in the school environment.

In order for any classroom interventions to be effective, teachers must first establish significant, positive relationships with their students. Research shows that the student-teacher relationship plays a significant role in helping students achieve academic success in the classroom (Bernstein-Yamashiro & Noam, 2013a; b), and the social learning theory (Bandura, 1977) supports the development of social skills through the modelling and practice of these skills with, or under the supervision of, a caring adult. Participants unanimously agreed that teachers have the unique opportunity to know students both on an academic and extracurricular basis, and this relationship enables them to identify early warning signs of concurrent disorder within their students.

Other relationships are also important for both academic and social success in secondary school. Research undeniably supports the association between family engagement in the school with academic success (Bernstein-Yamashiro & Noam, 2013a, 2013b; Tannebaum, 2005; Chovil, 2009). The results of this study confirm this association, with participants reflecting both on positive instances, as well as cases that were complicated by a lack of family support.

Thus, the factors that affect the academic and social success of adolescent students with concurrent disorders are numerous and complicated. Striving to meet the needs of all students, including those with concurrent disorders, within the traditional classroom should be a priority within schools.

Implications

This study adds to the research concerning the education of adolescents with concurrent disorders. The findings of this study indicate a gap between evidence-based practices emerging in the literature, and the familiarity of teachers with strategies to encourage student success

within a population of students with concurrent disorders. While there is a desire on the part of teachers for increased education, there is limited availability of resources that can be accessed from governing bodies. There is a need for practical, classroom-based strategies that encourage inclusion of all students. Future research gathering evidence-based strategies that promote the success of students with concurrent disorders should include the use of teacher focus groups to facilitate idea-sharing and dialogue regarding the practicality and/or effectiveness of suggested strategies.

It is important that educators – both teachers and administrators – receive formal professional training with respect to concurrent disorders. In order to ensure that misconceptions and inaccurate social representations are not propagated, training should be led by professionals. Psychologists from community agencies, familiar with the needs of adolescents with concurrent disorders, are the most appropriate facilitators of such teacher training. Ideally, training in mental health should be a requirement of the teacher education program; if new teachers are expected to meet the needs of all students in the classroom, it is imperative that they have the appropriate foundation of knowledge to do so.

Further, the importance of the teacher-student relationship, supported by empirical evidence, is noted but unmeasured. Additional research into factors or qualities affecting this relationship, both positively and negatively, would serve to qualify (and/or quantify) this critical component of student success. Such research could also have implications for teacher education programs, which stress the academic (curriculum) piece of teaching, while deemphasizing the humanistic (social) piece of teaching. In an ideal educational setting, smaller classes would help teachers develop more meaningful relationships with their students.

Last, this study suggests a top-down model for the development and implementation of classroom strategies to help students with concurrent disorders to achieve success (i.e. the strategies would be prepared as guiding policy from the school board). Further research should compare this approach with a bottom-up strategy, whereby students with concurrent disorders, working with peers or their teachers, identify their unique needs and co-create a strategy that could be used in the classroom.

Limitations

Although care was taken to maximize the validity of the study through triangulation of the participants' perceptions, as well as data analysis, the small sample size of this study is a notable limitation. Further research is needed to assess whether the themes that emerged from this study are applicable to a larger sample of participants, and to build upon, or create additional, themes regarding the factors affecting success for students with concurrent disorders.

Further, it is beyond the realistic scope of this research study to interview students with concurrent disorders about their personal experiences. It was also impossible to address the perspective of the parent/guardian within the framework of this study, although it would be important to investigate this area in future research. Subsequent research would be required to obtain data from these populations.

References

Akers, R. L. (2009). *Social learning and social structure: A general theory of crime and deviance*. Livingston, NJ: Transaction Publishers.

Armstrong, T. D., & Costello, E. J. (2002). Community studies on adolescent substance use, abuse, or dependence and psychiatric comorbidity. *Journal of Counselling and Clinical Psychiatry, 70*(6), 1224-1239.

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1-2), 40-47.

Bandura, A. (1977). *Social learning theory.* New York: General Learning Press.

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, N.J.: Prentice-Hall.

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational behavior and human decision processes*, *50*(2), 248-287.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, *52*, 1–26.

Basit, T. N. (2003). Manual or electronic? The role of coding in qualitative data analysis. *Educational Research*, *45*(2), 143-154.

Bernstein-Yamashiro, B. & Noam, G. G. (2013a). Teacher-student relationships: A growing field of study. *New Directions for Youth Development*, 137, 15-26. doi:10.1002/yd.20045

Bernstein-Yamashiro, B. & Noam, G. G. (2013b). Relationships, learning, and development: A student perspective. *New Directions for Youth Development*, 137, 27-44. doi: 10.1002/yd.20046

Catsambis, S. (2001). Expanding knowledge of parental involvement in children's secondary education: Connections with high school seniors' academic success. *Social Psychology of Education*, *5*(2), 149-177.

Centre for Addiction and Mental Health (1998). Answers to common questions on concurrent disorders. *Journal of Addiction and Mental Health*, *1*(1), 16.

Chan, Y. F., Dennis, M. L., & Funk, R. R. (2008). Prevalence and comorbidity of major internalizing and externalizing problems among adolescents and adults presenting to substance abuse treatment. *Journal of substance abuse treatment*, *34*(1), 14-24.

Chovil, N. (2009). *Engaging families in child and youth mental health*. British Columbia: The FORCE Society for Kids' Mental Health.

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59*(7), 614–625. doi: 10.1037/0003-066X.59.7.614

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches (2nd Ed.)*. Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed method approaches (3rd Ed).* Los Angeles, CA: Sage Publications.

Dekker, N., Meijer, J., Koeter, M., van den Brink, W., van Beveren, N., Kahn, R. S., Linszen, D. H., van Os, J., Wiersma, D., Bruggeman, R., Cahn, W., de Haan, L., Krabbendam, L., & Myin-Germeys, I. (2012). Age at onset of non-affective psychosis in relation to cannabis use, other drug use and gender. *Psychological Medicine, 42*, 1903–1911. doi: 10.1017/S0033291712000062

DeMilio, L. (1989). Psychiatric syndromes in adolescent substance abusers. *The American Journal of Psychiatry, 146*(9), 1212-1214.

DeWit, D. J., Karioja, K., Rye, B. J. and Shain, M. (2011). Perceptions of declining classmate and teacher support following the transition to high school: Correlates of increasing student mental health difficulties. *Psychology in the Schools*, 43, (6), 556-572.

Fan, W., & Williams, C. M. (2010). The effects of parental involvement on students' academic self-efficacy, engagement and intrinsic motivation. *Educational Psychology, 30*(1), 53-74.

Festinger, L. (1954). A theory of social comparison processes. *Human relations, 7*(2), 117-140.

Gay, L. R., Mills, G. E., & Airasian, P. (2009). *Educational research: Competencies for analysis and applications.* Upper Saddle River, NJ: Pearson Education, Inc.

Harre, R. (1984). Some reflections on the concept of "social representation". *Social Research, 51*(4), 927-938.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin 112*(1), 64-105.

Hill, N. E., & Tyson, D. F. (2009). Parental involvement in middle school: a meta-analytic assessment of the strategies that promote achievement. *Developmental Psychology, 45*(3), 740.

Höijer, B. (2011). Social representations theory: A new theory for media research. *Nordicom Review, 32*(2), 3-16.

Ilic, M., Reinecke, J., Bohner, G., Röttgers, H. O., Beblo, T., Driessen, M., & Corrigan, P. W. (2013). Belittled, avoided, ignored, denied: Assessing forms and consequences of stigma experiences of people with mental illness. *Basic and Applied Social Psychology*, *35*(1), 31-40.

Johnson, C., Eva, A. L., Johnson, L., & Walker, B. (2011). Don't turn away: Empowering teachers to support students' mental health. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, *84*(1), 9-14. doi: 10.1080/00098655.2010.484441.

Jones, J. W. (1989). Personality and epistemology: Cognitive social learning theory as a philosophy of science. *Zygon*, *24*(1), 23-38.

Jorm, A., Kitchener, B., Sawyer, M., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomized trial. *BMC psychiatry*, *10*(1), 51-62.

Kutcher, S., Venn, D., & Szumilas, M. (2009). Mental health: The next frontier of health education. *Education Canada*, *49*(2), pp. 44-45. Retrieved from http://www.cea-ace.ca/sites/cea-ace.ca/files/EdCan- 2009-v49-n2-Kutcher.pdf

Lester, S. (1999). *An introduction to phenomenological research*. Taunton UK: Stan Lester Developments. Retrieved from: www.sld.demon.co.uk/resmethy.pdf

Lyons, C., Hopley, P., & Horrocks, J. (2009). A decade of stigma and discrimination in mental health: Plus ça change, plus c'est la même chose (the more things change, the more they stay the same). *Journal of Psychiatric and Mental Health Nursing*, *16*, 501–507.

Maddox, S. J., & Prinz, R. J. (2003). School bonding in children and adolescents: Conceptualisation, assessment, and associated variables. *Clinical Child and Family Psychology Review*, *6*, 31–49.

Markowitz, F. E. (1998). The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. *Journal of Health and Social Behaviour*, *39*(4), 335-347.

Menke, R. & Flynn, H. (2009). Relationships between stigma, depression, and treatment in white and African American primary care patients. *The Journal of Nervous and Mental Disease*, *197*(6), 407-411.

Moscovici, S. (1984). The phenomenon of social representations. *Social Representations*, *3*, 69.

Moscovici, S. (2000). *Social representations: Explorations in social psychology*. Cambridge: Polity Press.

Ontario Ministry of Education (2010). *Growing success: Assessment, evaluation and reporting in Ontario's schools, first edition covering grades 1 to 12*. Toronto: Author.

Osterman, K. F. (2000). Students' need for belonging in the school community. *Review of Educational Research, 70,* 323–367.

Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. A., Phelan, J. C., & Link, B. G. (2010). "A disease like any other?" A decade of change in public relations to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry, 167*(11), 1321-1330. doi: 10.1176/appi.ajp.2010.09121743.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly, 26*(1), 1-13.

Ries, R. K. (1993). The dually diagnosed patient with psychotic symptoms. In N.S. Miller & B. Stimmel (Eds.), *Comorbidity of addictive and psychiatric disorders* (pp. 103-122). New York: The Hawthorne Press, Inc.

Riese, H., Samara, A., & Lillejord, S. (2012). Peer relations in peer learning. *International Journal of Qualitative Studies in Education, 25*(5), 601-624.

Rush, B. (2002). *Best practices: Concurrent mental health and substance use disorders.* Ottawa: Health Canada.

Salvo, N., Bennett, K., Cheung, A., Chen, Y., Rice, M., Rush, B, Bullock, H., & Bowlby, A. (2012). Prevention of substance use in children/adolescents with mental disorders: a systematic review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry= Journal de l'Academie canadienne de psychiatrie de l'enfant et de l'adolescent*, *21*(4), 245-252.

Shochet, I. M., Dadds, M. R., Ham, D., & Montague, R. (2006). School connectedness is an underemphasized parameter in adolescent mental health: Results of a community prediction study. *Journal of Clinical Child and Adolescent Psychology, 35*(2), 170-179.

Swendsen, J., Burstein, M., Case, B., Conway, K. P., Dierker, L., He, J., & Merikangas, K. R. (2012). Use and abuse of alcohol and illicit drugs in US adolescents: results of the National Comorbidity Survey-Adolescent Supplement. *Archives of General Psychiatry, 69*(4), 390.

Tanenbaum, S. J. (2005). Evidence-based practice as mental health policy: Three controversies and a caveat. *Health Affairs, 24*(1), 163-173.

Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing, 3*, 68-70. doi: 10.1136/ebn.3.3.68

Topor, D. R., Keane, S. P., Shelton, T. L., & Calkins, S. D. (2010). Parent involvement and student academic performance: A multiple mediational analysis. *Journal of Prevention & Intervention in the Community*, *38*(3), 183-197.

Ungerleider, C. (2008). *Student success/Learning to 18 strategy. Final report for the Canadian Council on Learning.* Retrieved from http://www.edu.gov.on.ca/eng/teachers/studentsuccess/CCL_SSE_Report.pdf.