Engaging Parents in Their Child’s Education and Treatment Through Parent Support

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Need to Involve Parents & Families

Parent involvement is considered to be a key factor in the academic achievement and emotional functioning of children.

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(School Bus)
Today

• Why Parent Support?
• Theoretical Models
• Initial Evidence

Why parent support?

• It is estimated that between 20% and 80% of parents and youth either do not access treatment or drop-out prematurely.

• Satisfaction levels of parents of youth served in special education settings are low.
## Satisfaction Level of Parents

<table>
<thead>
<tr>
<th></th>
<th>All SED</th>
<th>All Students Nationally&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% K-5</td>
<td>% All Grades</td>
</tr>
<tr>
<td>Percent of parents “very satisfied” with the school&lt;sup&gt;1&lt;/sup&gt;</td>
<td>41.7%</td>
<td>65-69% 55-63%</td>
</tr>
<tr>
<td>Percent of parents “very satisfied” with their child’s teachers</td>
<td>52.6%</td>
<td>69-78% 61-68%</td>
</tr>
<tr>
<td>Percent of parents “very satisfied” with school interactions&lt;sup&gt;3&lt;/sup&gt;</td>
<td>60.0%</td>
<td>63-67% 51-59%</td>
</tr>
<tr>
<td>Percent of parents “very satisfied” with their child’s homework&lt;sup&gt;4&lt;/sup&gt;</td>
<td>34.6%</td>
<td>79-80% 72-74%</td>
</tr>
</tbody>
</table>

<sup>1</sup> Satisfaction composite scores can range from 6-24, with lower scores indicating greater satisfaction.

<sup>2</sup> Data from the U.S. Department of Education, National Center for Education Statistics, Parent and Family Involvement in Education Survey of the National Household Education Surveys Program (NHES), 2007.

<sup>3</sup> For all students nationally, parents reported satisfaction with the way school staff interacted with them.

<sup>4</sup> For all students nationally, parents reported if amount of homework assigned was “about right.”

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### New Agenda is supported by NIMH (2001)

- The lack of parent skills that can facilitate their engagement and involvement in the education and treatment of their children as a major challenge to implementing evidence based practices.

Changing Roles of Families

- Cause
- Patient
- Credible Informant
- Equal Decision-Making Partner
- Evaluator/Research Partner
- Policy Maker

National Goals to Transform Mental Health Services Includes:

Goal 2:
Mental Health Care is Consumer and Family Driven
Definition of Family-Driven Care
(Osher, Osher, & Blau, 2006)

Family-driven means families have a primary decision making role in the care of their own children as well as the policies & procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:
- choosing supports, services, and providers;
- setting goals;
- designing and implementing programs;
- monitoring outcomes;
- participating in funding decisions; and
- determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Family Driven Care: 
Are we there yet?
A Necessary Ingredient for Enhanced Success is **FAMILY SUPPORT**

What is Family Support?

Family support programs involve systematic efforts to bolster psychological and social resources of family members as they respond to a continuing stressor.

Most family support interventions serve to complement or extend services offered by mental health professionals.
Family Support

6 areas

(1) Education and Information
   - Education & information on child mental health conditions
   - Special Education
   - Medications

(2) Instrumental Services
   - Respite Services
   - Connections to resources

(3) Support Services
   - Providing Emotional support through support groups

(4) Skills/Training in Managing Child’s Behavior
   - Basic parenting skills
   - Behavior management skills

(5) Skills/Training in Increasing well being of caregiver
   - Coping skills and Communication skills
   - Partnership skills with clinical staff
   - Self Efficacy in working with service system
   - Use of support systems
Family Support

(6) Skills/Training in Leadership and/or advocacy development
Leadership skills
Policy Skills
System service advocacy skills

Foundation of Family Support

Behavior Management Skills
Self-Care Skills
Leadership & Advocacy Skills
Emotional And Affirmational Support
Theoretical Framework


Parent Connectors

Program Goals

- To assist parents of youth with emotional or behavioral challenges to become fully engaged as partners with the education and mental health systems.
- This partnership between parents and staff will lead to improved services and improved outcomes for youth.
Intervention

Parents of children who have ED were provided a 16 hour training program on how to be a Parent Connector.

Parent Connectors were provided weekly group supervision by a Psychologist to discuss the contact with each parent.

Intervention

Parent Connectors called participating parents on the phone each week and:

• Offered emotional support through empathy and sharing experiences.
• Provided information about resources.
• Encouraged engagement with school and mental health systems (social norms, personal control, and benefit of behavior).
Participants for both studies

Parents of and students served in special education ED settings in a school district in a large metropolitan area.

Recruitment Rates:

Study 1: 71%
Study 2: 76%

<table>
<thead>
<tr>
<th>Student Characteristics</th>
<th>Study 1</th>
<th>Study 2</th>
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</thead>
<tbody>
<tr>
<td>Gender (male)</td>
<td>74%</td>
<td>83%</td>
</tr>
<tr>
<td>Age Mean Age</td>
<td>14.4 yrs</td>
<td>13.6 yrs</td>
</tr>
<tr>
<td>Age Range</td>
<td>10 to 19 yrs</td>
<td>12 to 16 yrs</td>
</tr>
<tr>
<td>Years Special Education</td>
<td>7.4 yrs.</td>
<td>6.5 yrs</td>
</tr>
<tr>
<td>Ethnicity Black</td>
<td>57%</td>
<td>56%</td>
</tr>
<tr>
<td>Ethnicity White</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Ethnicity Bi-racial</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Ethnicity Hispanic</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>At or Below Poverty</td>
<td>43%</td>
<td>57%</td>
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Research Design
Both Studies RCTs

- Nine month pre-post design
- Parent-Child dyads randomly assigned to two conditions

<table>
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<tr>
<th>Comparison Group</th>
<th>Experimental Group</th>
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<tr>
<td>Study 1 n = 47</td>
<td>Study 1 n = 42</td>
</tr>
<tr>
<td>Study 2 n = 55</td>
<td>Study 2 n = 56</td>
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Some Fundamental Questions

- Would parents find the intervention acceptable and engage with their PC?
- Could the program be delivered with fidelity?
- Would the program produce positive outcomes for parents and their children?
Results

Q1: Would Participating Parents Engage in the intervention and find it acceptable?

82% of parents “engaged” with their PCs in Study 1
89% of parents “engaged” with their PCs in Study 2

Hours of individualized support for full participants

Study 1 = 4.3 hours (range 1.1 to 14.6 hours)
Study 2 = 6.9 hours (range 1.03 to 20.98 hours)
Intervention Acceptable?

Ratings from participants indicated
- Highly satisfied with PC services
- Found services helpful

What did you like best about the PC program?
- “Not going through this alone, knowing I’m not a bad mother or doing something wrong.”
- “I think having a PC is one of the best things a person can have.”

Q2 Was intervention delivered with fidelity to the model?

- In the second study, a measure of program adherence was administered to participants in the PC program half way through the intervention.
  - Results revealed that the PCs were talking to parents about the critical elements of the program (and not topics unrelated to program components).
Is the PC program supplying a “unique” intervention?

• Participants indicated they talked “very little” to their typical sources of support (i.e., family, friends) about topics promoted by the PC program.

Q3 Did the intervention produce positive outcomes?
FIRST STUDY: MINUTES OF MENTAL HEALTH SERVICES RECEIVED BY YOUTH IN SCHOOL

Minutes of MH Services Received
PC group n=31; Comparison group n=34
FIRST STUDY: YOUTH - SCHOOL ATTENDANCE

Number of Days Present at School
PC group n=39; Comparison group n=44

Small to Moderate Effect Size (0.35)

First Study – Parents experiencing higher levels of strain at start of study

- Effect sizes were even larger for students in PC condition
  - Improved student emotional functioning.
  - Fewer days suspended.
  - More MH service minutes used by students.
Theoretical Framework for Parent Connectors

Second Study

- Increase use of mental health services by students in PC condition (ES = .35, p < .03)
- Students in PC condition experienced fewer days of suspensions (p < .02)
Most Impact? Parents who were highly straining at the start of the second study

- Positive change in levels of Expected Benefit of MH services by parents in PC group (ES 1.04, p < .02).
- Students with parents in PC group received more MH services (ES 1.00, p < .02).
- Improved emotional functioning for students with parents in PC group (ES = .87, p < .05).
- PC group students had fewer days suspended (p<.02).
- PC group students had more days enrolled in school (p<.02).
- Parents in Comparison group had more frequent communications with teachers (ES 1.02,p< .01).

Conclusion

- The PC program works to increase use of mental health services by youth.

- Increase positive school participation students with ED.

- Biggest changes for parents who are highly straining.
Family Driven Care: Are We There Yet?
Albert J. Duchnowski, Ph.D., Krista Kutash, Ph.D.

This monograph acquaints readers with the concept of family-driven care for children who have emotional and behavioral disturbances. The authors provide information about evidence-based practices that are effective interventions to help the children and their families. This information will help families, educators, and mental health service providers plan effective interventions for children.

Download a free copy at:
http://cfs.cbs.csc.usf.edu/publications/detail.cfm?id=160
Or purchase a printed copy for $3.00 at https://fmhi.pro-copy.com/

References


School-Based Mental Health: An Empirical Guide for Decision-Makers
Krista Kutash, Ph.D., Albert J. Duchnowski, Ph.D., Nancy Lynn, M.S.P.H.

This monograph provides a discussion of barriers to school-based services with the intention of improving service effectiveness and capacity. Reviews the history of mental health services supplied in schools, implementation of services, and provides an overview of the evidence base for school-based interventions. Includes: recommendations for evidence-based mental health services in schools.

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