School Parent Empowerment Project:
Improving Children's Mental Health Through Parent, School and Community Empowerment

Serene Olin, Ph.D.[1], Maura Crowe, M.A.[1], Priscilla Shorter, B.A.[1,2], Nicole McDonald, B.A.[1], Kimberly E. Hoagwood, Ph.D.[1,3], Belinda H. Ramos, M.A.[1], Marleen S. Radigan, Dr.PH.[3], Sudha Mehta, M.P.H.[3], Chip McCormick, Ph.D.[3], James Rodriguez, M.S.W, Ph.D.[1], Geraldine Burton, F.D.C.[1]   [1]Center for the Advancement of Children's Mental Health, Columbia University/NYSPI, [2]Former District 75 Parent Liaison, [3]New York State Office of Mental Health

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

New York State Office of Mental Health

District 75

ABSTRACT

This poster describes the challenges and lessons learned in an ongoing NIMH-funded study conducted by the New York State Office of Mental Health to understand the ways in which children access mental health (MH) services through public schools. NYC Special Education School District serves as a pilot site for this study. This study employed existing community/clinic-based measures and a parent empowerment intervention as a starting point for understanding and improving school MH capacity. Issues encountered in transporting community/clinic-based measures and intervention to the school context highlight the need for paying attention to unique school variables. Preliminary data are presented.

OBJECTIVES

1. Adapt and pilot a set of measures to assess the landscape of school MH services,
2. Adapt and pilot a theory-driven engagement and empowerment intervention for improving schools' capacity (via training parent coordinators (PC)) to address MH issues.

INTRODUCTION

➢ 75 – 80% of children with MH needs do not receive services (Kataoka et al., 2002).

➢ Population-based epidemiological studies indicate that 70–80% of children who receive *any* MH services receive them in school (Burns et al., 1995; Farmer et al., 1999; Zahner & Daskalakis, 1997).

➢ Children with MH needs identified in school are more likely to enter and receive treatment when services are offered in school (Catron et al., 1994).

➢ National studies document wide variations in the availability of MH services in schools (CDC, 2000; Brener et al., 2001; Slade, 2003, Foster et al., 2005).

➢ Engaging families in MH service planning fosters treatment effectiveness (McKay et al., 2004).

➢ To understand and improve schools' capacity for addressing MH needs, this study adapted and is piloting community/clinic based measures and a parent empowerment intervention.

METHODS

Aim 1: Surveying the landscape of school mental health services

A collaborative advisory process was followed to refine and adapt two existing surveys, the MacArthur Network Youth Clinic Systems Survey and the School Questionnaire (Foster et al., 2005). The resulting survey, called the School Systems Survey (SSS), contains three survey instruments, with complementary sections about the structure and governance of school contexts (macro-organizational level) and individual stakeholder characteristics and attitudes about school MH services (micro- individual behavior level). These measures are being pilot tested among the participating schools.

Aim 2a. Adapt a community-based PEP for school-based staff

The original PEP was based on a theory-driven empowerment and engagement intervention, targeted at community/clinic-based parent advocates. A collaborative advisory process with school district staff was developed to modify the training to fit the school context and needs.

Aim 2b. Pilot test the feasibility of implementing the intervention

Forty parent coordinators are to be recruited in two cohorts to receive either the School PEP Training or Training As Usual, based on a randomized design. Two types of feasibility outcomes assessed:
(a) School PEP Training outcomes for parent coordinators; and
(b) Outcomes for a random sample of three to five families per parent coordinator

What is a Parent Coordinator (PC)?

Four years ago, NYC Department of Education created a new staff position, supervised by the principal. Their role is to:
➢create a welcoming school environment for all parents
➢work with the principal to address parent issues and concerns at the school
➢conduct outreach to engage parents in their children's education
➢strengthen parent involvement in their children's education

CONSTRUCT	MEASURE
PARENT COORDINATOR OUTCOME MEASURES	
Self-Efficacy	Mental Health Self-efficacy Questionnaire (MHSEQ) (adapted from The Vanderbilt MHSEQ, Bickman et al., 1991)
Attitudes, Beliefs and Values	Beliefs about Learning and Mental Health Attitudes toward Evidence-Based Practices Scale (adapted from Aarons, 2004)
Job Impact	Job Perception Scale (adapted from Glisson's Organizational Climate Scale, 2000) Job Function
Mediators of PC Outcome	
Fidelity to PEP	PEP Trainer Adherence Form
PC Level of Participation	PC Training Participation
PARENT OUTCOME MEASURES	
Self Efficacy	Family Empowerment Scale (Koren, Dechillo, & Friesen, 1992)
Strain	Caregiver Strain Questionnaire (Brannan et al., 1997)
Service Use and Experience	Access to Services (adapted from the Services for Children and Adolescents-Parent Interview, Hoagwood et al., 2004) Family Participation Measure (Friesen et al., 2001)
Mediators of Parent Outcome	
Fidelity to PEP	PC Adherence Scale
Working Alliance	Working Alliance Inventory – Short Form (Tracey and Kokotovic, 1989)

BASELINE DATA
Original N= 19 (3 dropped out prior to start of training)

Parent Coordinator Demographics	School PEP Training (N=7)	Training As Usual (N=9)	All (N= 16)
Gender	85.7% Female (6)	88.9% Female (8)	87.6% Female (14)
Mean Age (years/standard deviation (SD))	39.9/8.7	42.3/13.2	41.1/10.8
Ethnicity			
Caucasian	14.3% (1)	22.2% (2)	18.8% (3)
Black (African American)	28.6% (2)	55.6% (5)	43.8% (7)
Hispanic/Latino	42.9% (3)	22.2% (2)	31.3% (5)
Mixed Ethnicity	14.3% (1)	0	6.3% (1)
Asian	0	0	0
Education			
High School Diploma	0	11.1% (1)	6.3% (1)
Some College	28.6% (2)	11.1% (1)	18.8% (3)
Bachelors Degree	57.1% (4)	66.7% (6)	62.5% (10)
Graduate Education	14.3% (1)	11.1% (1)	12.5% (2)
Has Child with Special Needs	28.6% (2)	44.4% (4)	37.5% (6)
Job Function* (% providing)			
Info, Education & Referrals	100% (7)	100% (7*)	100% (14)
Support Groups & Activities	100% (7)	85.7% (6)	92.8% (13)
Consultation	28.6% (2)	100% (7)	64.3% (9)
Access/Equal Opp. Services	71.4% (5)	85.7% (6)	78.6% (11)
Recreation Services	57.1% (4)	100% (6)	78.6% (11)
Support (mean/SD) "How valued do you feel in the work that you do?" Scored from 1 (not at all) to 5 (very much)	4.00/0.82	4.33/0.71	4.19/0.75
Alliance with School (mean/SD) Scored 1 (never) to 5 (very often)	3.86/0.50	4.14/0.57	4.02/0.54
Type of School **			
Elementary (k-5)	14.3% (1)	11.1% (1)	12.5% (2)
K-8	0	22.2% (2)	12.5% (2)
Secondary/Vocational High School	14.3% (1)	11.1% (1)	12.5% (2)
K-12	0	22.2% (2)	12.5% (2)
Collaborative/Multigraded	57.1% (4)	33.3% (3)	44.0% (7)
	14.3% (1)	0	6.0% (1)

*Examples of Job Function include: providing info on family educational rights and pupil rights and social services (Info, Education & Referrals); parent support groups and facilitating parent and school staff meeting (Support Groups & Activities); translation services and transportation (Access/Equal Opportunity Services); and family recreation and after school programs (Recreation Services). Data is currently missing from two parent coordinators in TAU.
**The types of schools in this cohort are representative of all the schools in the district.

School Parent Empowerment Training: What's Involved?

Training Team: Mental Health Clinician and School-Based Parent Worker(s)
A. 40 hour group-based training focused on
➢ **Parent engagement skills around MH issues**
➢ **Knowledge about childhood mental disorders, evidence-based assessments and treatments, the MH care system, and parents' rights and responsibilities**
➢ **Strategies to empower parents to obtain appropriate MH resources and services.**
B. 15 hour group consultation on application of knowledge and skills in work with parents

PRELIMINARY FINDINGS
Lessons learned in transporting community/clinic-based PEP

Adapting Clinic Based Survey and PEP Manual for School

School System Survey
• Adaptation of community/clinic-based measure emphasized clear differences in the organization, financial structure, and delivery of MH services

Challenges Specific to School Setting and Mission
• Long-standing parent mistrust of special education system
• Sensitivity around addressing MH issues with parents in an educational setting

Role of School-Based PC vs. Community-Based Parent Advocate
• Competing allegiance: PC job function precludes advocacy
• Role clarity is critical for training: PC training adapted to help empower parents, while respecting PC role within school context
• Competing demands on PC to meet varied needs (not only MH) of all parents in the school

Language Issues: Terminology clarification to establish common ground is critical
• Negative connotation of term advocacy (Term facilitator or liaison better received)
• Emotional Disturbance vs. DSM-IV: implications for services

Fidelity Measure
• Developed to ensure that adaptations of PEP training are guided by theoretical and philosophical underpinnings of PEP (*see Ramos et al., *Discovering Parent Empowerment*, poster presented in this session)

Implementation Process (First training is underway)

Collaboration is Critical
• Collaboration with multiple school stakeholders critical due to staff turnover.

Establish Fit Between Project and District/School Needs and Priorities
• School PEP training dovetailed with key aspect of district's PBIS Initiative (namely, building bridges between schools and NYC resources that serve students and staff, and building empowerment of parents as full partners in the educational process).

Training Process
• Clear understanding of the theoretical and philosophical framework of PEP among training team critical to ensure training fidelity while responding flexibly to participant needs.
• Respect, understanding and training preparation among training team critical to establish trust and openness among all training participants.
• Parent engagement a key focus in training due to sensitivity around addressing MH in schools and inherent parent distrust of school system.

Competing Demands
• Competing and unanticipated demands on schools and PCs arise throughout the school year.
• Research challenges around PC recruitment, parent recruitment and data collection requires persistent and coordinated efforts among research staff and district staff.

Population Served by PCs are highly similar across PEP and TAU

Family Ethnicity (rank ordered)	Type of Household (rank ordered)
Black (African American)	Single parent
Hispanic/Latino	Two parent
White	Grandparent
Asian/Pacific Islander	Foster home
Other	Adoptive home
American Indian/Alaska Native	Family caregiver
	Non-family caregiver

Student Concerns (rank ordered)

Top Female Concerns
Social, interpersonal or family problems
Learning disabilities, speech and language difficulties
School behavior functioning

Top Male Concerns
Aggressive/disruptive behavior, bullying
Learning disabilities, speech and language difficulties
School behavior functioning and school academic functioning

Barriers and Challenges In Working with Parents
(rank ordered by degree of seriousness)

Family Participation Barriers
Transportation difficulties
Lack of attendance in workshops and meetings
Schedule conflicts

Resource/Support Barriers
Limited MH resources in the community
Limited availability of resources in school

Service Delivery
Matching services with families' needs
Working with various child service systems
Setting priorities with families

Note: MH related issues among the population served by the PCs in this study are similar to data from a national U.S. survey of school MH services (Foster et al., 2005). Specifically, the MH problems identified as the top concern among females and males and the barriers and challenges identified in this population are the same as those identified in the national survey.
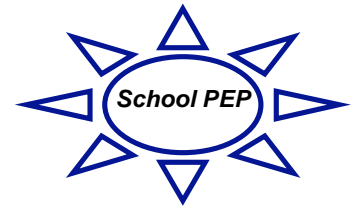
CONCLUSION

➢ Challenges in adaptation of PEP for schools raised important questions about the theoretical and philosophical framework of the PEP training

➢ Adapting PEP led to a clearer articulation of the model's framework and the development of fidelity measures to ensure training to core PEP principles and components

➢ Parent engagement in MH issues is a particularly sensitive and challenging task in the school setting

➢ Transporting and adapting PEP for the school context requires time and flexibility to meet needs of school context and organization

REFERENCES
1. Adelman, H. S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. Educational Psychology, 33(4), 135–152.
2. Adelman, H. S., & Taylor, L. (2000). Looking at school health and school reform policy through the lens of addressing barriers to learning. Children's Services: Social Policy, Research, and Practice, 3, 117–132.
3. Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: the Evidence-Based Practice Attitude Scale (EBPAS). Mental Health Services Research, 6(2), 61–74.
4. Bickman, L., Earl, E., & Klotsworth, L. (1991).The Vanderbilt Mental Health Self Efficacy Questionnaire. Nashville, TN: Vanderbilt University.
5. Brannan, A. M., Heflinger, C. A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the Impact on the Family of Living with a child with severe emotional disturbance. Journal of Emotional and Behavioral Disorders, 5 (4), 212-222.
6. Brener, N. D., Martindale, J., & Weist, M. D. (2001). Mental health and social services: Results from the School Health Policies and Programs Study 2000. Journal of School Health, 71 (7), 305–312.
7. Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer E. M., & Erkanli, A. (1995). Children's mental health service use across service sectors. Health Affairs, 14, 147–159.
8. Catron, T., Weiss, B. H., Tepp, J., & Harris, V. (1994). School-based mental health services: A comparison of services delivery models. In Monograph No. X, Richmond, VA: Commonwealth Institute for Child and Family Services.
9. Centers for Disease Control and Prevention. (2000). School health policies and programs study (SHPPS) 2000: Fact sheet: Mental health and social services. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. Available online at http://www.cdc.gov/HealthyYouth/shpps/factsheets/mental_health.pdf
10. Farmer, E. M. Z., Stangl, D. K., Burns, B. J., Costello, E. J., & Angold, A. (1999). Use, persistence, and intensity: Patterns of care for children's mental health across one year. Community Mental Health Journal, 35 (1), 31–46.
11. Foster, S., Rollefson, M., Doksum, T., Noonan, D., & Robinson, G. (2005). School mental health services in the United States, 2002-2003. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
12. Friesen, B., et al. (2001). Family Participation Measure. Retrieved April 1, 2007 from http://www.rtc.pdx.edu/FamilyPartMeasure.pdf. Portland, OR: Research and Training Center on Family Support and Children's Mental Health.
13. Glisson, C., et al. (2000). Organizational Climate Survey. Tennessee: The University of Tennessee Children's Mental Health Research Center.
14. Hoagwood, K.E., Jensen, P.S., Arnold, L.E., Roper, M., Severe, J., Odbert, C., Molina, B. S., & MTA Cooperative Group. (2004). Reliability of the service for children and adolescents-parent interview. Journal of the American Academy of Child and Adolescent Psychiatry, 43(11), 1345-1354.
15. Kataoka, S., Zhang, L., & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. American Journal of Psychiatry, 159(9), 1548–1555.
16. Koren, P. E., DeChillo, N., & Friesen, B. J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. Rehabilitation Psychology, 37 (4), 305–321.
17. McKay, M. M., Hibbert, R., Hoagwood, K., Rodriguez, J., Murray, L., Legerski, J., & Fernandez, D. (2004). Integrating evidence-based engagement interventions into "real world" child mental health settings. Brief Treatment and Crisis Intervention, 4 (2), 177-186.
18. Slade, E. P. (2002). Effects of school-based mental health programs on mental health service use by adolescents at school and in the community. Mental Health Services Research, 4.
19. Slade, E.P. (2003). The relationship between school characteristics and the availability of mental health and related health services in middle and high schools in the United States. Journal of Behavioral Health Services & Research, 30(4), 382-392.
20. Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. Psychological Assessment, 1(3), 207-210.
21. Zahner, G. E., & Daskalakis, C. (1997). Factors associated with mental health, general health, and school-based service use for child psychopathology. American Journal of Public Health, 87 (9), 1440–1448.

Address correspondence to: Kimberly Hoagwood, Ph.D., Columbia University, Division of Child and Adolescent Psychiatry, 1051 Riverside Drive, Unit 78, New York, NY 10032; email: hoagwook@childpsych.columbia.edu. The authors do not have any disclosures associated with this project.

School PEP

School Parent Empowerment Project (PEP):
Improving Children's Mental Health Through Parent,
School and Community Empowerment

The purpose of School PEP is to understand the ways in which children access mental health services through public schools. In our poster, we have presented preliminary data in which the New York City Special Education School District (District 75) served as a pilot site. This study employed existing community and clinic-based measures and a parent empowerment intervention (PEP) as a starting point for understanding and improving school mental health capacity. School-based parent workers, known as Parent Coordinators (PC), were trained on parent engagement skills, knowledge of key mental health and school services information, and methods for applying what they have learned with parents. The goal is to empower parents to obtain the appropriate mental health resources and services for their children. This study found that transporting and adapting PEP for the school context requires time and flexibility to meet needs of school context and organization.

For more information on this study, please contact Serene Olin, Ph.D., School PEP Project Director, or Maura Crowe, M.A., School PEP Project Coordinator, at:

> School Parent Empowerment Project
> Columbia University/NYSPI
> 1051 Riverside Drive, Unit 78
> New York, NY 10032
> Phone: 212-543-5311
> Fax: 212-543-5260
> Email: OlinS@childpsych.columbia.edu
> CroweM@childpsych.columbia.edu