



Creating Collaborative Partnerships between Parents and Schools to Support Student Academic Success and Positive Mental Health

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IT TAKES A VILLAGE

(of teachers, youth, parents, school staff, peers, clinicians, parent partners and services researchers) to create, deliver and test child and family-focused mental health supporting programs in schools

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Purpose

Lessons learned from a collaborative approach to promoting parent-school involvement in academic supportive and mental health promoting activities and services

Overview

- Importance of parent-school engagement
- Factors associated with parent-school engagement
- The role of school based and linked mental health services in supporting intensive involvement of families (at school, at home and in community-based care)

Significance

- School success & child mental health are high priority areas and highly related
- 1 in 4 American youths will drop out
- Rates of drop out are even higher among youth impacted by poverty
- Two thirds of children who have serious mental health needs do not have appropriate contact with school or community-based mental health services

The importance of schools

- One of few existing resources consistently available in communities
- De facto mental health providers
- Opportunity to promote academic and social behavior
- Community-based for easier access to families
- Potential for less stigmatizing context for service delivery

Parent-School Engagement as a Mental Health Protective Factor

- Academic engagement
- School performance
- Emotional health
- Behavioral functioning
- Social skills
- Across grades from preschool to high school
- Short term and long term influences

Empirical Support: Parent Engagement at Home

- Parenting style with high warmth and low negativity associated with child academic achievement
- Ensuring supervision during the after school hours has been associated with better achievement among adolescents

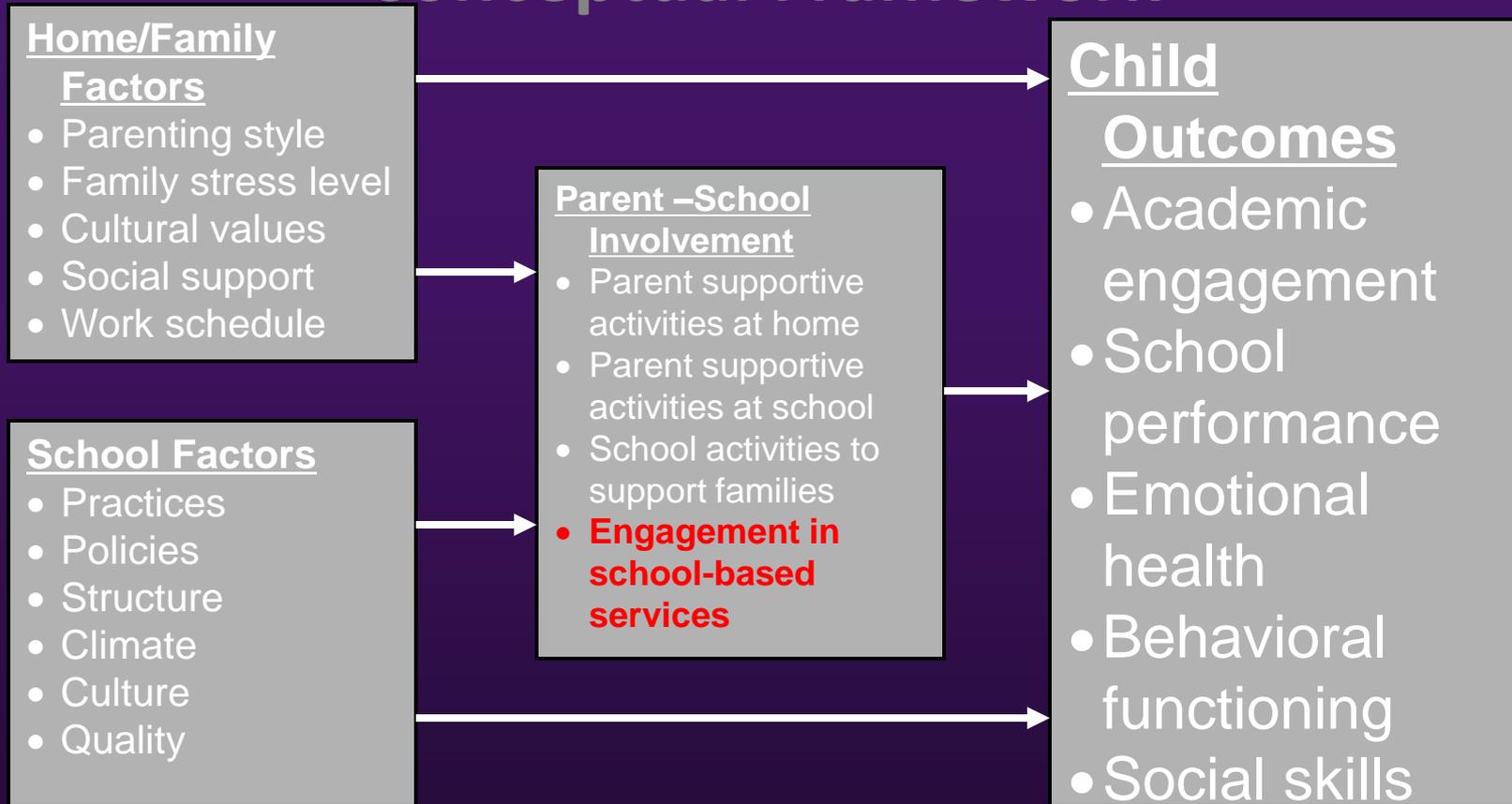
**Empirical Support:
Parent Involvement at Home ALSO associated
with mental health and behavioral
functioning**

Empirical Support: Predictors of Parent Engagement

- Parents' sense of efficacy is associated with behaviors to stimulate learning
- Social disadvantage impedes at-home parent involvement
- Social support seems to play a role
- Opportunities for positive interaction at-school appear to promote at-home involvement

**Empirical Support:
Similar factors PLUS additional influences
have been found to impact engagement in
school-based and linked mental health
services**

Conceptual Framework



LIFE: Leaders & Information for Everyone

- Create an family inclusive culture at school – first step towards engaging families in school-based and linked services
- Committee of 6 parent leaders & 3 outside of school facilitators

LIFE Example (continued)

- Jr. High population: 995
- Elementary population: 1,124
- Primarily Latino & African-American ethnic heritage
- 94% of students are eligible for free lunch program
- 26% of students - English is a 2nd language

LIFE Strategies

Social Networking Events

- Parent-Teacher Spring Bash
- Mother's Day Breakfast
- Senior Breakfast
- Purposes:
 - to increase parent comfort within the schools
 - to increase connections among parents
 - to provide opportunities for conversations among parents & teachers
 - to promote positive parent attitudes about schools

LIFE Strategies (continued)

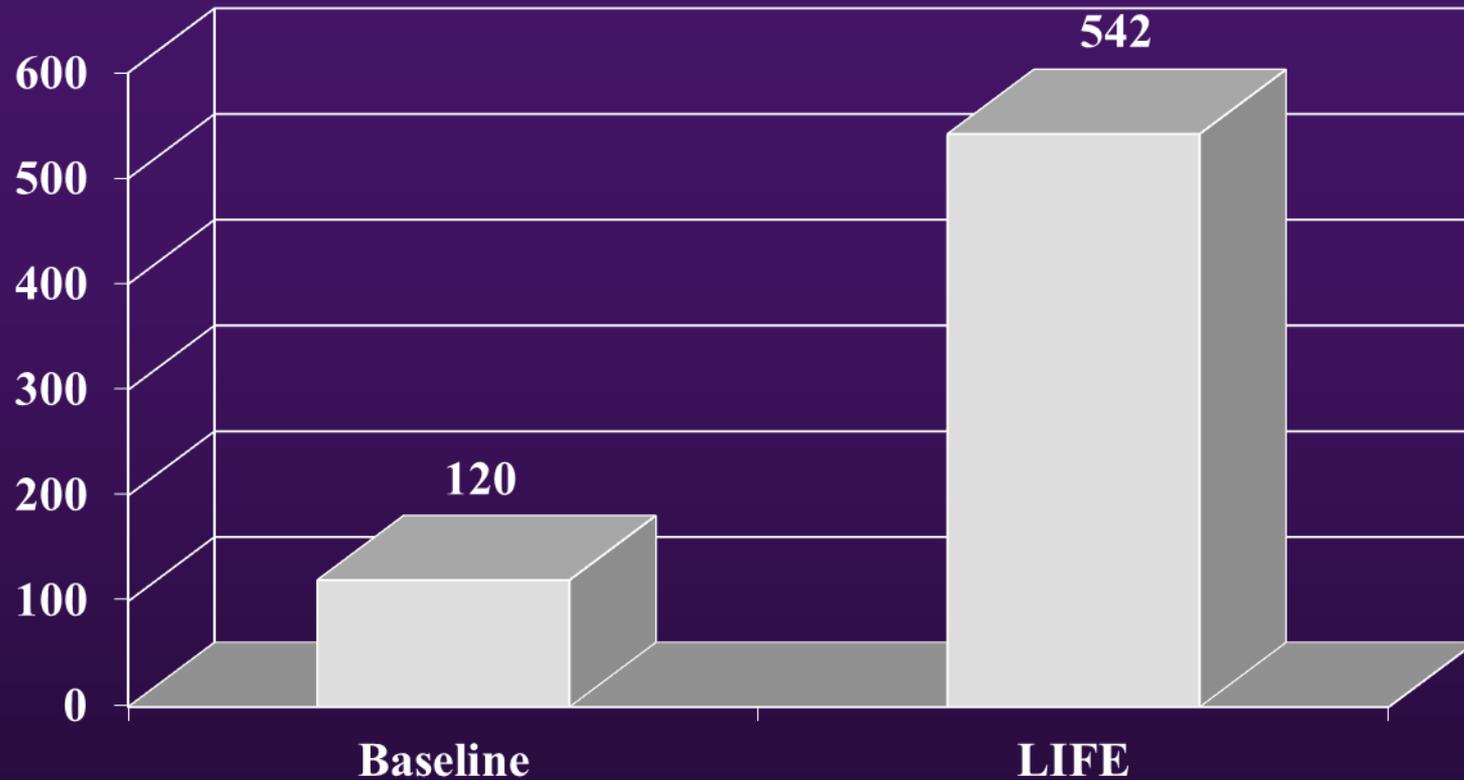
Parent LIFEshops

- Depression & suicide
 - Child mental wellness
 - Domestic violence
 - Child welfare involvement
-

Methods

- Quantitative:
 - Event attendance at baseline (6 mos) and during LIFE (6 mos)
- Qualitative:
 - Parent feedback surveys (n=30)

Results: Increased Parent Attendance



Results:

Mean Parent Attendance

- Baseline (6mos): 9 parents per event
- LIFE (6 mos): 42 parents per event

Urban Child Mental Health Crisis

- *Two thirds* of children in need of mental health care do not receive services
- Rates of service use are at their *lowest* in low income, urban communities
- No show rates can be as high as *50%*
- Drop outs occurring after *two or three sessions* are common

Barriers to Engagement

- Ecological perspective locates barriers to initial and ongoing engagement within the family, the provider, and/or the system
- Triple threat: poverty, single parent status, stress
- Concrete obstacles: time, competing priorities, transportation, child care
- Perceptual obstacles: attitudes about mental health, stigma, negative experiences, parents' own stress and needs

Research Findings on Barriers to Engagement

- Not all barriers are “equal.”
- Perceptual barriers (e.g., stigma) and prior negative experiences have been shown to have the greatest influence on initial and ongoing engagement
- Addressing perceptual barriers may be more important than focusing only on concrete obstacles

Early experimental work aimed at increasing initial and ongoing engagement

- Brief, evidence-informed, targeted interventions focused on enhancing attendance
 - During initial telephone or first meeting (closing the gap between referral/initial telephone contact and keeping a first appointment)
 - During first intake evaluation (closing the gap between evaluation and ongoing services)

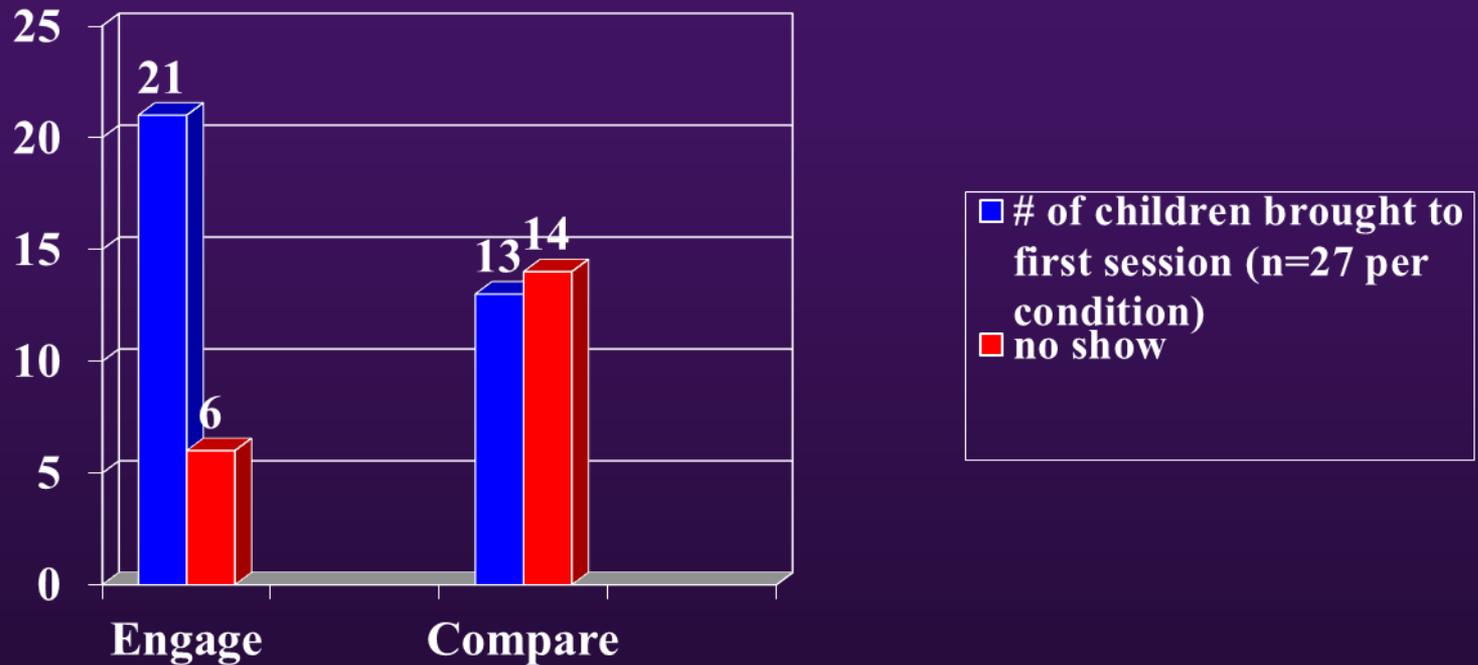
Initial Engagement Interventions (at point of telephone contact or referral)

- Goals:
 1. Clarify the need
 2. Increase youth and caregiver investment and efficacy
 3. Identify attitudes about previous experiences with care and institutions
 4. **PROBLEM SOLVE! PROBLEM SOLVE! PROBLEM SOLVE!**
around concrete obstacles to care

Study #1 Methods

- Outcome of interest: # of families that met with a clinician for an an initial appointment
- Sample: $n=54$
- Design: Matched comparison of consecutive referrals in one month

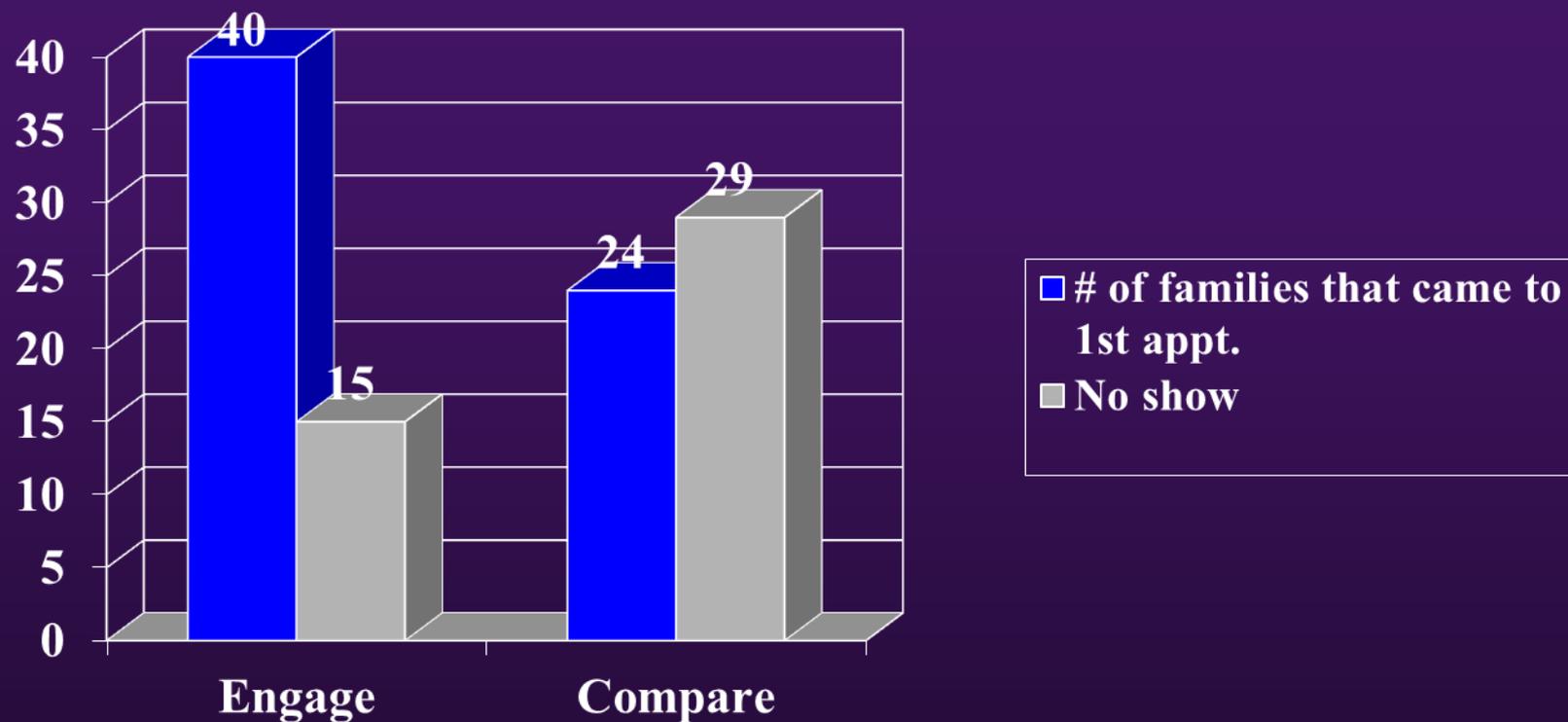
Study #1 Results



Study #2 Methods

- Outcome of interest: # of families that brought their child to an initial appointment
- Sample: $n=108$
- Design: random assignment to condition

Study #2 Results



Importance of First Evaluation Interview

- Families are 49% less likely to return after a first appointment if parents are skeptical about possible service helpfulness.
- The first evaluation interview is the point at which many families decide if the clinic they are visiting is a good fit.
- If families leave first appointment dissatisfied or with significant questions/concern, they are not likely to return.

Study #3 focused on orientating providers to the engagement purposes of the first evaluation meeting

- Two primary purposes:
 - To understand why a youth and family want help from provider.
 - To engage the youth and family in a helping process, if appropriate.

Four Critical Elements of the Engagement Process

1. Clarify the helping process for the client
2. Develop the foundation for a collaborative working relationship
3. Focus on immediate, practical concerns
4. Identify and problem-solve around barriers to help-seeking

Study #3 Methods

- Outcome of interest: # of families that came to initial and ongoing appointments
- Sample: $n=107$
- Design: Random assignment to condition

First Interview Results

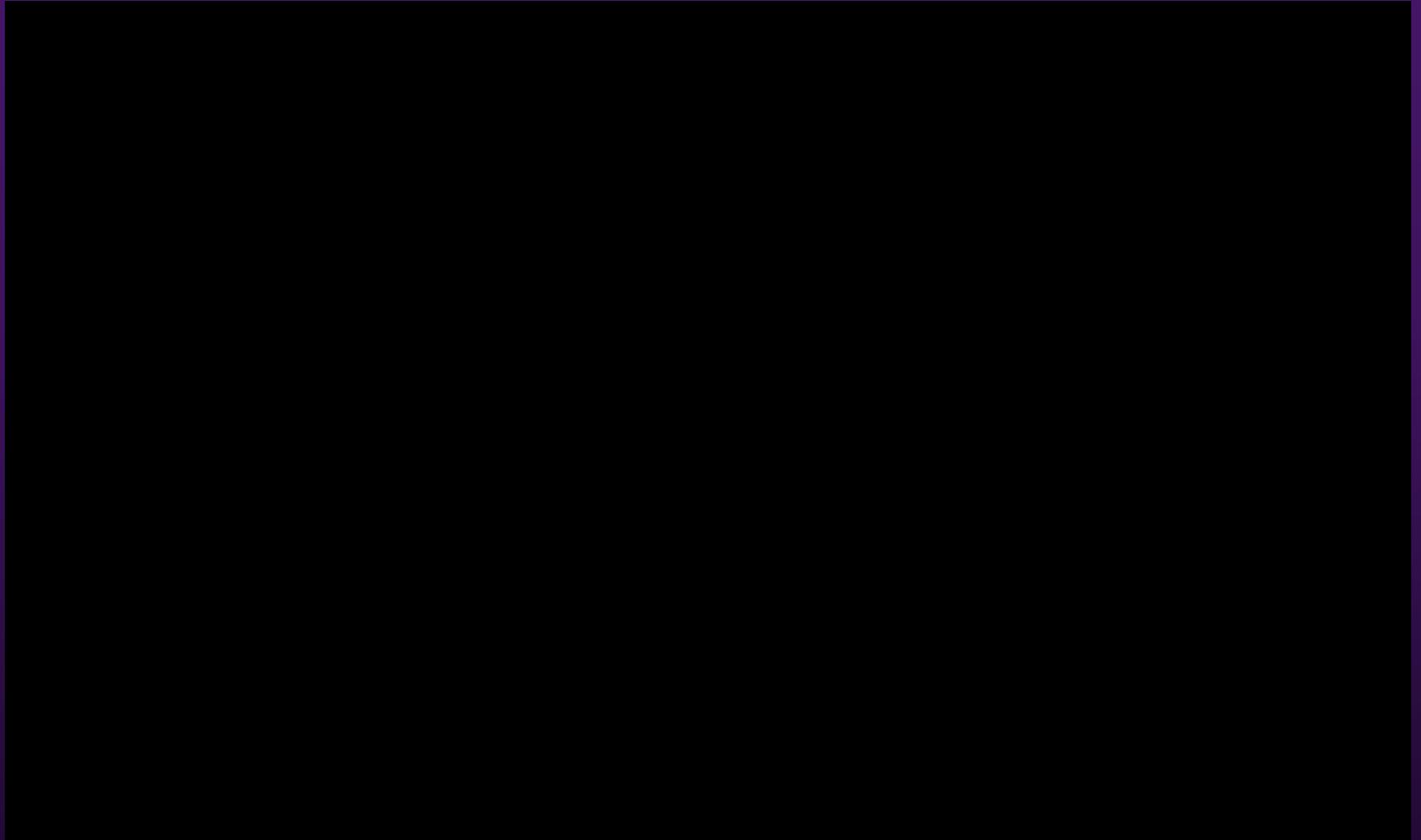


Further steps: Evidence on Family Support & Engagement

- Reduces stigma and distrust by improving communication (Linhorst & Eckert, 2003)
- Improves activation in seeking care (Alegria et al., 2008)
- Improves self-efficacy— i.e., active participation in decision-making (Heflinger & Bickman, 1997; Bickman et al., 1998)
- Improves knowledge and beliefs about children's mental health and this is associated with use of higher quality services for children (Fristad et al., 2003; 2008)

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Next steps: Engaging service delivery models

- 1) Multiple Family Groups**
- 2) PALS**
- 3) Step-Up**



MFG as an example of an engaging service

- Multiple Family Group (MFG) is a service delivery strategy meant to enhance child mental health service use and mental health outcomes, particularly serious behavioral challenges for children.
 - Youth 7-11 and their families
- MFG content and process was designed in collaboration with parents & providers

What is a MFG?

- A clinical service meant to enhance child mental health service use and reduce serious conduct difficulties for youth in NYC
- Informed by existing evidence
- Provides an opportunity for parents and children to share information, address common concerns, and develop supportive networks
- Involves 6 to 8 families
- Knowledge sharing and practice activities foster both within family and between family learning/interaction

MFG Evidence Informed Targets

- Strengthens parenting skills and family relationship processes
 - ✦ child management skills
 - ✦ family communication
 - ✦ within family support
 - ✦ parent/child interaction
- Addresses factors affecting service use and outcomes
 - ✦ parental stress
 - ✦ use of emotional and parenting support
 - ✦ stigma associated with mental health care

In the words of families...

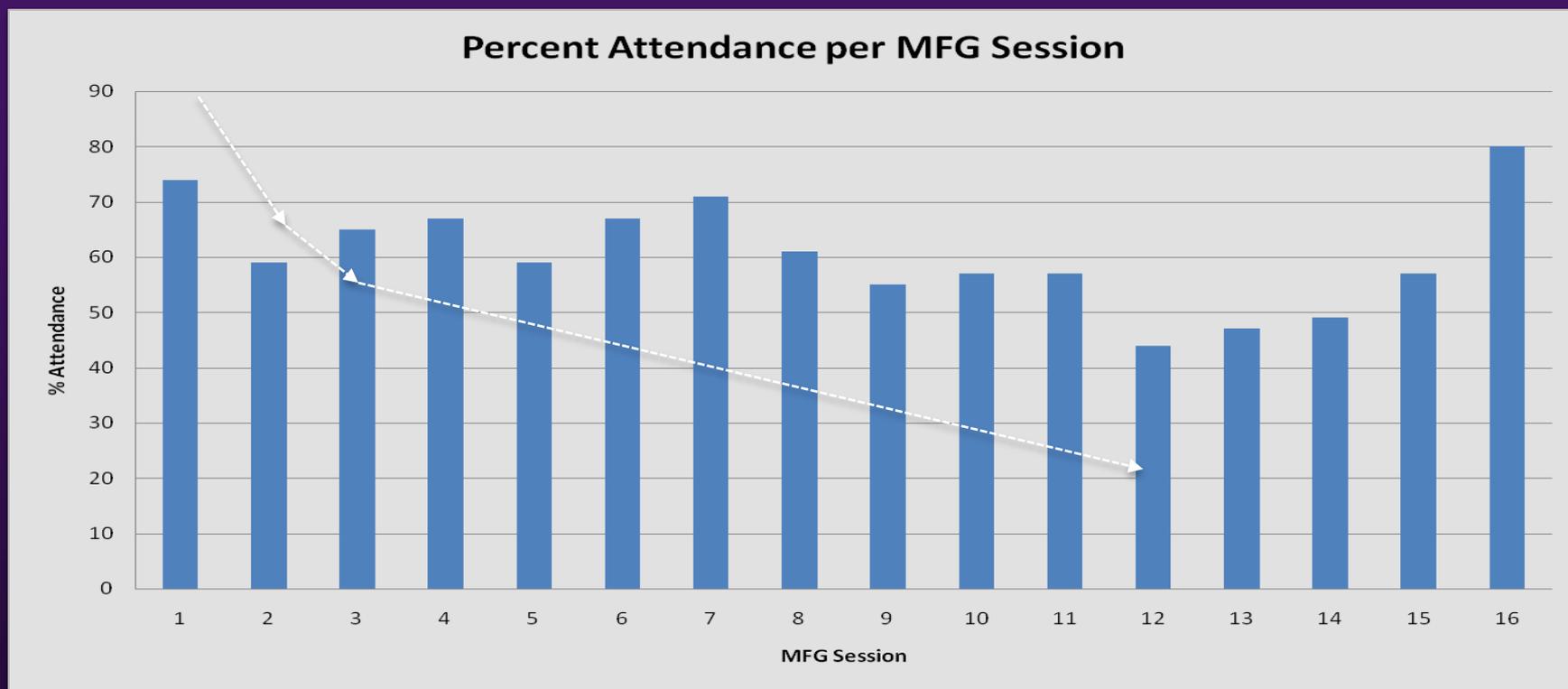
Multiple family groups should focus on: (4Rs)

- Rules
 - Roles and Responsibilities
 - Respectful communication
 - Relationships
-
- As well as the 2Ss:
 - Stress and Support

To date....

Emerging findings from 408 youth and their families involved in the study

MFG Attendance
(in comparison to rates of retention in comparison services)



Mental Health Service Goals of PALS (Positive Attitudes toward Learning in Schools)

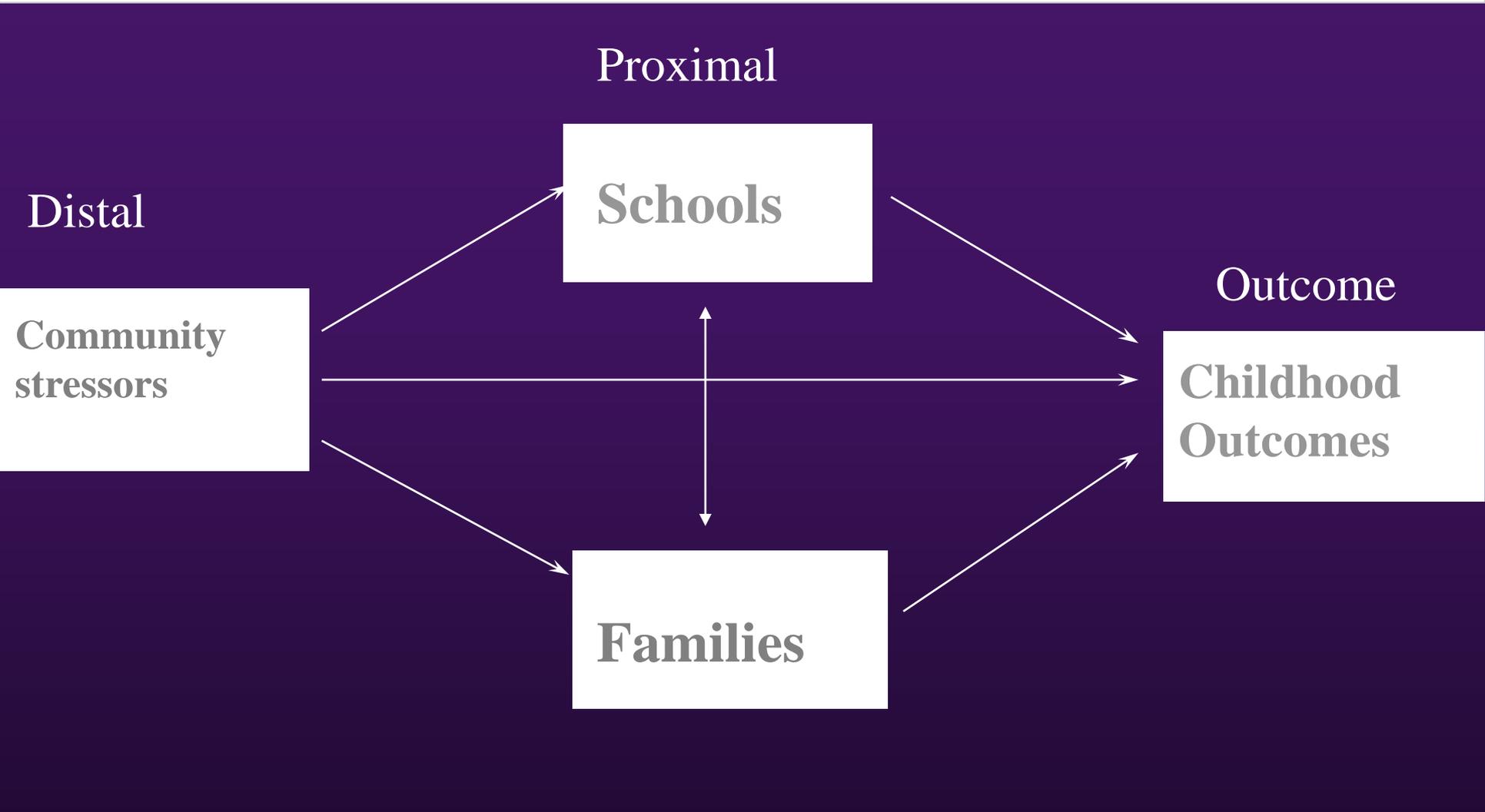
- PALS (Positive Attitudes toward Learning in School), a school-based child mental health services delivery model
- Services are ecologically focused with emphasis on making changes in classroom environment, teacher behavior and parent involvement with schools

PALS Goals

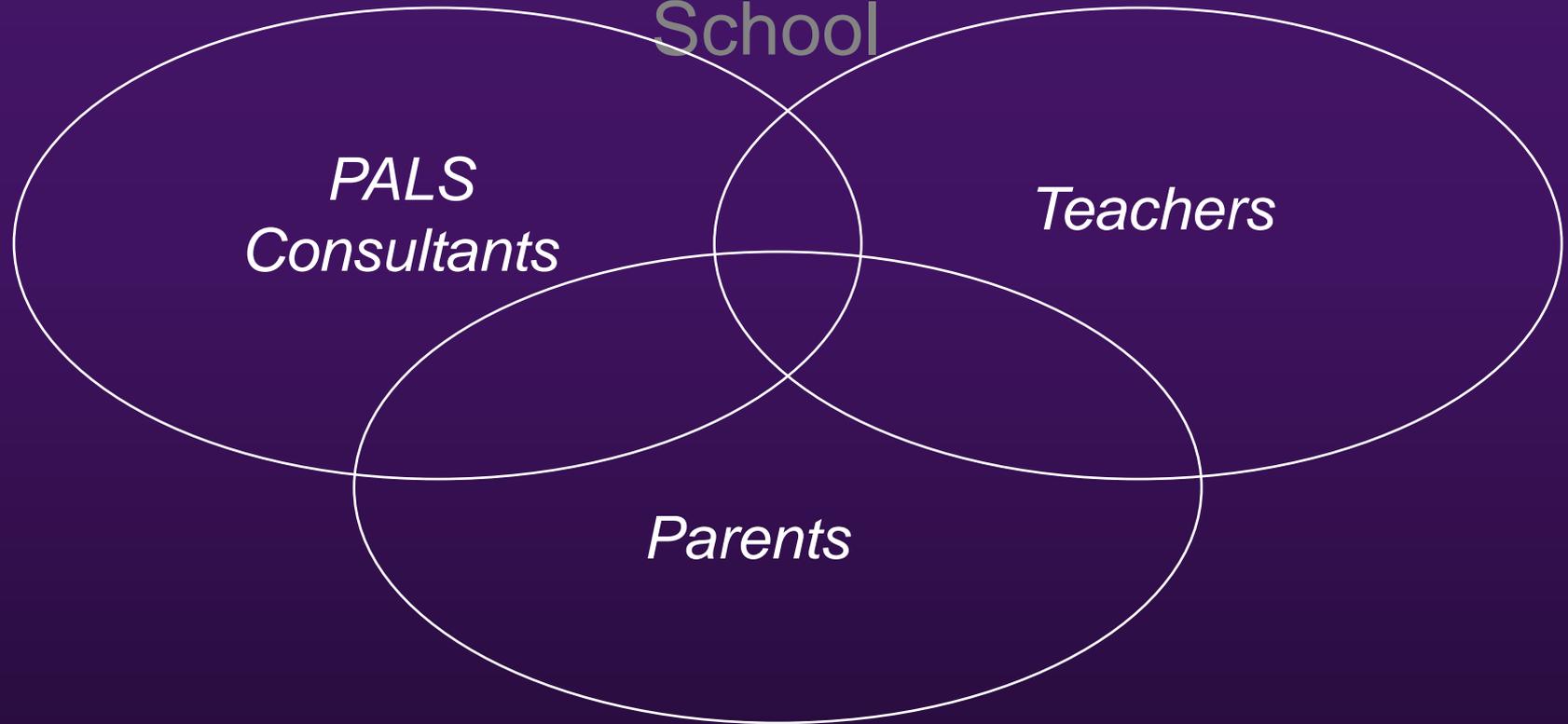
- Academic engagement
- Social support (teacher and peer)
- Classroom organization
- Parental involvement

Ecological Models Assumptions

- Context drives behavior
- Multiple influences on behavior
- Enhance existing systemic resources
- Individualized and flexible services

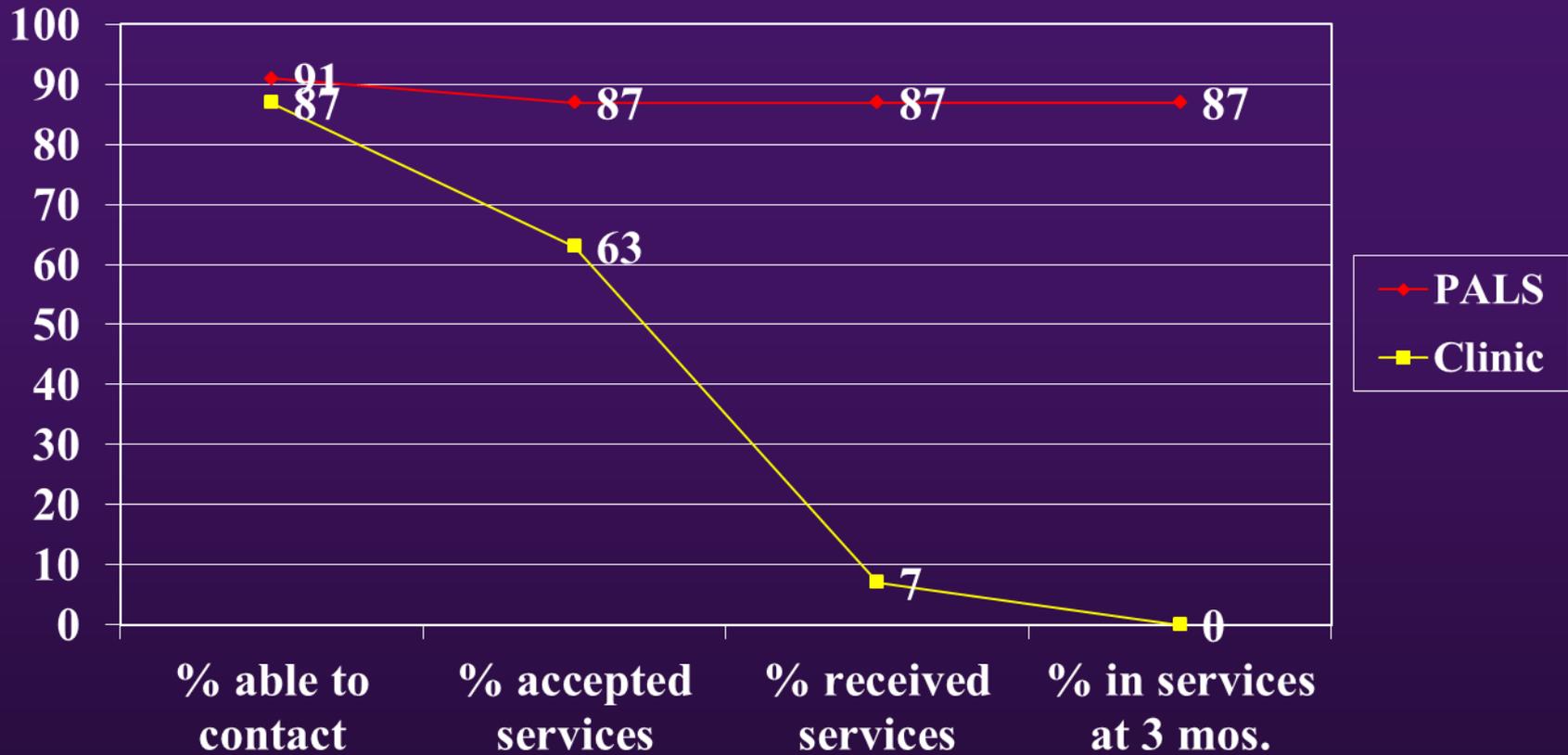


PALS: Positive Attitudes for Learning in School



Pilot Study Experimental Design

- Random assignment of classrooms within grades to PALS vs. clinic-based services
- Registered in clinic - Medicaid Rehab
- 3 schools, 32 classrooms, 90 families
- Kindergarten - 4th grades

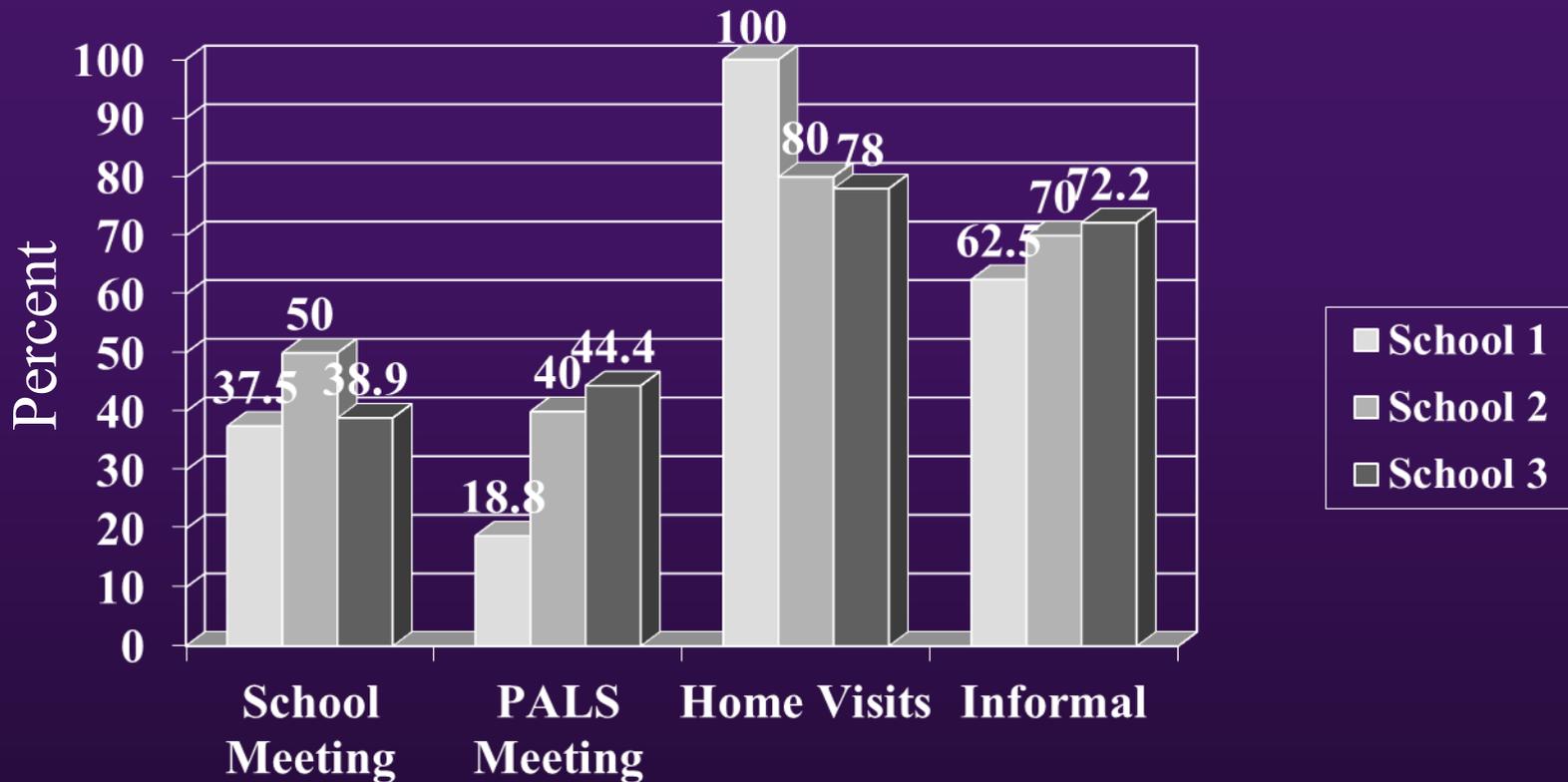


Parent Services School Involvement

- Homework folder
- School-home note
- Book bag checklist
- Daily report

Parent Services Case Management

- Medication for ADHD
- Health care (vision, asthma)
- After-school care
- Home-based support (social isolation, abuse/neglect)



Step UP, a model for enhancing student **achievement** and mental health set within seven high schools designed BY youth FOR youth struggling academically and behaviorally



Youth who
struggle

Factors that
**Promote
Resilience**

Youth who
succeed

Factors that Promote Resilience

- Individual capabilities
- Mental health
- Self-esteem
- Social skills
- Motivation
- Positive peer relationships

Factors that Promote Resilience

- Caring adult role models
- Family and community supports
- Parental supervision
- Response and support in times of stress

Factors that Promote Resilience

- Quality education
- Attachment to school
- Access to employment and educational opportunities
- Positive, future oriented role models/mentors

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*Project
Step UP*



Project Step UP

Intervenes with urban minority youth
across multiple ecological contexts

Community • School • Family

to address youth mental health need,
promote academic achievement &
positive transition to young adulthood



SUPPORTS

Family Support • Positive Family Communication
Other Adult Relationships • Caring Neighborhood
Caring School Climate • Parent Involvement
in Schooling



COMMITMENT TO LEARNING

Achievement Motivation • School Engagement
Bonding to School • Reading for Pleasure



EMPOWERMENT

Community Values • Youth as Resources
Service to Others • Safety



POSITIVE VALUES

Caring • Equality and Social • Integrity
Honesty • Responsibility • Restraint



BOUNDARIES AND EXPECTATIONS

Family Boundaries • School Boundaries
Neighborhood Boundaries • Adult Role Models
Positive Peer Influence • High Expectation



SOCIAL COMPETENCIES

Planning and Decision Making • Interpersonal
Competence • Cultural Competence
Resistance Skills • Peaceful Conflict Resolution



CONSTRUCTIVE USE OF TIME

Creative Activities • Youth Programs
Religious Community • Time at Home



POSITIVE IDENTITY

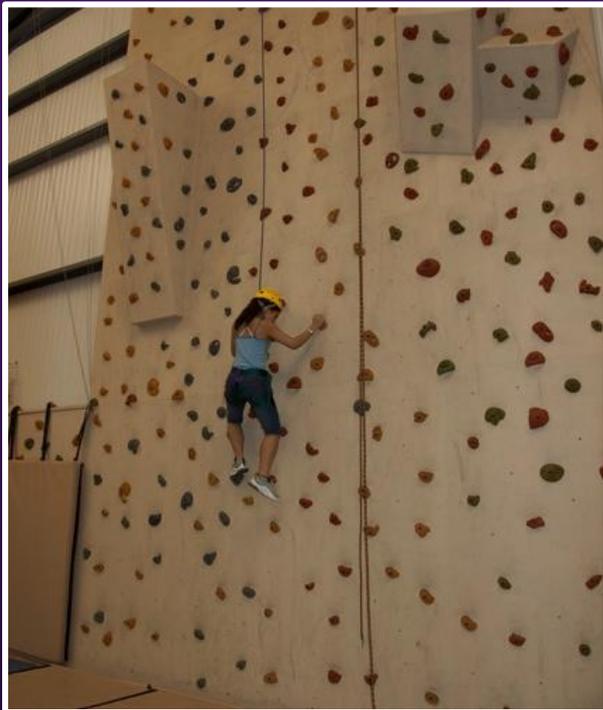
Personal Power • Self-Esteem • Sense of Purpose
Positive View of Personal Future

• Skills-focused Youth Groups						
• One on One mentor (counseling/ texting)						
• Family engagement (HV, Workshops)						
• School/ Teacher Engagement						
• Academic Support (tutoring/ mentoring)						
\$ Academic incentives						
\$ Internships/Career Day						
\$ Leadership Group (community projects)						
• Evaluation/ Research						

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Step UP Youth



- 233 students have been enrolled in STEP UP (4 cohorts) with funding support from the Robinhood Foundation
- Longitudinal outcomes are available for the first two cohorts of STEP UP students
 - *46 new students in Cohort 1 (2008-2009)*
 - *45 new students in Cohort 2 (2009-2010)*
 - *72 new students in Cohort 3 (2010-2011)*
 - *70 new students in Cohort 4 (2011-2012)*

Step UP students met the following criteria:

- 1) 75% GPA or lower
- 2) behind academically
- 3) insufficient credit accumulation for on-time high school graduation
- 4) poor school attendance
- 5) behavioral and/or mental health difficulties identified by school or parent
- 6) engagement in high risk behavior (e.g. substance use)
- 7) school disciplinary or guidance actions

***Youth
Demographics
Cohort 1 & 2***

Variables	Total
	%
Gender	
Male	51
Female	49
Ethnicity	
Black	41
Latino/a	41
Other (includes Asian, Bi-racial, unknown)	18
Grade at start of Step-Up	
9 th	18
10 th	41
11 th	26
12 th	14
Youth Age at start of Step-Up (Mean ± SD)	
	15.84 ± 1.12

Of the 91 students referred to Step UP in Cohorts 1 and 2, 79 ultimately enrolled and completed the school-year program (87%)

- We defined having completed Step UP as taking advantage of the multiple program offerings across the week (group meetings, meetings with one-on-one counselor, meeting with youth specialist, tutoring sessions, family visits, recreational trips, internship and job preparation and placement).

*An engagement rate of **87%** is
unprecedented for adolescent school-
based programs*

	Traditional MH	School-based MH across ages	Boys and Girls Club	Step UP
Retention	9%	72-25%	58%	87%

- Of the 79 students who completed Step UP, only **3 students** were known to drop out of high school with 6 additional students lost to follow-up (*after they transferred to another high school*)
- A highly conservative estimate of those completing Step UP and dropping out of high school is **11%** (*again with outcomes of 6 students unknown*)
- **All graduating students** passed required regents in 4 years.

	Teens with MH needs
Drop Out Rate for	45%

*Of the students who completed Step UP and remained at the same high school allowing Step UP staff to assist with post-graduation plans, **90%** of students enrolled in a college program*

	Teens with Mental Health Issues	Step-Up
Post-Secondary Education	32%	90%

*Of the students who completed Step UP, only **1 pregnancy** was reported*

	NYC high poverty communities	Teens with MH issues	Step UP
Teen Birth Rate <i>(2009) Ages 15-19</i>	13%	50%	.01%

% of Students	Noting Improvement in
70%	Grades
74%	Ability to Problem Solve
50%	Ability to Deal with Stress
74%	Ability to Complete School Work On Time
50%	Ability to Calm Themselves Down
54%	Motivation to Finish Homework
73%	Motivation to Get Good Grades
62%	Motivation to Pursue Post-High School Plans

Cohort 1: Children's Hope Scale

	Mean (SD)	Paired T-Test
TOTAL HOPEFULNESS BEFORE STEP-UP	15.64 (4.74)	<i>t = -4.42</i> <i>p < .001</i>
TOTAL HOPEFULNESS AFTER STEP-UP	18.92 (3.18)	

Baseline standardized assessments revealed:

- 42% of youth scored at or above the diagnostic clinical cutoff score of 30 for PTSD (Weathers et al., 1994). This number is substantially larger than the 3.7-6.3% rate of PTSD among adolescents nationally (Kilpatrick et al., 2003).
- Youth scored an average of 5.03 on the POSIT Aggressive/Delinquent behavior subscale (SD = 2.83), with 43.7% of youth scoring at or above the clinical cutoff score of 6 (Rahdert, 1991).

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The Children's Technical Assistance Center (CTAC)



Children's Technical Assistance Center
Effective Care. Efficient Practices.

What is the Children's Technical Assistance Center (CTAC)?

- CTAC is a training, consultation, and educational resource center (currently funded by the New York State Office of Mental Health).
- CTAC assists child-serving providers to address the challenges associated with serving high need child and family populations.
- CTAC emphasizes practical, user friendly, accessible, and effective approaches in the context of day to day realities.



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