

Voices from the Field

A BLUEPRINT FOR SCHOOLS
TO INCREASE THE INVOLVEMENT OF FAMILIES
WHO HAVE CHILDREN WITH EMOTIONAL DISTURBANCES



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*Parent involvement is
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functioning of children.*

— Comer & Haynes, 1991; Keith et al, 1993



Voices from the Field

A BLUEPRINT FOR INCREASING THE INVOLVEMENT OF FAMILIES WHO HAVE CHILDREN WITH EMOTIONAL DISTURBANCES

Both the education and mental health systems are undergoing a process of transformation aimed at improving outcomes for students with emotional disturbance (ED) through greater involvement of families in developing comprehensive and effective educational and mental health service plans. This report provides a blueprint that will help guide school administrators in achieving the goal of a family driven system of educational and related services for students who have ED. This blueprint has been developed with input from several sources including a series of focus groups conducted with parents of children who have ED and parents who conduct a parent-to-parent support program, findings from a current research project on the topic, and a review of pertinent literature.

The blueprint provides a context for the staff of the education system to understand the variability and complexity of family functioning when a child exhibits ED and a rationale for the need to provide skill building and a supportive climate for their families to be effective decision-making partners. There also is guidance for families and school staff to implement effective parent involvement activities and benchmarks to determine progress to achieving positive levels of parent involvement.

Data presented in this report as well as the review of the literature reveal a wide range of family abilities that relate to their level of engagement in school involvement activities. This range reflects the complexity that face these families and it should not be interpreted as indicating their level of care for their children. The challenge for the school system is to offer a variety of involvement activities to meet this range of abilities.

The report illustrates strategies and principles available to increase family involvement. The challenge to the school system is to synthesize this information into a workable strategic plan. It is recommended that this plan should include a training curriculum for staff and parents that presents the most recent evidence-based practices for improving parent involvement. An important element of this plan is to develop formal agreements with family organizations to assist in training and in reaching out to families with children that have ED. While increasing the participation of families in transforming the service delivery system may have added financial costs, poor participation of families will ultimately cost more.

The report also provides an initial format to evaluate progress by a school in improving family involvement. This can be considered a preliminary framework to stimulate Florida Department of Education (FLDOE) in its development and implementation of a comprehensive strategy to improve family involvement for parents who have children with ED.

FLDOE is commended for taking leadership in progressing to the ultimate goal of family driven services for children who have ED. It is noteworthy that the FLDOE is collaborating with the Department of Children and Families as an effective strategy to achieve this national priority.

Voices from the Field:

A BLUEPRINT FOR INCREASING THE INVOLVEMENT OF FAMILIES WHO HAVE CHILDREN WITH EMOTIONAL DISTURBANCES

Both the education and mental health systems are undergoing a process of transformation aimed at improving outcomes for students with emotional disturbance (ED) through greater involvement of families in developing comprehensive and effective educational and service plans. In this report, we provide a blueprint that will help guide school administrators in achieving the goal of a family driven system of educational and related services for students who have ED. This blueprint has been developed with input from several sources including a series of focus groups conducted with parents of children who have ED and parents who conduct a parent-to-parent support program, findings from a current research project on the topic, and a review of pertinent literature.

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There are different intended audiences for this report. First, State level staff from agencies involved in the Florida Transformation Process will receive information on creating policies that will provide support for parents so that involvement and empowerment will increase. Second, School Administrators at the local level who are focused on students in special education placement due to ED will obtain information on implementing policies to increase the involvement of families. There also will be information for Family Support Organizations involved in Transformation that will enhance their effectiveness in the process.



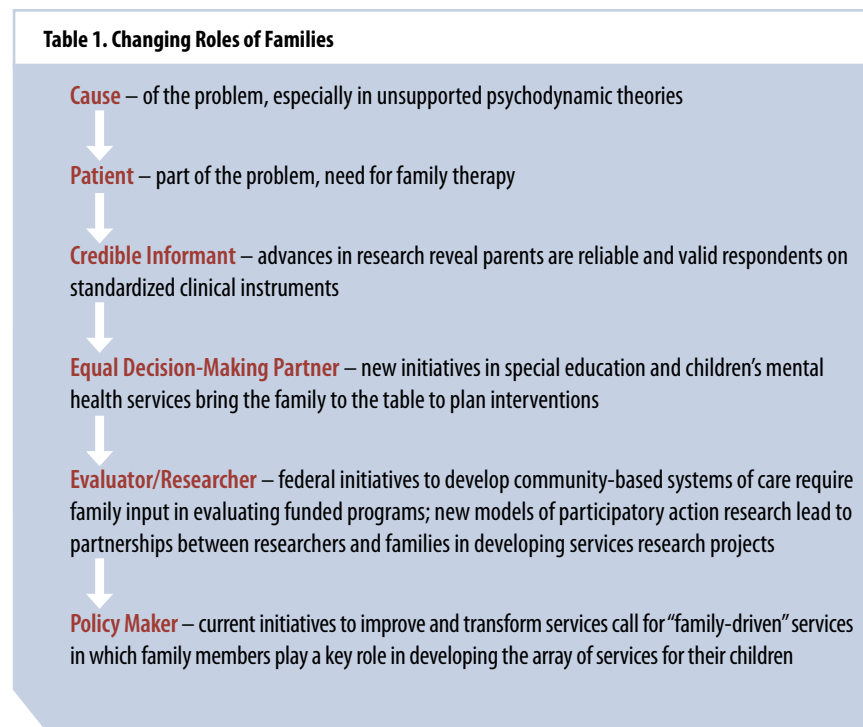
THE EVOLVING ROLES OF PARENTS

As we enter the new millennium, the education of America's children has become an issue that ranks very high as a concern by the American public and consequently, has become the focus of attention of political leaders and policy makers at all levels of government. In the last few years, important legislation and presidential commissions have called attention to the role of parent involvement and its relationship to student outcomes, both academic and social/emotional. Three of these initiatives are: *No Child Left Behind Act* (2002); *President's Commission on Excellence in Special Education* (2002); and the *President's New Freedom Commission on Mental Health* (2002). A summary statement crafted from these three documents identifies problems of significance at the federal, state, and local levels: while much progress has been made in providing access to special education programs for children who have disabilities, the outcomes of these programs have been disappointing. To help improve educational outcomes, there is a critical need to develop strategies to increase the effective involvement of families in the education of their children, especially for children who have disabilities. And finally, the outcomes for children who have ED continue to be the poorest compared to those for children with other types of disability as well as for peers without disabilities (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005), making this a priority group for deliberation and action.

While current school reform initiatives, new legislation, and recent governmental reports emphasize the need to increase family involvement in the education and mental health treatment of their children, families of children who have ED have traditionally been and continue to be the least engaged families of all (Singer and Butler, 1987; U.S. Public Health Service, 2000). Parent involvement is considered to be a key factor in the academic achievement and emotional functioning of children (Comer & Haynes, 1991; Keith et al, 1993) but there is a paucity of evidence demonstrating effective approaches to increase the involvement of families who have children with ED (Kutash, Duchnowski, Sumi, Rudo, & Harris, 2002).

While the reasons for the lack of effective parent involvement are certainly complex, the perceptions by professionals of families who have children with emotional problems have contributed to the current situation (Duchnowski, Kutash, & Berg, 1995). In particular, professionals in both the education and mental health fields were influenced in the past by unsupported theories and biased studies that cast parents in a negative role as the major cause of their child's problems (Duchnowski, Kutash, & Berg, 1995). Fortunately, things have changed over time and today the new initiatives associated with system reform have called for new roles for parents that reflect their strengths and role as partners with professionals.

The 1950s and 60s may have been the peak of the notion that parents cause ED. Today, we propose systems of care that are “family-driven” to help children improve their social and emotional functioning. In **Table 1** we illustrate the progression of the changing roles of parents through the last several decades. As Table 1 indicates, the perceptions of the role of parents have changed dramatically over the last half-century. However, it is important to note that not all parents are ready to assume the ultimate role of Policy Maker and some never will. Our own research and experience as well as a review of the literature indicate that a continuum exists describing levels of parent involvement activities. Some parents may only be comfortable talking to teachers on the phone while others may be ready for advocacy activities. The parents’ position on this continuum should not be interpreted as indicative of their level of caring and interest in their child. In addition, the level of need of their child influences the degree to which parents are involved in the education and treatment of their child. This continuum and the interaction with the needs of the child will be described in more detail in later sections of this report. The information we gathered describing this continuum of parent involvement leads us to recommend to the Florida Department of Education (FLDOE) and the Division of Children’s Mental Health that the focus of activities, at present, should be on facilitating increased parent involvement for families who have children with ED and who are served in special education programs. Building a strong foundation of parent involvement across the state will lead to the ultimate goal of family driven systems in all of Florida’s child-serving agencies.

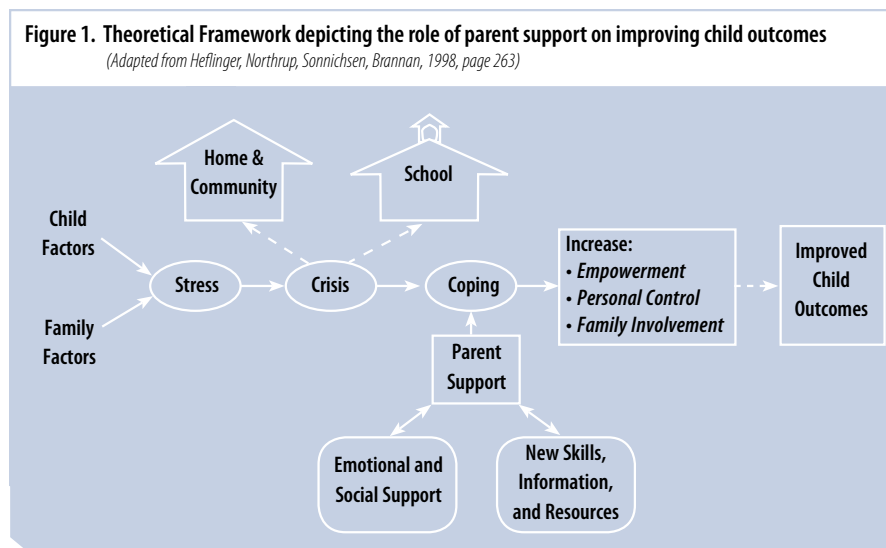


Stress, Support, Skill Building, and Increased Parent Involvement

A review of the literature indicates that the factors associated with children who have ED and the factors characteristic of their families can lead to high levels of parental stress (see, for example, Duchnowski, Kutash, & Berg, 1995; Ireys, Devet, & Sakwa, 2002). Parents feel stress for a variety of reasons. The service system for their child may be inadequate, hard to navigate, and financially burdensome. They may feel guilty and blamed by professionals, as well as experience stigma in the community. Without effective coping mechanisms this stress can lead to a crisis at home, in the community or at school. Interventions that can effectively improve coping behaviors may lead to reduced stress and increased occurrences of behaviors that promote positive outcomes for both the child and the family. In order to achieve these outcomes, we have constructed a model that is embedded in self-efficacy theory and risk-factor (parental stress) assessment and diminution. It is also strengths-based in that it identifies and builds on protective factors (see **Figure 1**). We present this model as a key part of our blueprint because it makes clear the need to meet parents “where they are,” supply support and reduce stress, then help facilitate the development of coping skills that will lead to increased involvement. Ultimately, a level of empowerment will be reached in a critical number of families necessary for effective advocacy and participation in developing family driven systems of service at a state-wide level of scale.

At present, the authors of this report are conducting an empirical test of this model. A program called Parent Connectors has been developed in which weekly telephone support is given to parents of children who have ED. A “Parent Connector” who is a parent of a child with ED and who has experience navigating the system has been trained to deliver support to other parents of children who have ED.

In the next section the interplay between parent involvement and level of need of the child will be discussed. The focus will be on children who have emotional/behavioral challenges and ultimately are identified as having ED and served in a special education program.

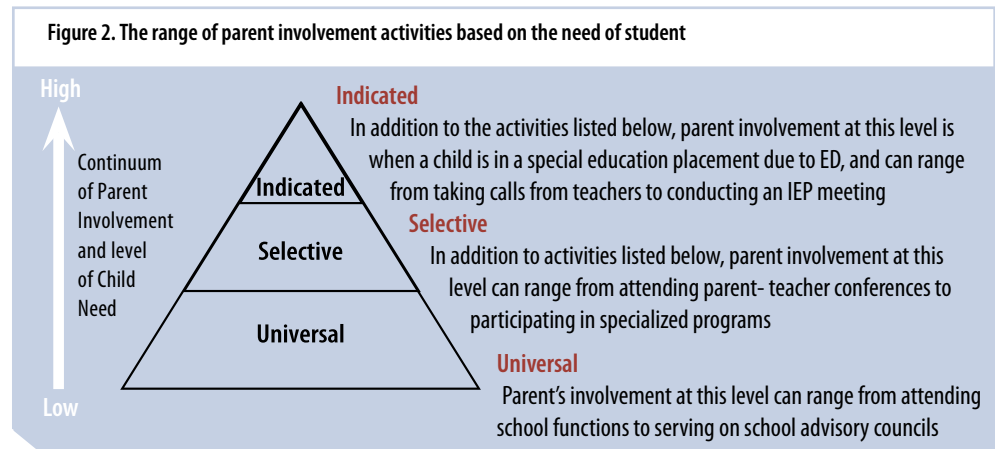


THE DIFFERENT LEVELS OF PARENTAL INVOLVEMENT

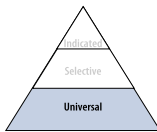
Not all parents are advocates, not all schools are engaging

A major point of this report is that the level to which parents can be expected to be involved with schools will vary considerably. Some parents are unable to be involved at any level while other parents are able to accept leadership roles. The efforts of schools to involve parents should vary as well, in order to adequately meet the diversity that exists in families.

A framework to describe this diversity in families and the variety of school related activities are illustrated in **Figure 2**. We use the terms universal, selective, and indicated to differentiate the points on a continuum of parent involvement.



A. Universal Interventions



The universal level, which forms the base of the pyramid in Figure 2, includes interventions designed to impact all participants, with no subgroup of particular focus. Thus, universal interventions for parent involvement are activities that parents and schools can engage in that improve the parent-school relationship for all families, not just families with children who have ED. For example, attending an IEP meeting would *not* be considered an activity at the universal level because only parents with children who have special educational needs participate. In contrast, attending a regularly scheduled parent-teacher conference would be considered a universal intervention because all parents are invited to participate regardless of the child's special needs status. However, even though universal-level activities are available to all families, the extent to which a parent engages in them will vary based on the parent's level of energy and skill, available time, and number of competing demands. It is important that school administrators recognize this variability and understand that they will need to reach out more to some parents than to others.

Epstein's Six Types of Involvement

Joyce Epstein and her colleagues (Epstein, Coates, Salinas, Sanders, & Simon, 1997) have developed a framework for thinking about parent involvement in schools. She has identified six types of potential involvement, which are:

Type 1: Parenting

Type 2: Communicating

Type 3: Volunteering

Type 4: Learning at Home

Type 5: Decision Making

Type 6: Collaborating with the Community

Type 1: Parenting

This type of involvement focuses on assisting parents in refining their child-rearing skills and assisting schools in better understanding the families they serve. Sample universal practices include:

- Offering information on child development for each age and grade level (e.g., through workshops, books, videos, tip sheets, or computerized messages)
- Offering parent education through trainings, classes, or through use of a lending library
- Developing family support programs that are responsive to family preferences
- Conducting annual surveys for families to share information about their children's goals, strengths, and needs

Type 2: Communicating

This type of involvement focuses on establishing effective parent-to-school and school-to-parent communication. Sample universal practices include:

- Offering flexible schedules for appointments
- Providing families with language translators when needed
- Holding back-to-school nights throughout the year to sustain contact between parents and teachers
- Establishing a regular schedule of notes, phone calls, email, and other forms of communication based on family preference

Type 3: Volunteering

This type of involvement focuses on developing opportunities to include families as volunteers through effective recruitment, training, and family-friendly scheduling. Sample universal practices include schools:

- Assessing parent skills, talents, interests, and availability through surveys or other methods
- Providing a parent room or family center where volunteers can gather, work, and network with other volunteers
- Expecting parents to volunteer and offering an array of opportunities
- Recognizing the expertise of parents and utilizing their skills in meaningful ways

The extent to which parents engage in universal-level activities varies based on their energy and skill levels, available time, and number of competing demands.

While Epstein’s framework is a useful tool for parents and schools, it is but one of many resources available on parent involvement. Indeed, a resource guide compiled by the Harvard Family Research Project and available online (http://www.gse.harvard.edu/hfrp/projects/fine/resources/guide/knowledge_development.html) has identified over 100 organizations providing free materials about parent involvement in schools. School administrators are encouraged to take advantage of these resources for improving the quality of their parent-school partnerships.

Type 4: Learning at Home

This type of involvement focuses on creating learning opportunities for families to engage in with their children at home. Sample universal practices include:

- Providing interactive homework opportunities that require students to discuss what they are learning in class
- Establishing a homework hotline
- Providing summer learning packets
- Offering opportunities for families to participate in helping students set academic goals each year

Type 5: Decision Making

This type of involvement focuses on including families as participants in school decisions through PTA, committees, and other parent organizations. Sample universal practices include:

- Developing opportunities for parent leadership, such as PTAs, committees, and advisory councils
- Providing training to parents to increase their knowledge about educational issues and how to work effectively with schools
- Creating networks to link all families with parent representatives

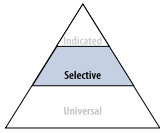
Type 6: Collaborating with the Community

This type of involvement focuses on coordinating community resources provided *for* families and schools as well as resources provided to the community *by* families and schools. Sample universal practices include:

- Providing information for families about community health, recreational, social support, and other programs
- Families and schools providing services to the community (e.g., sponsoring a “Give Back Day,” participating in recycling projects, or sharing art, music, or dramatic performances with the community)
- Developing school-business partnerships

A guide compiled by the Harvard Family Research Project has identified over 100 organizations that provide free resources on parent involvement.

B. Selective prevention interventions



It is at the first signs of behavior problems where the relationship between school staff and parents begin. This initial contact often influences the relationship between parents and school staff for the remainder of the student's school career.

For many parents, their first substantive contact with school personnel on an individual level occurs when their child first starts to show early signs of behavior problems. School staffs reach out to parents in hopes of offering programming that will stop the behaviors before they become more serious. These early intervention efforts are sometimes referred to as selective or targeted interventions (see **Table 2**). It is at this first encounter that expectations for future relationships between school staff and parents are established. It is a crucial time when parents are hearing for the first time there is something “wrong” with their child and are understandably upset and/or anxious. At the same time, school staff want to “do all they can do” to “fix” the situation with their available resources. There are many selective prevention interventions used with students who demonstrate signs of behavior problems and can be offered in small group sessions for children (social skills curriculums) or in individual sessions with the student (e.g., Functional Family Therapy). Many of these interventions have roles for parents as either participants in parent training activities or as monitors of home behaviors.

At this stage of programming for a student, the parent-teacher relationship is critical. The quality of this newly forming relationship is critical because most of the programming at this stage has a role for teachers or school staff and for parents. Furthermore, most programs “will not work” if the expected roles of the school staff and of parents are not fulfilled.

At this stage the most important questions parents can ask are ones which will help them to gain an understanding of the presenting problem and the plan to help correct the problem. Parents should be encouraged to ask, “How is this expected to help my child?” and school staff should be able to clearly articulate the logic of the program and the expected role of the parents in helping to correct the problem behavior. School staff should present a realistic picture of the time and effort parents are expected to expend and parents should be able to express the amount of effort they are realistically able to spend.

School staff are encouraged to develop a home-school communication system with parents as a way to keep parents informed of the progress their child is making. School staff and parents should decide together whether this communication system is by phone, email, or written notes brought home by the student. The communication system

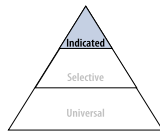
Table 2. Definitions of Selective or Targeted Interventions

Selective Prevention Strategies target groups of youth identified because they share a significant risk factor and mount interventions designed to counter that risk (Weisz et al., p. 632, 2005)

Selective/Targeted Interventions are used with students who require more than universal strategies but less than intensive individualized interventions. The purpose of selective or targeted interventions is to support students who are at-risk for or are beginning to exhibit signs of more serious problem behaviors. Such interventions can be offered in small group settings for students exhibiting similar behaviors or to individual students. These interventions are considered to be “secondary prevention” (OESP Technical Assistance Center on PBIS, n.d.).

reflect the parent’s preference rather than the convenience of the school staff. Some parent advocates have suggested that parents begin a “diary” of the school staff and programmatic efforts that are tried with their child as this information may be useful in the future if additional programming is needed.

C. Indicated interventions and treatment



Children who have not responded to interventions at the selective level and are impaired in both academic and emotional functioning often experience an indicated level of care (see **Table 3**). Again, at this level of care parent involvement is crucial for improved child functioning, however, the role played by parents is very different from the roles provided in the universal and selective levels of care.

It is this level of care that parents are often introduced to the world of Special Education, which includes the Individuals with Disabilities Act, 504 regulations, the Individual Education Plan and related services. A national survey of parents of children in special education due to ED reveals that their children entered special education services at a very young age (around second or third grade) and about one-third of the children received early intervention services before entering special education (Wagner et al. 2005). Furthermore, the age at which most students who have ED started special education services is similar to the age children with other disabilities (such as learning disabilities) start special education, however, these students with other disabilities were more likely to receive early intervention services, see **Table 4**.

Table 3. Definitions of Indicated Prevention and Treatment

Indicated Prevention Strategies are aimed at youth who have significant symptoms of a disorder . . . but do not currently meet diagnostic criteria for the disorder.

Treatment Interventions generally target those who have high symptom levels or diagnosable disorders.

Table 4. National sample of parents whose children are in special education
(adapted from Wagner et al 2005)

Area	Parents with children in:			
	Elementary/Middle Schools		Secondary Schools	
	ED	Other Disabilities	ED	Other Disabilities
Age child first had difficulties	4.6	4.4	6.4	5.7
Age first received special education	7.8	6.7	9.0	8.2
Age first served by professionals	6.2	5.9	8.1	7.2
% of children who received early intervention or pre-school education	35%	45%	34%	59%

Parents who have children with ED and in special education are generally less involved in their child’s education and school activities than parents of children with other disabilities. About half to three quarters of the parents with children with ED in elementary and middle schools help their child with homework, attend events at school, and attend parent-teachers conference, although these rates drop drastically when the children attend secondary schools, **Table 5**.

Table 5. National sample of parents whose children are in Special Education compared to general population

(adapted from Wagner et al., 2005)

Percentage of parents who:	Parents with children in:					
	Elementary / Middle Schools			Secondary Schools		
	ED	Other Disabilities	General Population ^a	ED	Other Disabilities	General Population ^b
Help with homework five or more times a week	48%	56%	16%	18%	22%	3%
Volunteer at school	30%	48%	39%	15%	25%	26%
Attend a school or class event e.g., science fair, sports event)	66%	78%	68%	50%	64%	57%
Attend a parent-teacher conference	85%	86%	80%	73%	73%	52%

^a Data are for elementary school students (National Center for Education Statistics, 1998).

^b Data are calculated for 13- to 17-year-olds from the National Household Education Survey, 1999.

Overall, parents with children who have ED are satisfied with their children’s teachers, schools, and special education services with only 20% somewhat or very dissatisfied. This finding is consistent with other studies that reveal that parents are satisfied with whatever level of services they received. However, about 30% of parents with children with ED in the Secondary schools report it took a great deal of effort to obtain services and this percentage of parents is higher than for parents of children with other disabilities, see **Table 6**.

Table 6. National sample of parents whose children are in special education and their report on satisfaction with special education (adapted from Wagner et al., 2005)

% of parents who report being somewhat or very dissatisfied with:	Parents with children in:			
	Elementary / Middle Schools		Secondary Schools	
	ED	Other Disabilities	ED	Other Disabilities
Student’s school	22%	14%	29%	19%
Student’s teacher	15%	10%	19%	14%
Sp. Ed. Services	20%	12%	22%	15%
% of parents who report putting a ‘great deal’ of effort into getting service the last 12 months	Not asked	Not asked	30%	17%



RESULTS OF THE FOCUS GROUPS

In preparing this blueprint, two focus groups were conducted with parents of children with ED served in special education. Parents were asked to give their perspectives on ways to increase parent involvement in schools and were provided a stipend for attending. Two questions provided the framework for the focus group discussions:

1. What barriers inhibit parents from participating in school-related activities?
2. What makes parents feel welcome and supported by the school?

What Barriers Inhibit Parents from Participating in School-Related Activities?

When asked about factors that inhibit parents from more actively participating in school-related activities, parents gave varied responses but four clear themes emerged:

- Parents feel overwhelmed and isolated by lack of information
- Parents feel intimidated by unequal power
- Parents feel blamed and disrespected by school personnel
- Parents have experienced poor school customer service

Parents feel overwhelmed and isolated by lack of information

Parents consistently reported frustration and hopelessness when trying to navigate the multiple systems serving their children. Several reported feeling *overwhelmed* by this process. Specifically, parents mentioned their difficulty trying to make sense of the “alphabet soup” of IEP language, confusion about their rights and how to enforce them (e.g., what to do if a school fails to follow through on an IEP), and not knowing where to turn for help with other child-related problems (e.g., mental health). They also reported feeling *a strong sense of isolation* and wishing for social support. Indeed, this shared sense of parental isolation was evident throughout the focus group meetings and afterwards, as parents lingered in the hallway, comparing stories and exchanging phone numbers with each other, seemingly reluctant to leave.

Parents feel intimidated by unequal power

Similarly, parents reported feeling *intimidated* walking into a room full of professionals for their child’s IEP meeting. Several mentioned feeling like nobody was in their corner. Even more concerning, parents reported feeling “guilted” into signing the IEP even when they did not completely understand it. One parent stated “You feel like if you don’t sign right then and there, you don’t really want to help your child.” Parents also noted that they have expertise with their children that could be useful to schools, but that their experiences in IEP meeting have been to have professionals talk *at* them, rather than *with* them, about their children.

Parents feel blamed and disrespected by school personnel

Parents reported feeling frustrated by the lack of understanding of ED that they have encountered from teachers and school administrators. They feel that because their children’s disabilities are invisible, the children are simply labeled as “bad kids.” This stigma is damaging to both the children and their parents, who *feel they are being blamed by school personnel for raising these “bad kids.”* Possibly because of this sense of being blamed, parents are very sensitive to being talked down to and resent teachers who, in the words of one parent, “speak to me like I’m the child.” Parents also shared how difficult and hurtful it is for them when they feel that school personnel do not like their children and are trying to find ways to suspend them to keep them out of the school. They feel that school personnel do not understand the level of *parental stress, lack of emotional energy, and practical concerns* (e.g., transportation) that keep them from more actively participating in school-related activities.

Parents have experienced poor school customer service

Given their past negative school experiences and sense of being blamed for their children’s behavior problems, it is not surprising that parents of children with ED chafe at receiving poor school customer service. As one parent noted, “If you don’t relate [well] to me, you won’t relate to my child.” They cited a number of experiences that, taken cumulatively, create an unwelcoming environment for parents when they visit their child’s school.

Unwelcoming School Experiences for Parents

- Being ignored by office personnel when they arrive at the school
- Arriving at scheduled school appointments and being made to wait for an hour
- Being told “you should have called first” when they drop by the school unannounced
- Being told that they cannot observe their child’s class without a scheduled appointment

Parents also expressed irritation with being connected to voice recordings and voice mailboxes when they call the school. In the words of one frustrated parent, “it takes an act of Congress to talk to a real person.” For parents of children with ED, it can be anxiety-provoking to be unable to speak with someone at the school who can update them on the status of their child, particularly if that child requires medication or has recently experienced escalating behavioral problems.

What Makes Parents Feel Welcome?

When asked what makes them feel welcome and supported by the school, parents were equally forthcoming with their thoughts. Most of them were extremely satisfied with their children's current school situation (a special education center for children who have ED) and highlighted factors that were different from situations they had experienced in the past. Findings from the focus groups indicate the following:

Parents Feel Welcome

- When they are treated with respect
- When they feel the school genuinely has their child's best interests at heart
- When school personnel reach out to them through telephone calls
- When the school provides opportunities for them to connect with other parents

Parents feel welcome when they are treated with respect

Parents report that they feel welcome when they believe school personnel *respect them* and *view them as partners* in helping their children. Several parents indicated that respect is an important factor in their decision to become more involved with the school. When asked to describe what they view as respectful treatment, parents mentioned the following:

Indicators of Respect for Parents

- Being recognized and acknowledged by school personnel
- Being greeted and spoken to politely "even when you're there for the 10th time"
- Being thanked for visiting the school and for taking an interest their child's education
- Schools having an open-door policy that is reinforced by teachers saying, "Come by whenever you like"
- The principal taking the time to speak with parents
- School personnel trying to be helpful, even if the parent's question or concern is outside the scope of their position

An important aspect of parents feeling respected is the *attitude* of teachers and other school personnel toward parents. Parents indicated that the tone set by the principal pervades the entire school. If the principal makes a point of recognizing parents, greeting them warmly, and encouraging them to call anytime, then other school personnel tend to follow suit and parents feel welcome. In addition, parents mentioned that when they see other parents visiting the school for similar reasons (e.g., seeking IEP information or meeting with teachers) this sends a message that parents are truly welcome at the school.

Hearing something positive is particularly important to parents of children with ED, who are frequently barraged with reports of their child's problems.

Parents feel welcome when the school seems to have their child's best interests at heart

Parents reported feeling welcome when teachers seem to genuinely like their children and have their best interests at heart. They were particularly impressed by teachers who found something positive to say about their child when the child's behavior was at its worst. Hearing something positive about their children is important to all parents, but even more so to parents of children with ED, who are frequently barraged with reports of their child's failings. In the focus groups, parents stressed that they understand their children have behavioral difficulties, but hearing nothing but negative feedback is discouraging to them and makes them wonder if the teacher likes their child. In contrast, when a teacher is able to identify and highlight a child's strengths, this helps to balance out the negative feedback and encourages the parent to more actively partner with the teacher in problem-solving.

Parents feel welcome when school personnel reach out to them through telephone calls

Similarly, parents reported that they appreciate it when teachers make the effort to *call them at home* to problem-solve, offer support, or give positive feedback about the child. They are particularly impressed when school personnel are willing to call on weekends if they do not connect during the week. Experiencing positive contact with the school is extremely important to parents of children with ED. In the focus groups, parents reported feeling isolated due to their children's problems and indicated that in previous school situations, they typically did not hear from the school unless there was a problem. One of the things they reported being most impressed with in their child's current school situation is school personnel reaching out to their families. One parent described feeling overwhelmed with gratitude when the principal called her at home because he had heard that there was an illness in the family. Parents agreed that these calls do not have to be long—they can just be “check-in” calls. What is most important is the thought and genuine concern of the person making the call.

Parents feel welcome when the school provides opportunities for them to connect with other parents

Interacting with other parents allows parents to normalize their own experiences, support each other, and share ideas and resources.

Parents indicated that they feel welcome when the school provides opportunities for them to connect with other parents. Programs that are designed specifically for parents, such as informational gatherings, PTA meetings, or student award ceremonies, are especially desirable. One parent noted that it is clear the school is reaching out to parents “when it throws you that rope.” These programs allow parents to network with each other in addition to enjoying the informational or entertainment benefits these programs offer. Interacting with other parents of children with ED enables parents to normalize their own experiences, support each other, and share ideas and resources. Not surprisingly, parents spoke very positively about schools that provide them with a forum in which to mingle and connect with other parents.

Achieving Greater Parent Involvement

In addition to the two focus groups, in-depth interviews were conducted with two Parent Connectors. Parent Connectors are parents of children with ED who maintain telephone contact with other parents (10 parents each) throughout the school year, offering emotional support and connecting them with community resources. When asked about ways to achieve greater parent involvement in schools, the Parent Connectors offered the following suggestions:

Parents of children with ED may feel reluctant to attend PTA meetings unless they are explicitly welcomed and encouraged to participate.

1. To increase parent involvement, *school administrators first need to understand why some parents are reluctant to come to the school.* The reasons may be different for each school but possible barriers include the parent's embarrassment about socioeconomic issues (e.g., clothing in poor condition, transportation problems), language barriers, fear of feeling stupid in a meeting filled with professionals, or inconvenient hours (particularly for single parents). Once the specific barriers are identified, interventions can be developed to eliminate them.
2. Because parents of children with ED often feel stigmatized and isolated, they may be reluctant to attend PTA or other parent-focused meetings unless they are explicitly welcomed and encouraged to participate by those organizations. Simply extending the invitation to attend a meeting is not sufficient. *Planned and coordinated outreach to parents of children with ED is the best way to solicit their participation and ensure that they feel genuinely welcomed.*
3. Schools need to understand how overwhelming the IEP experience is for parents and take steps to make the process more parent-friendly. Some helpful first steps include:
 - **Using parent-friendly language** and minimizing the use of jargon. For example, do not refer to the meeting as the "IEP meeting" but rather a "team meeting to explain and discuss the IEP."
 - **Explaining the purpose of the IEP**, why it is important, and how it will help the child. Parents sometimes think that the document is simply another school-generated form and do not understand how it will help their child.
 - **Encouraging parents to bring a friend**, relative, minister, or other support person with them to the meeting.
 - When possible, **being flexible about IEP meeting times**. Remember that just because parents are having difficulty arranging a time to come to the school does not mean that they do not care about their children's education.

"Even if a parent is at the school because her child's been suspended, she should feel supported by the school and not feel blamed for the child's bad behavior."

In addition, *many parents are not being informed about the IEP as an avenue for helping their child.* One parent who returned to her child's school repeatedly in an effort to find help for him reported that she was never told about the IEP by the school and was instead told that she was to blame for her child's problems. It was not until this parent became associated with a parent organization that she learned about her child's right to an IEP.

4. Parents of children with ED often have long histories of negative school experiences. To foster a climate of trust, *schools need to make efforts to ensure that every interaction with school personnel is positive for parents*. One parent noted, “Even if a parent is at the school because her child’s been suspended, she should feel supported by the school and not feel blamed for the child’s bad behavior.” Some steps to increase the likelihood that parents will visit the school include:
- Ensuring that parents are spoken to politely on the telephone when they call the school.
 - Inviting parents to school plays, awards ceremonies, informal “coffee and doughnuts” get-togethers, and other positive school events early in the school year. Parents may then feel more motivated to come to the school for IEP and other meetings later in the school year.
 - Providing transportation, childcare, and a stipend to parents for attending a school function will increase the likelihood that reluctant parents will attend.



SKILLS NEEDED BY PRINCIPALS, TEACHERS, AND PARENTS

The results of the focus groups held with parents with children who have ED helped to illuminate the array of skills and resources needed by principals, teachers, and parents in order for parent involvement to be successful in schools. There are expectations for the principal that will effect the school environment in regards to parent involvement, expectations for teachers that will effect their relationships with parents, and there are roles and expectations for parents, see **Table 7**.

Table 7. Expectations for principals, teachers, and parents.

School Principal should ensure the school is:	Teachers should:	Parent should:
<ul style="list-style-type: none"> • Welcoming to parents • Engaging to parents • Variety of activities for parents to select from to be “involved.” • Go beyond the failed mentality that “if you invite them they will come.” • Monitor teachers outreach to parents • Help ensure school staff are trained in issues of cultural competence. 	<ul style="list-style-type: none"> • A welcome letter to parents from them. • Ask parents the best or preferred way to communicate with them. • Have a home-school communication system in place. • Be strength –based • Contact parents on a regular basis 	<ul style="list-style-type: none"> • Take phone calls from teachers and school staff • Visit school • Come to IEP meeting in person or by phone • Be member of team if possible

In order for these expectations to be met, there are necessary skills and resources that must be in place. For example, do teachers send letters to parents welcoming them to the school year, do parents let teachers know the best ways to communicate with them during the school year, and are teacher culturally sensitive? There are a wide array of behaviors that parents are expected to engage in with schools. Each one of these behaviors requires skills and resources, see Table 8 for examples. Do districts and schools have access to training to ensure teachers and principals have the necessary skills for ensure parent involvement at a variety of levels? Do parents have the resources and access to the necessary information so that they can be actively involved in their child’s education?

Table 8. Expected parent behaviors and resources needed in order to engage in the desired

Expected Parent Behaviors	Resources and skills needed in order to engage in the desired behavior
Visit school	Parents have viable transportation, Parents have child care for other children in the family, Parents' work schedule allows for time off to visit school School has a "welcoming" school climate School staff is culturally competent in parent engagement
Take calls from school personnel	Parents have a working phone, Parent is able to take calls if at work, Teacher knows when parents are available for phone calls Teacher skilled in strength-based approaches
Parent calls teacher	Parent has working phone Parent knows when teacher is available Parent and Teacher skilled at positive engagement
Parent as team member	Parents have viable transportation Parents have child care for other children in the family Parent familiar with IDEA rules and regulations Parent familiar with the causes and treatments of mental health disorders Parent familiar with various roles of school personnel
IEP participation (in person)	Parents have viable transportation Parents have child care for other children in family Parent familiar with IDEA rules and regulations Parent participated in pre-IEP session on roles and expectation of school personnel
IEP management and director	Familiar with Special Education laws Management skills in running a meeting
Advocate	Membership in Advocacy group Advocacy and empowerment training

Personal Adjustment	Satisf	Need Imprc	Satisf	Need Imp
Gets along well with others	✓		✓	
Cooperates	✓		✓	

AN IMPLEMENTATION CHECKLIST: WHAT IS THE GOLD STANDARD?

Alice said to the Cheshire Cat:
“Would you tell me please, which way I ought to go from here?”
“That depends a good deal on where you want to get to,” said the Cat.
“I don’t much care where,” said Alice.
“Then it doesn’t matter which way you go,” said the Cat.

In order to help school staff be successful at parent involvement efforts, we have created a implementation checklist (See **Table 9**) that list many of the skills, attitudes, and resources that school staff should try to achieve. This checklist allows school staff to monitor their progress over time and help build parent involvement goals for each school year.

Table 9. An implementation checklist for schools to use to record progress toward authentic parent involvement

School level	
1	What % of parents has come into the school during a school year?
2	What % of parents has come into the school for an IEP meeting?
3	What percentage of parents of students who have ED attend meetings, other than the IEP meeting, that focus on strengthening their child’s education and social functioning?
4	Is there a school-wide advisory group operating in your school?
5	Are there opportunities for the principal to hold open meetings/chats with parents?
6	Does the principal monitor if teachers are phoning, reaching out to parents and they are strength-based?
7	Does the school have a parent liaison to support reaching out to parents?
8	Does school staff know the mental health advocacy groups in the community? Is there a Federation of Families chapter or a NAMI chapter in the community?
9	Is there a wide array of educational environments and opportunities at this school to address the needs of children with have ED?
10	Does the school have a flexible policy and an array of strategies for disciplining students who have ED?
11	Are issues related to students who have ED regularly discussed in meetings of school-wide advisory committees?
12	Are the innovative instructional techniques at your school available to both regular and special education students?

An Implementation Checklist: What is the Gold Standard?

Teacher level	
13	Do school staff and the regular and special educators share the value that children with ED should be educated in a community school setting?
14	Does school staff exhibit a high degree of shared responsibility for ensuring the progress of students with ED?
15	Do teachers send a welcome letter home to every family at the beginning of the school year or when a student joins the class?
16	How often do teachers keep in touch with parents/ caregivers? How often do they contact them? Did they have a method for recording the contact that you had with families such as a log book?
17	Did teachers use methods to encourage students to take communication from you home to their families and return communication from their families to you? Examples: extra credit, computer time, free time, or points toward rewards.
18	Do teachers encourage parents/ caregivers to serve on school committees and/or volunteer in your classroom or in the school?
19	Do teachers accommodate families who are non-English speaking in parent involvement activities?
20	Do teachers provide families with written information about how and when to contact them if they have questions or concerns about their children?
21	Do teachers have contact information for the families of your students such as phone numbers and addresses in one central location?
22	Do teachers seek parent input about matters concerning the school, your class, or their children through a systematic process such as surveys?
Parent level	
23	Determine if parent has transportation to get to school
24	Determine if work schedule interferes with coming to school
25	Does parent have a phone and what is the best time to call? Or does parent prefer communication through internet?
26	Are parents linked to local advocacy group?
27	Are parents interested/able to attend training events?



THE ROLE OF POLICIES IN TRANSFORMATION

The momentum is mounting to transform the service delivery system for children who have ED and their families into one that is family driven. While all the child serving agencies (child welfare, juvenile justice, health care, education, and mental health) are partners in the transformation process, the education and child mental health systems are moving steadily forward, guided by several federal initiatives and legislation. Specifically, two pieces of legislation and the reports of two Presidential Commissions support the opinion that parent involvement must progress to the point where families determine the nature of educational and social services for their children. The laws are the Individuals with Disabilities Education Act (IDEA) (re-authorized recently but still in revision), and the No Child Left Behind Act of 2002 (NCLB). In 2002 President Bush appointed the President's Commission on Excellence in Special Education and that same year he created the New Freedom Commission on Mental Health which filed their report in 2003.

The Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) (PL 94-142) was first signed into law in 1975 as The Education for All Handicapped Children Act. It was amended and re-titled in 1992. The most current version of IDEA (PL 105-17) was signed into law in 1997. IDEA was designed to provide guidelines for the provision of special education services to students with disabilities, ensuring that these students are provided with free and appropriate public education, free and fair evaluations, that Individualized Education Programs (IEPs) are developed for each special education student, and that guardians are provided safeguards and the opportunity to participate in the development of their child's education plan. The law addresses rights of special education students and their parents such as the right to comprehensive and objective evaluations; the least restrictive educational environment appropriate for the student; confidentiality; and required consent for evaluation, placement, and provision of services.

The involvement of parents as active members of a child's educational team has become a stronger emphasis in schools over the last few years. Whereas a few years ago, educational planning and implementation for special education students was completed by educational staff almost exclusively (specifically, the child's special education teacher), IDEA requires active engagement of parents. Parents are allowed to invite anyone to a meeting regarding their special needs child. In the meeting, parents identify the child's strengths, needs, goals and objectives, educational programming needed for the student to meet long-term goals, and to discuss the child's least restrictive environment. Further, as participants of the child's IEP team, parents should discuss evaluation/re-evaluation needs, need for extended school year services, school-wide achievement testing or alternative assessments, and (for older students) transitional services. IDEA has clearly spelled out the role of parents in determining their child's special education program.

No Child Left Behind Act (NCLB)

The No Child Left Behind Act (NCLB) (PL 107-110) was signed into law on January 8, 2002. This document provides a detailed description of goals set forth for the educational system under the Bush administration. The primary purpose of the Act is to improve achievement of students by:

- Increasing accountability for student performance
- Focusing on what works (research based programs and practices)
- Reducing bureaucracy and increasing flexibility (increasing flexible funding at the local level), and
- Empowering parents

Over the years since NCLB became law, the emphasis on developing parent empowerment has focused on increasing the opportunities for parents to exercise choice when their child's school does not meet the standards of the law. In the interest of promoting informed parental choice, the Act requires that individual schools develop a "report card" that is disseminated to parents. The report card provides aggregate data on the achievement of students within the school. It addresses adequate yearly progress of students, and schools are required to inform parents if it has a School Improvement Plan due to lack of progress for three consecutive years. Furthermore, parents are afforded the opportunity to choose another public school or charter school to obtain supplemental education services for their child if he/she attends a school that has an improvement plan.

While critics of the Act have argued about the effectiveness of vouchers and school choice in improving the achievement of America's school children, the language used to describe the role of parents is clear and forceful. Parents are given a major role in determining how and where their child is to be educated if certain conditions emerge in their home school.

President's Commission on Excellence in Special Education

In addition to these laws, the reports from two commissions appointed by President Bush address the issue of family involvement in determining services for their children who have special needs and require special services. "A New Era: Revitalizing Special Education for Children and Their Families" (2002) is the report of the President's Commission on Excellence in Special Education. Like NCLB, this report calls for an emphasis on results as opposed to documenting compliance in the implementation of IDEA. Evidence-based practices and rigorous research to evaluate the practices are major activities promoted in the report. In addition, increased family involvement is presented in terms of school choice when a child's program consistently fails to produce adequate yearly progress. As in NCLB, parents are taken to a level of empowerment at which they may choose a different school for their child if the child's progress is considered to be unsatisfactory over a period of time. Again, this is a very powerful mechanism aimed at self-determination of parents in designing the education program for their child.

President's New Freedom Commission on Mental Health

“Achieving the Promise: Transforming Mental Health Care in America” (2003), is the report of the President's New Freedom Commission on Mental Health. This Report addresses many issues that need to be resolved within our mental health system, and it includes many underlying themes such as lack of access to care (including funding), issues related to cultural competence, and stigma. However, the first principle identified by the Commission for the successful transformation of the mental health system is that “Services and treatments must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers—not oriented to the requirements of bureaucracies” (President's New Freedom Commission on Mental Health, 2003, p. 7). The Commission identified six goals that must be achieved to transform the mental health system and Goal 2 is to involve consumers and families fully in orienting the mental health system toward recovery.

Since the Commission made strong recommendations about collaboration with schools in the treatment of children who have mental illness we can assume that the principles, goals, and ideas promoted in the report apply to the education system in their efforts to educate children who have ED. In this report we have a strong mandate to have consumers and families develop and choose the types of service they want as well as the provider of these services. In addition, the Commission introduces the concept of recovery to the process, giving families the mandate to orient providers to services that will promote recovery for their children. This is a recent development in the field and it is hoped that the education community will meet this challenge through effective collaboration with their mental health partners and authentic collaboration and involvement with parents.

Clearly, the education and mental health communities have a foundation of federal laws and initiatives promoting the effective involvement of families in developing a service system for their children who have special needs. It is encouraging that through the national Transformation Initiative local communities are beginning to show progress in this endeavor. The task at hand is to take the many initiatives that are being implemented and develop mechanisms to take them to scale and produce significant improvement in the multiple domains of the lives of children who have ED.



PROMOTING FAMILY INVOLVEMENT: A BLUEPRINT FOR ACTION

Given the information provided in this report and the current status of family involvement for parents of children ED, the following points are provided to assist in developing a comprehensive strategy for transformation in Florida. FLDOE is commended for taking leadership in achieving the ultimate goal of family driven services for children who have ED. It is especially noteworthy that the FLDOE is collaborating with the Department of Children and Families as an effective strategy to achieve this national priority.

Data presented in this report as well as the review of the literature reveal a wide range of family abilities related to their level of engagement in school involvement activities. This range reflects complexity that face these families and this range should not be interpreted as indicating their level of care for their children. The challenge for the school system is to offer a variety of involvement activities to meet this range of abilities.

As this report illustrates, there are many strategies and principles available to increase family involvement. The challenge to the school system is to synthesize this information into a workable strategic plan. This strategic plan should include a training curriculum for staff and parents in the newest strategies for parent involvement. An important element of this plan is to develop formal agreements with family organizations to assist in training and in reaching out to families with children that have ED. While increasing the participation of families in transforming the service delivery system may have added financial costs, poor participation of families will ultimately cost more.

As in any endeavor, careful monitoring of progress is essential for success. This report has provided an initial format to evaluate progress by a school in improving family involvement. This can be considered a preliminary framework to stimulate FLDOE in its development and implementation of a comprehensive strategy to improve family involvement for parents who have children with ED.

Points for Planning

- Acknowledge FLDOE's leadership in promoting family involvement.
- Understand the range of parental readiness for involvement activities.
- Review literature for effective strategies and models that will guide training of staff and families in parent involvement.
- Implement training on family involvement for staff and parents
- Engage family organization to implement new strategies of parent involvement
- Monitor and assess effectiveness of progress.



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