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## THE EFFECT OF PARENTAL ENGAGEMENT ON TREATMENT AND ACADEMIC OUTCOMES AMONG LATINO STUDENTS RECEIVING SCHOOL BASED MENTAL HEALTH SERVICES

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THE EFFECT OF PARENTAL ENGAGEMENT ON TREATMENT AND  
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BASED MENTAL HEALTH SERVICES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Social Work

---

by  
Angel Ray Agudo  
Victor Manuel Lezama  
June 2019

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## ABSTRACT

Current data reports approximately 46% of children ages 13-18 are affected by a mental health issue. Of those, 21% will experience a serious mental health disorder throughout their life. Due to the high percentage of school aged children that are affected by mental health disorders, school based mental health services have grown in popularity. Despite the positive attributes associated with providing mental health treatment in a school setting, various factors including race and levels of parental engagement have been identified as barriers to successful implementation. This study sought to identify the effects of parental engagement on the treatment, academic, and behavioral outcomes of Latino students receiving school based mental health services. Furthermore, the study utilized a quantitative approach by reviewing available archival and survey data. Findings were analyzed and themes were drawn for the purpose of identifying additional areas of research and ultimately improving the delivery of services.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

When analyzing the expansion of school mental health services, many factors have been recognized as obstacles to successful implementation. Wiest, Evans, & Lieber (2003) found that parental engagement has shown to be a consistent barrier to effective implementation. Although research lacks a universal definition of “parental engagement”, it can be readily defined as the level of participation by parents in their children’s treatment process. When considering the level of parental engagement in mental health services, external social and cultural factors often affects parent’s ability to be fully engaged (Ingoldsby, 2010). For the purpose of this research, parental engagement is defined as active participation from parents within their children’s mental health treatment; both within the school and home environments. Participation in treatment may include developing goals, implementing and ensuring interventions are being utilized, advocating for their child, and participation during team meetings.

Minimal data exists on parental involvement in school based mental health among the Latino population. Yet, existing data provides a general understanding of some key factors and barriers that affect children’s success and parental involvement. Data from the U.S. Census Bureau (2007) and National Center for Education Statistics (2007) show that Latino children tend to have higher dropout



rates, lower performance scores, and low college acceptance rates, when compared to European and African American counterparts. Furthermore, Ceballo et al., (2014) express how factors such as language barriers, general poverty and quality of education, impact the education achievement of Latinos. Research has shown a strong correlation with parental engagement and positive academic outcomes (Topor, Keane, Shelton, & Calkins, 2010).

Given that school based parental involvement includes attending school events, volunteering, regular communication with educators and parent-teacher meetings, parental involvement constitutes a critical component of a child's success (Ceballo et al., 2014). When examining factors that affect the level of parental involvement, researchers recognize Latino parents experienced barriers limiting their overall participation levels. Factors that contribute to the lack of parental involvement among the Latino community include: exhausting work schedules, transportation issues, language barriers, and generally unaccustomed to the educational system in America (Ceballo et al., 2014).

This study failed to recognize patterns and themes, yet provided insight for social workers to consider and/or utilize when addressing barriers for future students and families. School district mental health service providers were able to recognize the importance of psychoeducation and the other needs among families. This study theoretically had both micro and macro implications. School districts with a supportive administration, who understand the impacts surrounding mental health, have displayed positive outcomes in comparison to

other school sites; who were unable to overcome barriers to the implementation of school based services (Langley, Nadeem, Kataoka, Stein, & Jaycox, 2010). Furthermore, increasing parental engagement creates opportunities for service providers to support families by addressing additional needs; such as: childcare, transportation, employment, legal advice, and other needs. Lastly, to retain parents, programs must be inclusive. Common interventions may include translation services, understandable treatment plans, positive reinforcement for small gains and providing obtainable targets.

#### Purpose of the Study

The purpose of the study was to assess the effects of parental engagement on the treatment and academic outcomes of students receiving mental health services through a school district's Department of Behavioral and Mental Health. The proposed study identified common themes and provided topics for further research that could improve the service delivery for Latino students and their families, who receive mental health services through a local school district. In addition, the research study has the potential to lead development and/or implementation of interventions to increase the level of engagement and retention among Latino families in their children's school based mental health treatment.

The study utilized a quantitative design; a small sample size of data was collected from a large target population during a collection period of four months.

The study was conducted by reviewing and analyzing archival data, such as mental health records and school records, in order to identify themes and patterns between the levels of parental engagement and student outcomes. In addition, researchers implemented a one-time Parental Engagement Questionnaire which focused on self-reported levels of parental engagement. This method was utilized due to the limited data that exists on parental engagement and the treatment/academic outcomes among Latino students receiving school based mental health services. Parental engagement correlates with positive effects on children in other areas of focus, yet due to school based mental health services being fairly new, data is limited. Therefore, the proposed method provided the preliminary data required to continue further research on the topic presented in this study.

#### Significance of the Project for Social Work Practice

Research supports the positive correlation between parental engagement and mental health treatment outcomes, which has significant implication in clinical social work practice. According to the Substance Abuse and Mental Health Services Administration (2009), parental involvement in mental health services has crucial effects on treatment outcomes. When family is involved in treatment, they serve as natural supports, gain an opportunity to strengthen relationships, obtain knowledge and can advocate for their loved ones. Furthermore, it is understood that Family Psychoeducation is the practice of

collaborating with natural support systems, such as the client's family. Doing so provides the opportunity to gain insight from another person within the home, which is positively correlated to successful recovery (SAMHSA, 2009).

This study analyzed the limited existing data with the goal of providing insight and understanding of the underlying factors that affect parental participation in school based mental health among Latino populations. The research also provided data to support changes to current social work practice in the macro and micro setting; by identifying barriers and possible solutions that affect the outcomes of school based mental health programs. The study's findings had the potential to provide a relationship between parental engagement and student treatment outcomes along with other themes. The resulting data may be used to inform the assessment phase in generalist intervention process.

Within the micro setting, this study sought to provide insight as to how clinical social workers can create an ideal formula to encourage parental involvement in school based Mental Health services. Theoretically, providing mental health services to students would decrease problematic behaviors resulting in lower rates of suspensions and expulsions. On a macro scale, this study attempted to provide relevant data on the outcomes of school based Mental Health services. Moreover, this study satisfies the National Association of Social Work's code of Ethics need for Evaluation and Research; because school based mental health services is still a fairly new concept and existing data can be ambiguous.

The question this study addressed is: Does the level of parent engagement in mental health services significantly improve the treatment outcome of Latino students receiving services through a local school district as measured by grade point average, the number of reported behaviors and treatment plan goal attainment?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter reviewed available literature regarding school based mental health services, including barriers and major keys to successful programs. Parental engagement will be defined and implications for treatment outcomes will be presented. Furthermore, demographics are analyzed and a Family Systems Theory will be applied to the research.

#### Impacts of Parental Engagement in School Based Mental Health Services on Student's Academic and Treatment Outcomes

Research suggests that approximately 46% of children, ages 13 to 18, experience mental health related disorders and 21% experience a significantly impairing mental health disorder throughout their life (Merikangas, et al., 2010). Due to the high prevalence of mental health disorders among school aged individuals, school based mental health services have recently emerged as a likely solution. Although many factors are involved in effectively implementing mental health services, parental and family engagement have been identified as a leading factor in successful treatment. Evidence suggests that patients are more likely to experience positive outcomes when their family's needs for clinical guidance, information, and support are fulfilled (SAMHSA, 2009). In addition, general parental engagement within schools has also proven to positively impact

a child's functioning, despite of the many benefits it also has shown to be a challenge in many communities (Jeynes, 2007).

Given that school based mental health is a newer model of providing mental health services, limited research exists on the impacts that it has on a student's treatment and academic success. Furthermore, less data exists on how parental engagement impacts treatment outcomes and academic success of school based mental health participants. Therefore, this study relied on data that exists on the general outcomes of school based mental health, the impacts of school parental engagement on academic achievement and mental health, and the impacts of parental engagement in mental health treatment in general. Researchers reviewed the existing data and provided a basic understanding of the implications and benefits that parental engagement in school based mental health can have on students.

### Defining Parental Engagement

Attending a meeting or therapy appointment does not define parental engagement within mental health, rather attendance is the first step to the engagement process (Israel et al., 2004,2007). Attendance can misrepresent engagement levels, even-though there is a general understanding that engagement requires participation, and attending does not necessarily include participation (Nock & Ferriter, 2005; Staudt, 2007). Parental engagement has yet to develop a universal definition within the mental health field. Yet for this study,

parental engagement is recognized as active participation in a child's mental health treatment both within the school and home setting (supporting with techniques learned from school-based program and implementing interventions). Specifically, collaboration with treatment providers (while developing goals and implementing interventions), along with advocacy and being attentive during family sessions.

Parental engagement in a clinical setting involves tasks such as expressing ideas or opinions, asking questions and attending meetings (Karver et al., 2005). Along with more complex tasks such as explaining points of view, role plays, and other therapeutic activities (Karver et al., 2005). Parental engagement is not limited to the therapy appointment or session, rather it continues throughout the client's life. Parental engagement at home is the most critical time for the parent to follow the action plan involving challenges such as adjusting one's parenting style, ensuring the child utilizes interventions learned and reinforcing the child's efforts to change behaviors (Hoagwood, 2005; Karver et al., 2005).

### Demographics

Children in lower socioeconomic status neighborhoods are more likely to suffer from mental health related issues due to the stressors of poverty, violence, and trauma, along with shortcomings of healthcare, housing, and mental health resources (Gopalan, Goldstein, Klingenstein, Sicher, Blake, & McKay, 2010). Overall, there are inconsistencies with general findings among minority groups



and ethnic populations. Unfortunately, children living among impoverished communities are at greater risk of developing a psychological disorder by up to 40% (Gopalan et al., 2010). Furthermore, the National Institute of Mental Health (2001) reports that about 75% of children experiencing mental health disorders go untreated due to the lack of contact with resources.

Due to the high prevalence of mental health issues among school aged children, a recent trend of providing child and adolescent mental health services in school settings has gained popularity. As a result of the increased need and providers having easier access to children in a school setting, providing school based mental health services appears to be an ideal and successful intervention (Klontz et al., 2015). In contrast, inadequately addressing the mental health needs of students can lead them to experience numerous complications in their home, social, and school environments (Marsh, 2015).

It is a general claim that ethnic minorities are less willing to participate in their children's mental health services when compared to their white counterparts (Dumka, Garza, Roosa, & Stoerzinger, 1997; Gross, Julion, & Fogg, 2001). Yet in a comparison among minorities, Hispanic caregivers have displayed increased rates of engagement when compared to African American families (O'Brien et al., 2012). O'Brien et al. (2012), also stated that caregiver's age and marital status served as a predictor to lower levels of engagement and pointed out that single and younger mothers were likely to display lower levels of engagement when compared to mothers who were older and had a partner. Furthermore, Chin and

Teti (2013) state that minority status is typically linked to low socioeconomic status, single parent household, and general stressors of poverty.

### School Parental Engagement

An abundance of evidence exists on the positive impacts parental engagement has on children's academic functioning. Hill and Taylor (2004) suggest that, school parental engagement involves having parents partake in activities. Some activities mentioned include communicating with teachers, assisting with academic activities at home, volunteering on campus, attending parent-teacher conferences and participation in school events. One study identified that students were more likely to have higher GPA scores, better relationships with teachers, improved motivation, and stronger vocational identities when they had solid parental support (Niemeyer, Wong, & Westerhaus, 2009).

Furthermore, when analyzing behaviors, parental engagement was also shown to have a positive impact on student self-control, which directly led to less incidents of disruptive behaviors in the classroom (McBride, Dyer, Ying, Brown, & Sungjin, 2009). In addition to the aforementioned benefits, parental engagement has proven to be directly connected to decreased behavioral issues at school, improved class completion, lower dropout rates, improved attendance and class preparation (Fan & Williams, 2010). The evidence provided suggests that school parental engagement has profound positive effects on a student's academic success.

## Parental Engagement in Mental Health Treatment

Parental engagement and participation in child and family mental health treatment has been associated with improved outcomes (Haine & Walsh, 2015). One study on parent participation in child/family mental health treatment reviewed twenty-three previous studies. The articles reviewed met the inclusion/exclusion criteria of differentiating between parental participation and engagement. The review concluded that a clear relationship between parent participation engagement and improved treatment outcomes existed (Haine & Walsh, 2015). In contrast, a study that reviewed the barriers to successful implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) found that lack of parent engagement was ranked as the number one barrier by implementers (Langley, Nadeem, Kataoka, Stein, & Jaycox, 2010). The aforementioned data illustrates that parental engagement has clear implication on treatment outcomes.

## Outcomes of School Based Mental Health

Klontz et al. (2015) suggest that children tend to go undiagnosed or untreated regarding mental health. Due to providers having easier access to children in a school setting, providing school based mental health services appears to be promising and effective form of intervention (Klontz et al., 2015). One study found a substantial decrease in depressive symptoms, behavioral issues, and ADHD symptoms among students who received school based

behavioral health services (Hussey & Guo, 2003). A separate study that found a significant correlation between services and behavioral problems was the Mokihanan Program (Klontz et al., 2015). The study, which observed elementary and adolescent age students, compared pre and post educator reports of each student's behavioral issues and adaptive skills to support the findings (Klontz et al., 2015).

In addition to the limited peer reviewed studies that exist on the positive outcomes of school based mental health programs, numerous non-peer reviewed studies uphold the idea that school based services decrease suspensions and failure rates while improving emotional regulation skills and grades (Center for School Mental Health Assistance, 2003). This study built on prior studies by analyzing the effects of parental engagement on mental health treatment and academic outcomes. In contrast, the study differed from prior studies by evaluating effects of parental engagement in school based mental health programs.

### Limitations

Parental engagement offers many benefits, yet current research displays a lack of parental engagement within a child's mental health treatment (Baker-Ericzen et al., 2013; Haine-Schlagel et al., 2011). This may be due to challenges that arise when caregivers participate in treatment such as feeling judged, ignored, lack of support, blamed, and overall unsatisfied with services (Baker-Ericzen et al., 2013). Parents face many barriers when engaged with family-

based services; these barriers have been categorized as structural (transportation, work commitments, child care) or attitudinal (view of mental health, stigma of treatment) (Kerkorian et al., 2006). These barriers are across all systems such as the home (microsystem), the school (mezzo system), and culture (macro system) (Mendez, Carpenter, LaForett, & Cohen, 2009). Successful long-term treatment is affected by socioeconomic status, living situations, ethnic groups, stressors and single parent households (Kazdin et al. 1997).

Research proves emotional regulation has a positive correlation to academic success and life in general (Masten et al., 2005). Also, most parental engaging research in relation to academics focuses on outcomes and ignores the potential factors contributing to emotional functioning during childhood and adolescents (Wang & Sheikh-Khalil, 2014). Wang and Sheikh-Khalil (2014) cites mental health being a key factor in academic success, resulting in the need to gain a clear understanding of the complex interconnectedness of parental engagement, mental health and academic success among adolescents (Wang & Sheikh-Khalil, 2014).

### Theories Guiding Conceptualization

The Family Systems Framework is derived from Dr. Murray Bowen's Family Systems Theory, which recognizes the family as a system of interconnected and interdependent members (Hepworth, Rooney, Dewberry

Rooney, & Strom-Gottfried, 2016). Therefore, to gain an understanding of a family system, one must recognize the family as a whole (Hepworth et al., 2016). Each system has a subsystem, which also contains additional subsystems, creating a complex interconnected web. There are nine concepts within the Family Systems Framework which are as listed; homeostasis, boundaries and boundary maintenance, family decision making (hierarchy), family roles, communication styles of family members, family life cycle, family rules, social environment, and stressors and strengths (Hepworth et al., 2016). When a family becomes one collective unit it provides social workers with a great opportunity to utilize family interventions.

The aforementioned theoretical framework could prove to be beneficial in school based mental health provision due to the implications that family functioning has on the individual. Although not all concepts of the framework might apply to all families receiving school based mental health services, many will experience a combination of such. Recognizing all systems have an effect on the family is critical. This becomes amplified with minority families due to the additional stressors faced among low SES and impoverished communities. Addressing family stressors by providing resources and interventions to alleviate them may also lead to favorable treatment outcomes. This is something that would be unobtainable without family participation and engagement.

## Summary

Parental engagement has been recognized as an important factor to successful mental health outcomes. Thus, supporting students along their therapeutic process. School based mental health programs have gained support in recent years due to positive research results. Fan and Williams (2010), present a direct correlation between parental engagement and a decrease disruptive behaviors and dropout rates, as well as increase in class completion. The family systems theory recognizes how the roles and members of families are interconnected and interdependent. Therefore, theoretically, parental engagement serves as a predictor of successful treatment outcomes.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter provides an in-depth understanding on how the study was conducted. Topics discussed include the design of the study, the sample population, the data collection process, the study procedures, the protection of human subjects, and data analysis.

#### Study Design

The research study aimed to further describe the effects of parental engagement on the treatment outcomes, academic performance, and behaviors of students who receive school based mental health (SBMH) services through a School District located within San Bernardino County. The research project was a descriptive study due to its purpose of describing the relationship between parental engagement and the treatment and academic outcomes of students who receive school based mental health services. Due to limited research on parental engagement in SBMH programs, this descriptive study utilized archival and survey data to provide a numerical picture on the level of parental engagement and student outcomes.

The reliability factor is a major strength of utilizing a descriptive, quantitative design. Furthermore, evaluating a larger number of parents'



engagement levels from the target population aims to produce generalizability. Additionally, with the reviewed information being extracted from parents in a natural setting, researchers would be able to evaluate unbiased data.

Due to surveys being based on self-reported data, responses served as a limitation in this study. For example, parents or caregivers may have felt pressured to provide untruthful responses to the staff during the reporting period; thus, resulting in parents under or over selling their participation levels. Also, a limitation in the survey, such as word phrasing in questions, guided some parents to respond in a unmeasurable fashion. This study is based on the responses of parents which requires an additional follow up, relying on MSW Interns to implement the survey. Lastly, descriptive research designs are unable to determine cause and effect. Therefore, this study's purpose is not to determine causality, but to recognize patterns for future research to further evaluate.

### Sampling

The local school district's DBMH currently serves its student population of 22,774, which consists of kindergarten to 12th grade students (k-12). This study reviewed mental health and academic records of 23 students who identify as Latino and receive mental health services from the district. Due to the recent implementation of the DBMH, data on the specific demographics of students receiving services is not yet available for review. However, existing data indicates that 84.2% of the school district's student population is Latino (Ed-Data, 2018).

The study utilized a non-probability sampling technique to identify a relationship between parental engagement in SBMH services and the treatment/academic outcomes among Latinos students. Given that the program is in its early stages of implementation and the sample of interest was specific to Latino students receiving services through the identified school districts department of mental and behavioral health; the project also utilized availability sampling to acquire the intended sample size. Provided that the sample selection will not be random, possible limitations could include a risk of systematic bias and may result in limited generalizability.

#### Data Collection and Instruments

For this study, qualitative archival de-identified data was collected from students' academic and mental health records. Additionally, mental health interns implemented an adapted Parental Engagement Questionnaire to parents of the students receiving SBMHS. Data was securely retrieved by the primary investigators and mental health staff on site. Data for each participant was obtained during a single collection. Specific data collected included information related to parental engagement during the treatment process. Other data collected included students' academic functioning (i.e. GPA, disciplinary actions), and discharge outcomes. The data acquired was converted by researchers from qualitative to quantitative measures. Prior to extracting the aforementioned data, demographic information was collected to ensure that participants met the criteria

for the study. This data included ethnicity, gender, age, primary language and grade level. Parental engagement is regarded as the independent variable in the study, while treatment outcomes, academic performance, and reported behaviors serve as the dependent variables.

Researchers adapted a questionnaire from the Colorado Department of Education which provided various tools focused on measuring self-reported parental engagement levels. Due to the nature of the study relying on parents self-reporting their engagement levels, it presented a concern for both validity and reliability. Specifically, social desirability bias, which has the potential of producing unreliability. Research investigators also collected GPA, demographic, and treatment outcomes and analyzed the findings.

### Procedures

The researchers collaborated with a local school district mental health program to securely obtain de-identified data; such as but not limited to: assessments, discharge summaries, counseling visits, and student profiles. In addition to data from archival sources, researchers solicited participation from parents of students receiving mental health services. Researchers collaborated with the school district staff, including mental health interns and mental health program manager, on multiple occasions to obtain the desired data.

Once data was obtained, the investigators stored electronic copies on a school district computer and store physical copies in a secure file cabinet within a

locked office. Electronic data was transferred from a protected 256-bit AES encryption drive to a computer. This computer was protected with a password only accessible to the primary investigators and research advisor. Researchers reviewed client records and parental engagement questionnaires and extracted data pertaining to parental engagement in student's mental health treatment and their academic/treatment outcomes.

Data collection began at the start of the 2018-2019 school year (November 2018) and concluded during spring break (March 2019). Once data was retrieved, researchers analyzed and identified themes and relationships between the aforementioned variables. The review process was completed concurrently throughout the collection procedure.

#### Protection of Human Subjects

Provided that researchers reviewed de-identified data of students and parents receiving SBMH, confidentiality was maintained. Furthermore, security measures were taken on behalf of the lead researchers to further ensure anonymity of participants. As previously stated, electronic data was stored on a 256-bit AES encryption and transferred to a computer, which is also password protected. Questionnaires were handed directly to parents or students and returned to their respective clinician. The questionnaires themselves did not require identifiable information from the parents or students. As clinicians retrieved surveys they were instructed to place the students assigned

identification number on the survey to ensure confidentiality. Hard copy files were stored in a locked filing cabinet, within a locked office at a school district building. Paper copies were destroyed upon completion of the study. Furthermore, due to the nature of the study using archival data, there were no identifiable or potential risks to participants.

### Data Analysis

The study utilized a quantitative approach to measure the significance of parental impact. Researchers analyzed archival data in addition to the parental engagement questionnaire, to identify and describe the effects of parental engagement on student academic outcomes, therapeutic progress, and school behaviors. The independent variable within the study was parental engagement, while the dependent variables included treatment outcomes, academic performance, and school reported behaviors. The study aimed to recognize themes focused on parental engagement at home and within the school based mental health program.

First, the investigators assigned a unique identification to each of the participants, who met the requirements to be included in the proposed study. Researchers then extracted demographic information and other relevant data, such as GPA, number of behavioral incidents while attending school, treatment goals attained, and self-reported parental engagement levels via a parental engagement questionnaire. The questionnaires were distributed upon discussing

termination (2-3 weeks prior to termination). The data was obtained from de-identified school and mental health treatment records of students receiving services from the school districts department of behavioral and mental health. The data collected was utilized to conduct various statistical tests. Furthermore, researchers analyzed the data acquired using the most recent edition of SPSS statistical software.

The independent variable, parental engagement, was measured as nominal dichotomous. Parents provided engagement levels within their responses to the parental engagement questionnaire. The level of measurement for the dependent variables, academic performance and behaviors reported, were measured as ratio. Academic performance was measured by GPA, and behaviors reported were measured by the number of counseling visits for disciplinary purposes. The level of measurement for the dependent variable of treatment outcomes was nominal categorical. Categories used to measure treatment outcomes were goals reached, goals partially reached, and goals not reached. This information was acquired through each students' discharge summary.

The researchers utilized a Pearson Correlation test to measure the effect of parental engagement on academic performance (GPA) and incidences of reported behaviors. To measure the effect of parental engagement on treatment outcomes researchers utilized the Nominal Regression test.

## Summary

This study aimed to describe the relationship between parental engagement, treatment outcomes, behavioral outcomes and academic progress among Latino students receiving SBMH from a local school district. The quantitative study design selected was most suitable for the purpose of the study. The study's findings identified areas in need of further research and produced themes to improve the school based mental health program.

## CHAPTER FOUR

### RESULTS

#### Presentation of the Findings

During the data collection period, researchers were able to obtain data from twenty-three Hispanic/Latino students that met the full criteria for the study. Of those twenty-three students, thirteen (56.5%) were male and ten (43.5%) were female. Ten (43.5%) of the students reported English as their primary language while the remaining thirteen (56.5%) reported Spanish as a primary language. Lastly, the student's age ranged from six to seventeen, with 17.4% representing elementary age students, 30.4% representing middle school age students, and 52.2% representing high school age students.

Table 2 presents the findings of self-reported parental engagement questionnaires collected. The parental engagement questionnaire was categorized into three sections described as: 1) parental engagement within the home environment, 2) parental engagement throughout the student's treatment process, and 3) parental availability. Sections one and two measure parental responses with the use of a Likert scale. Parents were instructed to choose between "never, sometimes, often, and always."

Results from section one found 56.6% of parents discussed treatment progress with their child in the home. In addition, 52.2% of parents both prompted their child to utilize coping skills and implemented recommended



interventions within the home. In regard to seeking information about their child's challenges, the largest percentage (47.8%) of respondents reported they always sought information.

Findings from section two of the parental engagement questionnaire concluded that the majority (43.5%) of respondents reported they "sometimes" attended educational meetings for their child's treatment. Furthermore, the largest group of respondents (43.5%) indicated they "always" attended mental health related meetings for their child's treatment. Lastly, regarding parents providing input into their child's treatment plan goals, respondents equally (34.8%) stated they "often" and "always" provided input.

Data from the Likert scale in sections one and two were utilized to develop a parental engagement score. The possible total score ranged from 7 to 28 and four sections were created: 7-12, 13-17, 18-23, and 24-28. Respondents did not score within the first range (0%). Responses appeared to be equally distributed for the remaining three ranges; range two (13-17) represented 30.4% of respondents, while range three (18-23) and four (24-28) each respectively represented 34.8% of the respondents.

Section three of the questionnaire assessed for parental availability. In regard to employment status, responses indicated that 30.4% of parents worked full time, 34.8% worked part-time, and lastly 34.8% were unemployed. A range was created to assess the amount of time dedicated to the student's mental health and educational needs. They were categorized as: 0-1 hours, 2-3 hours,

4-5 hours, and 6+ hours. The majority of respondents differed between ranges 0-1 hours (34.8%) and 6+ hours (39.1%). The remaining respondents were equally split between ranges 2-3 hours and 4-5 hours with (13.0%) respectively. Similarly, the respondents were split when reporting the number of hours dedicated to their child's educational needs; 0-1 hours (34.8%) and 6+hours (34.8%). The third largest response indicated that 21.7% parents dedicated 2-3 hours a day towards their child's educational needs; while the remaining 8.7% of parents reported 4-5 hours a day.

The statistical analysis utilized to measure the correlation between parental engagement and grade point average was the Pearson correlation test. This statistical analysis was also utilized to measure the correlation between parental engagement and the number of disciplinary counseling visits.

A Pearson correlation coefficient found no relation between parental engagement scores and students grade point averages,  $r = .294, n = 18, p = .237$ . Similarly, a Pearson correlation coefficient found no relation between parental engagement scores and disciplinary counseling visits,  $r = .013, n = 21, p = .96$ . Lastly, the nominal regression test indicated there was no significant association between parental engagement scores and treatment goal attainment.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Introduction

The following chapter will discuss the significance of the results and address the research question presented. Pearson correlations were utilized to measure significance of the relationship between parental engagement and student grade point average; as well as parental engagement and the number of disciplinary counseling visits. Furthermore, nominal regression test was utilized to analyze data between parental engagement scores and student treatment outcomes. Additionally, possible explanations and limitations of the data are covered in a discussion focused on the challenges experienced. Lastly, the implications for future research and the school based mental health field are presented.

#### Discussion

A Pearson correlation test was utilized to examine the correlations between parental engagement and student's grade point average. Contrary to data presented in chapter two, this study found no significant correlation between engagement scores and students grade point average. A Pearson correlation test was also utilized to assess the relationship with parental engagement and disciplinary counseling visits. Data found displayed no significant correlation

between parental engagement and disciplinary counseling visits. Lastly, a nominal regression test was utilized to describe the relationship between parent engagement and student treatment plan outcomes. Similarly, data presented in chapter four found no significant correlation between the relationship of treatment plan outcomes and parental engagement scores.

Research presented in chapter two supported the claim that parental engagement served as a strong predictor to student's success rates, such as grade point average. This study was unable to duplicate previous findings but could be explained due to having experienced many unanticipated variables. One of the major barriers to implementation was mental health intern participation with administering the parental engagement questionnaires. This issue may have limited the data collected from students participating in the mental health program. Mental Health interns reported a lack of communication and responses from parents. Similar challenges were encountered in earlier literature.

### Limitations

The results of this study were limited by the small sample size analyzed. This may be due to the limited responses from parents of the students receiving mental health services from the school district studied. Despite a larger sample size of students who met criteria for the study, only a fraction of the potential sample pool responded. Of those, a total of twenty-three respondents met the

criteria set forth by researchers. The respondents represented a small population of students categorized as elementary age students, while the majority of respondents represented the high school population. This resulted in a disproportionate representation for the student body. This small sample size increased the opportunity for margin of error.

Another limitation within the study would be the validity and reliability of utilizing self-reported parental engagement scores. Parents may have over-reported engagement levels; for a number of reasons, such as feeling judged based on engagement responses and/or being embarrassed to share personal information. This is evidenced by parents reporting a high parental engagement score. Yet when comparing the high scores to the hours dedicated to their child's education needs, over one third of the respondents reported dedicating 0-1 hours per day. Similarly, a third of the respondents also reported 0-1 hours dedicated to their child's mental health needs. Furthermore, selection bias may have served as a limitation due to clinicians surveying the most engaged and responsive parents. This may also be an explanation for the majority of parents reporting high engagement scores.

Although the parental engagement questionnaire was adapted from previous research conducted by the (Rosa & Krueger, 2017), flaws were recognized as surveys were collected. The section regarding parental availability asked parents and caregivers to respond in an open-ended manner. This presented a concern as not all responses were numerical. For example, a few

responses included “all the time,” “all afternoon,” and “24/7.” For data collection purposes, these responses were converted into a numerical value, such as 6+ hours.

#### Recommendations for Social Work Practice, Policy, and Research

Due to the research findings, researchers present suggestions for future social work practice. Despite the study failing to find a correlation between parental engagement with academic, behavioral, and treatment outcomes, social workers should strive to regularly engage the family system in the treatment process. Although this study did not reinforce the previous findings focused on parental engagement, social workers should consider the sample size and other limitations experienced within this study. Additionally, social work practitioners should consider previous literature identifying parental engagement as a contributing factor to student success.

Due to the limitations stated, this study was unable to generalize the findings. Therefore, future researchers should also develop a reliable procedure to obtain parental engagement levels. Also, researchers recommend future studies focus on individual correlations, as each variable can be explored in greater depth. Furthermore, social desirability bias should be limited during the data collection, in effort to prevent skewed results. Therefore, self-reported engagement levels would be against recommendations. Due to the results

indicating a lack of significance between the IV and DV, this study would not be suitable to suggest or impact future policy.

### Conclusion

In summary the results of this study indicated no significant relationship between parental engagement and grade point average, treatment outcomes, or the number of student disciplinary counseling visits. Limitations and explanations were explored to gain an understanding of this specific study. Yet, previous research continues to support the claims that parental engagement has a strong correlation to mental health treatment outcomes (SAMHSA, 2009) and student success rates (Hill & Taylor, 2004). Unfortunately, as this study attempted to combine the previous findings, major limitations prevented this research from reinforcing the previous results.

While analyzing the results of this study, further research is warranted to gain insight and reinforce previous findings around parental engagement and its effects on students. Researchers recommend future studies focus on obtaining a larger sample size to increase validity, reliability and generalizability. Furthermore, future research should also consider social desirability bias when utilizing a self-reported questionnaire. Researchers suggest separating each correlation assessed within this study to gain a comprehensive understanding as to the correlation between variables. Lastly, as school based mental health

programs continue to grow, it is crucial to understand the relationship on how family systems impact student overall success.



APPENDIX A  
DATA COLLECTION GUIDE

- Age
- Sex
- Ethnicity
- Primary Language
- Grade Level
- Number of Disciplinary Counseling Visits
- Grade Point Average
- Treatment Goal Outcomes

## APPENDIX B

### DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency (n)	Percentage (%)
Age (N=23)		
6-11	4	17.4%
12-13	7	30.4%
14-17	12	52.2%
Sex (N=23)		
Male	13	56.5%
Female	10	43.5%
Ethnicity (N=23)		
Hispanic/Latino	23	100%
Primary Language (N=23)		
English	10	43.5%
Spanish	13	56.5%
Grade Level (N=23)		
1-6	4	17.4%
7-8	7	30.4%
9-12	12	52.2%

APPENDIX C  
PARENTAL ENGAGEMENT QUESTIONNAIRE RESULTS

Table 2. Parental Engagement Questionnaire

Variable (Scores)	Frequency (n)	Percentage (%)
At Home I...		
1) Implement recommended interventions with my child.		
Never	0	0%
Sometimes	5	21.7%
Often	12	52.2%
Always	6	26.1%
2) Prompt my child to utilize coping skills.		
Never	1	4.3%
Sometimes	3	13.0%
Often	12	52.2%
Always	7	30.4%
3) Discuss treatment progress with my child.		
Never	0	0%
Sometimes	3	13.0%
Often	7	30.4%
Always	13	56.6%
4) Seek information about my child's challenges.		
Never	0	0%
Sometimes	6	26.1%
Often	6	26.1%
Always	11	47.8%
For my child's treatment, I...		
1) Attend educational meetings for my child.		
Never	3	13.0%
Sometimes	10	43.5%
Often	3	13.0%
Always	7	30.4%
2) Attend mental health related meetings for my child.		
Never	2	8.7%
Sometimes	8	34.8%
Often	3	13.0%
Always	10	43.5%
3) Provide input into treatment goals for my child with the therapist.		

---

Never	1	4.3%
Sometimes	6	26.1%
Often	8	34.8%
Always	8	34.8%
Total Engagement Score		
7-12	0	0%
13-17	7	30.4%
18-23	8	34.8%
24-28	8	34.8%
Are you currently working full time, part time, or not working?		
Full time	7	30.4%
Part time	8	34.8%
Unemployed	8	34.8%
How many hours per day do you dedicate to your child's mental health needs?		
0-1	8	34.8%
2-3	3	13.0%
4-5	3	13.0%
6+	9	39.1%
How many hours per day are dedicated to the child's educational needs?		
0-1	8	34.8%
2-3	5	21.7%
4-5	2	8.7%
6+	8	34.8%

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APPENDIX D  
PARENTAL ENGAGEMENT QUESTIONNAIRE



## Parental Engagement Questionnaire

Parents and families have multiple responsibilities in addition to supporting their children's mental health needs. We want to learn how true each of the follow statements are for both you and your family. As you read and respond to each item, please think about your family's experience while receiving mental health treatment at . Please circle the best response that describes your experience.



At home, I...	Never	Sometimes	Often	Always
...implement recommended interventions with my child.	1	2	3	4
...prompt my child to utilize coping skills.	1	2	3	4
... discuss treatment progress with my child.	1	2	3	4
...seek information about my child's challenges.	1	2	3	4

For my child's treatment, I...	Never	Sometimes	Often	Always
...attend educational meetings for my child.	1	2	3	4
...attend mental health related meetings for my child.	1	2	3	4
...provide input into treatment goals for my child with the therapist.	1	2	3	4

### Parental Availability

Please answer the following questions as they apply to you.

Are you currently working full time, part time, or not working? \_\_\_\_\_

How many hours per day do you dedicate to your child's mental health needs? \_\_\_\_\_

How many hours per day are dedicated to the child's educational needs? \_\_\_\_\_

SI # \_\_\_\_\_

Adapted by Angel Ray Agudo and Victor Manuel Lezama based on data from Rosa & Krueger (2017).

## Cuestionario Sobre Compromiso Paternal

Los padres tienen varias responsabilidades para apoyar las necesidades de sus hijos. Nos gustaría recibir sus respuestas a las siguientes preguntas. Por favor, piense en la experiencia de su familia mientras su hijo/a recibió servicios de salud mental en \_\_\_\_\_ Por favor circule la mejor respuesta que describa su experiencia.



En casa yo....	Nunca	Algunas Veces	Con Frecuencia	Siempre
...implemento las intervenciones recomendadas con mi hijo/a.	1	2	3	4
...le pido a mi hijo/a que utilice habilidades de afrontamiento.	1	2	3	4
...hablo sobre el progreso del tratamiento con mi hijo/a.	1	2	3	4
...busco información sobre los desafíos de mi hijo/a.	1	2	3	4

Para el tratamiento de mi hijo/a, yo....	Nunca	Algunas Veces	Con Frecuencia	Siempre
...asisto juntas educativas para mi hijo/a.	1	2	3	4
... asisto juntas relacionadas con la salud mental de mi hijo/a.	1	2	3	4
... proporciono sugerencias para el tratamiento de mi hijo con el terapeuta.	1	2	3	4

### Disponibilidad Paterna

Por favor responda a las siguientes preguntas.

- ¿Trabaja tiempo completo, a tiempo parcial o no trabaja? \_\_\_\_\_
- ¿Cuántas horas por día dedica a las necesidades de salud mental de su hijo/a? \_\_\_\_\_
- ¿Cuántas horas por día se dedican a las necesidades educativas del niño/a? \_\_\_\_\_

SI # \_\_\_\_\_

Adapted by Angel Ray Agudo and Victor Manuel Lezama based on data from Rosa & Krueger (2017).

APPENDIX E  
INSITUTIONAL REVIEW BOARD APPLICATION

INSTITUTIONAL REVIEW BOARD (IRB)  
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Human Subjects Protocol Change/Modification/Amendment Form

DATE: 10/16/18

IRB NUMBER: SW 1855 EMAIL ADDRESS(S): agudoa@covote.csusb.edu and lezamav@covote.csusb.edu

REVIEW CATEGORY: EXEMPT  EXPEDITED  FULL BOARD

Note: All changes to your originally approved protocol, *no matter how minor*, require IRB approval before implementation.

INVESTIGATOR(s) / RESEARCHER(s) NAMES: Angel Agudo and Victor Lezama

DEPARTMENT: Social Work

PROJECT TITLE: The Effect of Parental Engagement on Treatment and Academic Outcomes Among Latino Students Receiving School Based Mental Health Services

Please return this fully completed form to the IRB Research Compliance Officer/AAS, Mr. Michael Gillespie, in the Office of Academic Research. Attach additional sheets if necessary to describe in detail any changes to the original approved protocol or methodology related to your research or the human subjects thereof.

Changes from the original approved protocol include the implementation of a survey (Parental Engagement Questionnaire) to gather specific data on engagement levels among parents. Due to the addition of implementing the survey, informed consent will be provided to participants (parents/caregivers).

Have there been any adverse events or unanticipated problem(s) that relate to the research conducted and/or human subjects utilized in your research, since your protocol was originally approved? You are required to fill out the (AE) adverse event report if an adverse event occurred during the conduct of your research (see IRB website). Fill that form out and turn it in with this protocol change form.

Yes  No

Investigator(s) Assurance:

The information and answers to the questions above is true and accurate to the best of my knowledge and I understand that prior IRB approval is required before initiating any changes that may affect the human subject participant(s) in the originally approved research protocol. I also understand that in accordance with federal regulations I am to report to the IRB or administrative designee any adverse events or unanticipated events that may arise during the course of this research.

Victor M. Lezama  
Signature of Investigator(s)/Researcher(s)

10/26/18  
Date

A. B. [Signature]  
Signature of Faculty Advisor for Student Researchers

10/30/18  
Date

[Signature]  
Signature of IRB Chair or IRB Chair Designee

11/6/2018  
Date

Approval of protocol change/modification/amendment is granted from: 11/6/2018 through 11/5/2019

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
SCHOOL OF SOCIAL WORK  
Institutional Review Board Sub-Committee

Researcher(s) Angel Aguado & Victor Lezama  
Proposal Title The Effect of Parental Engagement on Treatment and Academic Outcomes Among Latino Students Receiving School-Based Mental Health Services  
# SW1855

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

-----  
Proposal is:

- approved  
 to be resubmitted with revisions listed below  
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing  
 missing informed consent  debriefing statement  
 revisions needed in informed consent  debriefing  
 data collection instruments missing  
 agency approval letter missing  
 CITI missing  
 revisions in design needed (specified below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Committee Chair Signature

4/9/2018  
\_\_\_\_\_  
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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## ASSIGNED RESPONSIBILITIES

The two researchers worked diligently to equally divide the research responsibilities. Both researchers upheld this agreement by working simultaneously on an electronic document, engaging in a phone conversation or meeting in person. Also, both researchers completed their advanced year internship with the mental health program selected for the research. Therefore, both researchers were able to collect and analyze data for the research study.