Families: A Critical Role in PBS Integrated with Mental Health

Too Often It’s Families vs. Schools

Families whose children have serious mental disorders, particularly if they have associated behavior problems, often complain about the response from their child’s school. Some parents report schools’ failure to recognize their child’s disorder and/or to identify the child for special education and related services under the Individuals with Disabilities Education Act (IDEA). Others say teachers do not know how to interact with their child, leading to behavior problems. Many see the disciplinary actions taken by schools as harsh and inappropriate for a child with a serious health condition.

Such problems can lead parents and schools into adversarial relationships. A punitive discipline policy emphasizes failure, de-moralizing children and their parents. Families report that they become defensive because of an implicit assumption that they are bad parents. What parents want instead is for the school to assess their child individually, recognize problems and institute effective practices so the child can learn and succeed in school. They want to work with the school, but do not always know how. Schools want to help all children, but may not know how to effectively manage those with serious behavior problems. When they refer these children for mental health services there is often little or no improvement at school. Schools then tend to react by getting tough.

The education reform of school-wide positive behavior support (PBS), particularly when implemented in a family-friendly manner, can have a dramatic effect on school climate, helping to create a safe learning environment for all students. Children with serious mental disorders benefit immediately from such a change.

➤ A New Hampshire middle-school parent explained that she had not had good experiences with schools until her child came to a PBS school. Teachers and administrators in other schools had the attitude that they were the experts and that what she had to say about her child’s behavior was not important. As a result, resentment grew on both sides. In the PBS school, however, her voice is heard and respected. She now feels comfortable at the school and has noticed significant improvements in her child’s behavior. The shift in focus from what is wrong and who is to blame to constructive discussion about what can be done has made a world of difference.

Children with serious mental disorders benefit, as do all children, from the school-wide, universal level of PBS. The consistent feedback and positive environment is especially helpful for these youngsters. However, children with serious mental disorders generally need more than the basic level of PBS. They fall into either Tier Two or Tier Three—that is, they need either some additional services and supports beyond the universal PBS strategies, or they need intensive services, often requiring collaboration between the
school and local mental health providers. Implementation of school-wide PBS will help to identify these children and provide a structure for understanding and meeting their needs.

In the Bitterroot Valley, Montana, mental health teams composed of therapists and behavior consultants work regularly and intensely with the families of children who have mental health needs. They go on home visits, provide parenting classes, work with siblings and provide some respite services. They also organize summer outings and recreational activities for the children.

School-wide PBS cannot succeed without family engagement. Families bring to the table significant real-world experience and understanding of their child’s and family’s needs. The national PBS technical assistance center urges that families be represented at all levels of PBS implementation: state leadership teams, school or district PBS leadership teams and on the individual PBS teams for children. When children need comprehensive mental health interventions (from school mental health providers or from community resources), families need to play a pivotal role in defining goals, planning services and choosing specific interventions for their child.

Maryland has a School Mental Health Integration grant from the U.S. Department of Education to develop models and strategies for strengthening family involvement and the targeted and intensive level service components of its PBS initiative. A family member chairs the advisory board for the project and a family liaison, appointed by the Maryland Coalition of Families for Children’s Mental Health, serves on the management team of the school mental health alliance. The family liaison is responsible for developing a training curriculum and materials for family engagement. In each of the five counties participating in the grant project, a family member will be hired to serve as a family partner, trained and supported by the coalition.

PBS schools focus on creating a family-friendly school environment that actively solicits family input and participation and ensures regular communications with parents about PBS expectations, systems and practices. There are regular opportunities for school personnel and parents to discuss a student’s behavior and school functioning, using a strength-based approach that recognizes both assets and areas targeted for improvement. In these schools, parent and youth views help inform the decisions of PBS teams.

The Bitterroot Valley mental health teams provide support for families and parents in schools. They attend parent/teacher conferences and individual conferences with parents to help facilitate families’ effective participation.

At the district level and in individual schools, families should participate on the leadership team that designs, implements and evaluates PBS and on PBS teams that are developing, implementing and monitoring an individualized behavioral plan for targeted or intensive interventions and support.

“For the parents, presence is power. Having (another) parent liaison at a school meeting to aid parents helps hold schools accountable.” (Family Liaison in Texas)

Families not only can provide input into all aspects of school-wide PBS integrated with mental health, they can provide specific services, training or technical assistance.

The New York State affiliate of the Federation of Families for Children’s Mental Health has been at the forefront guiding the design and implementation of PBS at the state, district/county and school lev-
In the Chicago schools, the family resource developers (FRDs), who are parents with personal experience navigating the mental health system, work with families to develop self-sufficiency skills and obtain services like housing and employment assistance. They often offer programs to adults—like parenting classes or English classes for non-English-speaking families—and facilitate community-promoting social events like community dinners. Families value the extra help and the inclusionary approaches of the FRDs and, as a result, are able to engage with the school more constructively in helping their children succeed socially and academically.

Parent Training

To facilitate this level of involvement, these initiatives provide information and training for parents so that they can teach, advocate and support their child. Leadership training for parents and youth help them participate fully in PBS and other community and school initiatives. Trained parents can also mentor other parents. Youth can develop the skills to support other youth and participate meaningfully in PBS and other school and community efforts.

In New Hampshire, the Alliance for Community Supports (ACS) provides annual behavioral health leadership training for young people from all over the state. Each year, 15-20 youth are elected to participate in a seven-month training session that includes team building, cultural competency, symptom management, public speaking, board development, conflict resolution and mentoring.

Family Liaisons in Schools

Schools implementing school-wide PBS integrated with mental health often have created paid (or otherwise supported) positions for family members. These family liaisons serve on the school-wide PBS team, support families who are on individual PBS implementation teams and provide various supports and advocacy for families of children with significant needs, including linking them to various community resources.

Some Travis County, Texas schools have a paid family member who works in the school. They assume leadership roles easily because of their regular presence in the school and their focus on PBS. They serve as in-school coaches and are part of PBS teams at all levels.

In New York, PBS family coordinators (parent representatives on school teams), link family-support services within their region. Family coordinators are expected to be part of school planning and implementation teams and typically receive a stipend to cover their expenses.

Mental Health Systems and Families

Mental health systems generally have a longer history of family involvement. Collaboration between education and mental health helps ensure and strengthen families’ role in PBS.

The system of care in Chicago allocates funds for a comprehensive care coordinator (CCC), a mental health professional, to provide services to children and families, and for a family resource developer (FRD), who assists families in seven PBS schools. The CCC is responsible for: 1) initial assessments to determine eligibility for system of care services; 2) child and family teams; 3) case management, group and individual counseling; and 4) consultation and training for school personnel on mental health and behavior-management strategies. The FRD and CCC, located at the schools but under
the aegis of the mental health agency, work in partnership with the school to help families access
needed services and supports, facilitate parent leadership in PBS, participate in universal, targeted
and intensive team activities, and assist with linkages and referrals to other agencies.

**PBS Helps Parents at Home**

PBS can also help parents at home. Parents of children in PBS schools learn new ways
to handle difficult situations that arise out of school.

➤ A New Hampshire elementary-school family resource specialist described a family headed by a
single parent who had difficulty maintaining household functioning. The household’s chaotic environ-
ment made life more difficult for the child, who had some serious emotional problems. The resource
specialist and a mental health professional sought to make environmental changes in the home.
These efforts paid off and made a big difference in this child’s life. The child is doing better in school
and the parent has a place to turn, other than the emergency room, if he feels things are escalating
to a crisis situation.

**Assessing Family Engagement**

Meaningful family involvement is not always readily achieved, however, and state
and local leaders should engage in practices that assess how well they are doing in.

➤ New Hampshire and New York have developed checklists to measure family engagement and
to help PBS teams assess whether their schools are following the process designed to ensure family
involvement. Families Together NYS also has developed a manual for training family members and to
help PBS teams incorporate family members in all aspects of PBS.

**Family Views**

Families with children in a school where school-wide PBS is integrated with mental
health services have strong positive views.

➤ They appreciate the PBS commitment to involving parents as partners in their
child’s education and behavior plan.

➤ The team approach inclusive of family has lessened the adversarial relationships
that can develop between schools and the parents of struggling children
and there are fewer misunderstandings between school and family.

➤ They no longer feel blamed.

**School Views**

Schools that engage in family-friendly practices report that they have achieved better
relationships with parents. The results include:

- improved attendance at parent-teacher conferences and school open houses;
- more volunteers for school activities;
- a vibrant parent organization; and
- more effective alliances between families, schools and community agencies
  when students need intensive services.

Clearly, building on student and family strengths and on strategies that fos-
ter greater behavioral competency, instead of listing problems and failures,
makes families feel validated and enhances cooperation to the benefit of all.