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## Your Question:

You asked for information and resources relating to family engagement in schools and the role of family engagement in mental health and school safety issues.

## Our Response:

Generally, research suggests that when parents or guardians are involved in a child's schooling, the child will reach higher levels of academic achievement and be less likely to have behavior issues in school.<sup>1</sup> While the results of research in this area are not conclusive, some research suggests a relationship between family engagement and student outcomes. The research we examined in a preliminary scan suggests that the stronger the connection between the school and child's exterior or family support systems, the better the outcomes are for a child, both mentally and physically.

Because it is difficult to measure and evaluate the impact of mental health and the role of family engagement on school safety, there is limited scholarship on the direct connections between family engagement, mental health and school safety.

Below, we have outlined research, resources and state policy in several categories as they relate to mental health, family engagement and school safety. The research, resources and policy are organized into five general categories:

- [Defining family engagement.](#)
- [School-based behavioral intervention models and family engagement.](#)
- [Behavior Threat Assessment and Management System.](#)
- [The relationship between mental health and student perception of school safety.](#)
- [Current policy and practice of mental health in schools.](#)

## Defining Family Engagement

Family engagement can encompass a range of activities that lead to varying student outcomes.<sup>2</sup> In discussions of family engagement there are a range of terms and definitions that are used based on how engaged the adult is in the child's school activities. Each definition refers to a different set of actions taken by a parent, as discussed below

Traditionally, family engagement has been viewed as a parent or guardian engaging in activities that support their child's academic work.

- Under this definition, events such as parent-teacher conferences or scheduled school meetings are traditional engagement points for families.
- In most of these interactions, [the parent or guardian takes a more passive role](#) and waits for the school to contact them with information or desired actions. Despite the importance of passive engagement points, the overall impact of these activities is limited regarding behavioral outcomes.

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<sup>1</sup> S. Andrew Garbacez, Keith C. Herman, Aaron M. Thompson, Wendy M. Reinke, "Family engagement in education and intervention: Implementation and evaluation to maximize family, school, and student outcomes," *Journal of School Psychology* 62, (June 2017).

<sup>2</sup> Ibid.

Family Engagement activities that have shown the greatest impact on students, especially those entering adolescence, are interactions that facilitate two-way communication and trust between the family and the school.<sup>3</sup>

- Research suggests that for schools to effectively engage parents or guardians in mental health services for their child there needs to be a high level of trust between the family member and the school. Specifically, there needs to be trust between the parent or guardian and the counselor or teacher proposing the parent takes specific actions.<sup>4</sup>
- Programs to both educate and facilitate a dialogue between parents and school personnel have demonstrated positive outcomes for students, parents and the school at large.

### **School-Based Behavioral Intervention Models and Family Engagement**

A range of intervention models are being implemented in schools to increase both academic and behavioral outcomes for students. Within the following models, there is a range of opportunity for family engagement and to make connections to wrap around services, including mental health.

#### **A Three-Tiered Approach to Family Engagement in School-Based Behavioral Health**

Boston Children’s Hospital along with the Harvard Medical School outlined a three-tiered approach to engaging families in school-based mental health programs. In a [2015 presentation](#), they outlined barriers to engagement as well as strategies to increase engagement and the child’s mental health. The three-tiered approach includes:

- **Tier 1:** engage the child’s caregiver in *preventative* behavioral health activities. The school could provide school-wide family educational session on specific topics such as substance abuse.
- **Tier 2:** engage the caregiver in addressing the child’s *emerging* mental and behavioral health issues. Activities could include parent workshops that provided them with specific strategies to identify possible signs of mental health issues.
- **Tier 3:** engage the caregiver in addressing *identified* mental and behavioral health issues. Activities could include a direct meeting with the caregiver or attending an appointment with the caregiver. The goal of school personnel is to highlight the child’s strengths and the benefits of receiving support. The goal is to frame the intervention as a means to maximize the student’s potential.

#### **Positive Behavioral Supports and Interventions (PBIS)**

[Positive behavioral interventions and supports \(PBIS\)](#) is a term used to reference a system of support in schools that aims to improve student behavior and school climate. More specifically, PBIS is an implementation framework that assists in the selection and use of evidence-based practices to support students.

Within the framework of PBIS, there are opportunities to [engage families](#) to improve student behavior and school climate. For example, research suggests that under a PBIS model a mental health counselor who engages families in a structural family therapy framework leads to higher levels of engagement of the family in the intervention.<sup>5</sup> The higher level of engagement can lead to more consistent outcomes for the child.

Below are some examples of states that have incorporated PBIS into recent policies, implementation manuals, and further resources for your review.

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<sup>3</sup> Keith M. Davis, Glenn W. Lambie, “Family Engagement: A Collaborative, Systemic Approach for Middle School Counselors,” *Professional School Counseling* 9, no. 2 (December 2005).

<sup>4</sup> Kenneth C. Messina, Jered B. Kolbert, Debra Hyatt-Burkhart, Laura M. Crothers, “The Role of Mental Health Counselors in Promoting School-Family Collaboration Within the Tiered School-Wide Positive Behavioral Intervention and Support (SWPBIS) Model,” *The Family Journal* 23, Issue 3 (March 2015).

<sup>5</sup> Ibid.

## State Examples

Several states have encouraged the use of PBIS through legislation, and some state education departments and state organizations provide frameworks for the use of these practices. Below, we have included examples of both.

- [Georgia SB 164 \(2015\)](#) encourages local boards of education to implement *positive behavioral interventions* and response to intervention programs and initiatives, especially in high needs schools as it relates to school discipline and improved learning environments.
- [Louisiana SR 130 \(2015\)](#) requested that the Board of Elementary and Secondary Education and the state department of education study the effectiveness of *positive behavioral interventions* and supports in Louisiana public schools.
- The Michigan Department of Education provides [a framework for the use of PBIS](#) on their website as part of their alternatives to suspensions and expulsions toolkit. This framework includes an overview of PBIS, research related to the topic as well as implementation guidelines.
- This [Missouri Schoolwide Positive Behavior Support Manual](#) provides detailed information on the implementation of PBIS including general PBIS information, leadership, and monitoring.

## Additional Resources

- [Positive Behavioral Interventions and Supports Technical Assistance Center](#) is funded by the U.S. Department of Education, Office of Special Education Programs. This website maintains information about using PBIS as a schoolwide strategy for improving student behavior and school climate. The center has published an [Implementation Blueprint](#) for use by state and local education leaders.

## Multi-Tiered System of Supports (MTSS)

While often used interchangeably with RTI, multi-tiered system of supports (MTSS) is a somewhat distinct concept. While RTI focuses on struggling students, and sometimes only those with learning disabilities, MTSS is much broader in scope. MTSS addresses both academic, social and emotional learning, covering a much broader set of interventions. According to the [National Association of School Psychologists](#), MTSS is an evidence-based framework for effectively integrating multiple systems and services to simultaneously address students' academic achievement, behavior, and social-emotional well-being. The four main components of MTSS are tiered levels of support, screening, progress monitoring and data-driven decision making.

## MTSS in Colorado

The Colorado Department of Education Office of Learning and Supports works with districts as they integrate academic and behavioral supports into a comprehensive system. Through a State Personnel Development Grant, Colorado is refining or establishing MTSS Leadership Teams to improve systems, data, and practices that lead to positive student outcomes through MTSS. This [brochure](#) provides information on Colorado's MTSS essential components and personal development.

## Behavior Threat Assessment and Management System

The [National Association of School Psychologists](#) (NASP) provides a range of resources relating to school-related [mental health](#) and [safety](#). NASP suggests that schools implement Behavioral Threat Assessment and Management (BTAM) systems to support students and identify threats to school safety. In a recent [fact sheet](#), NASP outlines five components that schools should consider in implementing their BTAM systems.

- **Programming:** Establish quality universal programming that focuses on a positive school climate, social-emotional learning, school connectedness, awareness, and confidential reporting.
- **Staff:** Ensure that all staff members and students are trained to recognize the risk factors and warning signs of violent behaviors, and know how to get help.

- **Reporting:** Ensure that the school or district has a confidential reporting system for students, educators, and parents to bring forth concerns. Provide training and information on how and whom to report.
- **Training:** Ensure that at least three school staff members (administrator, school-employed mental health professional, and school resource officer or other law enforcement official) have training in conducting threat assessments, can effectively manage behaviors of concern, and know how to provide adequate and timely support for students. This training must be done by professionals with expertise in conducting kindergarten–12 threat assessments.
- **Community Resources:** Identify community resources that can be activated to support students. Such resources may include community crisis centers, mental health professionals, law enforcement, and child protective services.

The goal of BTAM system is to ensure school safety. However, it is important to note that a school’s failure to respond to known or suspected threat can have a legal implication.<sup>6</sup> School districts have been held accountable under legal claims for failure to respond appropriately when a threat has been identified.

### **Student Perception of School Safety**

Researchers have looked at the connection between mental health and students’ perception of safety at school. They found that if students can receive services to support their mental health and have fewer mental health concerns, they are more likely to express that they feel safer at school. In addition to mental health, students’ perception of the overall school climate plays a considerable role in their perception of safety.

### **Resources:**

- *Personal, family and school influences on secondary pupils’ feelings of safety at school, in the school surroundings and at home:* The article examines a group of Dutch students’ perception of school safety. The author suggests that student perception of school safety is associated with:
  - higher levels of student attainment,
  - higher levels of attendance,
  - fewer weapons on school grounds,
  - increased student input on the rules governing student behavior,
  - recognition of students’ involvement in school,
  - increased engagement of external influences and the police in school safety procedures, and
  - increased support for students in the spoken language of the school.
- *Perceived School Safety is Strongly Associated with Adolescent Mental Health Problems:* In this article, the author surveyed 11,130 American secondary students about their perception of school safety and mental health problems. Based on the survey results the author suggests that there is a relationship between mental health and students’ perception of school safety. Additionally, the author suggests examining mental health further as a risk factor or indicator of school safety issues.

It is important to note that the highlighted studies focus on student perceptions of safety in school, not on specific school safety outcomes. In our scan of research, we observed many challenges in determining a link between mental health and school violence, including the relatively small sample size of school shootings and the difficulty of knowing when a potential attack was prevented by mental health services. Below are a few examples that exhibit the range of thought relating to mental health and school safety.

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<sup>6</sup> Melissa A. Louvar Reeves, Stephen E. Brock, “School Behavior Threat Assessment Management,” *Contemporary School Psychology* 22, Issue 2 (June 2018).

- According to a [review of the research](#) on school shootings and mental health, “seventy-five percent of students struggling with mental illness do not receive mental health services, and mental health is a key component in students’ healthy development.”
- A 2004 U.S. Department of Education and Secret Service [school safety analysis](#) examined 37 incidents of targeted school violence prior to June 2000, finding that in those cases, many attackers had been bullied and had considered or attempted suicide, but notes that at the time there was “no accurate or useful ‘profile’ of students who engaged in targeted school violence.”
- A 2012 [report](#) on the shooting at Sandy Hook Elementary School by the Connecticut Attorney General identifies possible mental health issues exhibited by the shooter. However, the report notes that “it is unknown, what contribution, if any, the shooter’s mental health issues made to his attack.” Mental health professionals who saw the shooter prior to the event did not observe anything that would have predicted his future behavior.

### Policy and Practice of Mental Health Services in Schools

Research suggests that school-based mental health services play an important role in supporting student mental health.<sup>7</sup> At a local level, these practices and policy can incorporate points of family engagement. Overall the following areas have been emphasized as positive approaches to increasing access to mental health in schools and have been addressed in state policy.

- Providing for school-based mental health professionals.
- Creating greater awareness of mental health issues through curriculum and staff training.
- Introducing trauma-informed practices.
- Incorporating social and emotional learning.

### School-Based Mental Health

According to an analysis conducted by [Education Week](#), nearly 3 in 10 pre-K-12 schools have no school counselor. The American School Counselor Association published a [brief](#) in 2015 outlining the school counselor’s role in supporting student mental health. School counselors play a necessary role in assessing and evaluating student’s mental health. They often are the link between identifying a mental health issue and engaging the family in the process of gaining access to mental health services outside of the school. Without trained school counselors it is difficult for schools to identify mental health concerns and support students in gaining access to services they need.

Several states have recently devoted resources to increase the availability of school-based mental health professionals, including school counselors, school social workers, and school psychologists. To our knowledge, most of the states engaging in this work have increased funding—through state grants and private foundation funds — for improved staffing capacity.

- **Increased Capacity:** The [Colorado School Counselor Corps](#) grant program awards funding to increase the availability of effective school counseling. The program has been in place since 2010 and has benefitted 365 secondary schools in 98 districts. More than 270 licensed school counselors have served in various capacities throughout the state through the grant program. This [legislative report](#) outlined the return on investment of the program and this 2016 document on [lessons learned](#) provides valuable insight into the implementation of the program.
- **Referrals:** [Tennessee HB 720/SB 341](#) (2017, enacted) allows a school counselor to refer or help facilitate the referral of a student to a private counselor or therapist for mental health assessments or services, after a parent’s written request for such referral. The bill provides that neither the local education agency nor the school counselor shall bear the costs of the mental health services provided under the referral.

<sup>7</sup> Amanda L. Sanchez, Danielle Cornacchio, Bridget Poznanski, Alejandra M. Golik, Tommy Chou, Jonathan S. Comer, “The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis,” *Journal of the American Academy of Child & Adolescent Psychology* 57, Issue 3 (March 2018).

- **Reporting:** [Texas SB 490](#) (2017, enacted) directs the Commissioner of Education to promulgate a rule requiring school districts and open-enrollment charter schools to report information regarding the availability of school counselors at each campus. The bill also requires district boards to include the number of counselors providing counseling at each campus in their school district annual education performance reports.

### **Mental Health Awareness**

Educating students and teachers about mental health can simultaneously counteract stigmas associated with mental health concerns and increase knowledge of helpful resources and intervention strategies. Below, we review state policies that provide students with mental health education and school employees with early identification training.

### **Curriculum**

- [Virginia HB 1604](#) (2018, enacted) directs the board of education to review and update the health standards of learning for students in grades nine and 10 to include mental health. The standards must recognize the multiple dimensions of health by including mental health and the relationship between physical and mental health to enhance student understanding, attitudes and behavior that promote health, well-being and human dignity.

### **Staff Training**

- [Maine HP 929](#) (2017, enacted) requires mental health first aid training for health educators. The recipients of training must also receive training to safely de-escalate crisis situations, recognize signs and symptoms of mental illness and to refer students to mental health services promptly.

### **Trauma Informed Practices**

Research suggests that childhood trauma and chronic stress, often a result of [adverse childhood experiences](#) (ACEs), negatively affects students' ability to learn and focus in school. Among children aged birth to 17 years, [approximately 46 percent](#) have experienced at least one adverse childhood experience. Research indicates that a [greater number of ACEs](#) are related to poorer well-being. In recent years, education leaders have started to focus on how to mitigate the negative effects of childhood trauma by implementing requirements around trauma-informed schools. While many of the efforts to develop trauma-informed schools have taken place at the local level, there has been some movement at the state policy level in recent years.

- [Massachusetts' 'Safe and Supportive Schools' law](#), developed out of the passage of [HB 3528](#), required all schools to develop action plans for creating safe and supportive environments using a prescribed assessment tool and framework. The bill also established a commission to assist in implementation, established a grant program to fund model schools and provided for technical assistance to schools and districts. Traumasensitivity within schools is a key aspect of the framework.
- [Vermont H 23](#) (2017) Requires the Secretary of Education to develop a plan for creating a trauma-informed school system throughout Vermont in consultation with representatives from the state's Principal's Association, Superintendents Association, School Boards Association and National Education Association. The plan is required to link school nurses with primary care providers in the community and must include mechanisms for coordinating trauma-informed resources through the system and measuring results. Additionally, this bill mandates the creation and dissemination of training materials for prekindergarten teachers regarding the identification of students exposed to ACEs. The training materials are required to include information on how prekindergarten teachers may refer families with students exposed to ACEs to a community health team. Additional information trauma informed care in Vermont schools can be found at the department of mental health's [website](#).

## **Social Emotional Learning**

A growing body of [research](#) shows the importance of social-emotional learning (SEL) as a part of students' development. [CASEL](#), the Collaborative for Academic, Social and Emotional Learning, is a leading organization for promoting SEL standards. SEL can help students build self-awareness and positive relationships and feel and show empathy for others. Key SEL competencies are outlined in this [brief](#). Competencies include:

- Awareness of others.
- Positive attitudes and values.
- Responsible decision making.
- Social interaction skills.

Many states have incorporated SEL into their education standards, often linking SEL to health education. For example, [Colorado's Comprehensive Health Education Standards](#) include sections on emotional and social wellness. Some states have also emphasized the links between health, SEL and suicide prevention in their state policies and health education standards.

**Washington** has developed comprehensive [health and physical education standards](#) that include social and emotional learning, and connect the concept to several risk factors, including bullying, stress management, and body image. The Office of Superintendent of Public Instruction maintains [resources](#) for schools to develop and implement suicide prevention plans, including an explanatory table of enabling legislation.