

**Examining Frequency and Modality of Parent Engagement in an Elementary School
Mental Health Intervention**

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Abstract

School psychologists are encouraged to empower parents to be active partners in their child's education, including providing social-emotional supports. Typical parent engagement efforts involve trying to get parents to attend school meetings, which may overlook other ways parents can meaningfully support students. The current study examined engagement in a racially/ethnically diverse, predominantly low-income sample of parents of early elementary students participating in school-based group therapy. Most parents engaged in parent meetings, but approximately 20% engaged in other ways, including home activities. Lower income was associated with less frequent meeting attendance, while child racial/ethnic minority status predicted greater skill support at home. Therapist-parent relationship predicted meeting attendance. Results suggest that schools may enhance engagement by providing varied opportunities for parents.

Examining Frequency and Modality of Parent Engagement in an Elementary School Mental Health Intervention

Schools have become the “de facto” provider for children’s mental health services, with estimates that more than half of individual and small group services received by children are provided through schools (Green et al., 2013; Rones & Hoagwood, 2000). School mental health services reduce barriers to access (Atkins et al., 2010; Foster et al., 2005; Stephan et al., 2007), such as financial and transportation barriers for low-income families (Lochman et al., 2006), and can reduce stigma compared to clinic-based services (Owens et al., 2008). However, there are also many challenges associated with school-based mental health (SBMH) services. In particular, it can be difficult for school psychologists and other mental health staff to engage parents in their child’s treatment (Woodard et al., 2020), which is considered an integral component of effective interventions. Indeed, several studies have noted the positive impact of parent engagement in child and adolescent mental health interventions on youth outcomes in both school and community settings (Bode et al., 2016; Clarke et al., 2015; Dowell & Ogles, 2010; Santiago et al., 2014; Villodas et al., 2013).

The typical focus of efforts to involve parents in school mental health programs for children has been to encourage attendance at school meetings or parent groups. Despite such efforts, parent meeting attendance is often low. This is particularly true for low-income parents, whose attendance is often well below 50%, even when barriers such as transportation and childcare are addressed (Dawson-McClure et al., 2014; Lochman et al., 2006). School staff may misinterpret this lack of parent meeting attendance as lack of interest, which might then limit further efforts to engage those families, to the detriment of the student. This may be particularly true for families of color, who often engage with their children’s education in more home-based ways rather than attending school events (Jackson & Remillard, 2005; Walker et al., 2011).

Thus, it is important to examine alternative ways that parents may be engaged in their children's school mental health treatment so that schools can provide accessible opportunities to encourage collaboration. This is consistent with the National Association for School Psychologists (NASP) Position Statement on School-Family Partnering to Enhance Learning (2019), which encourages equitable opportunities for engagement for all families that recognize their unique challenges as well as skills, resources, and preferences.

Other modalities of parent engagement include completion of therapist-assigned homework and phone or in-person contact with therapists, school staff, and teachers (Hoglund et al., 2015; Mehta et al., 2019; Redford et al., 2019). Research suggests that these activities have positive associations with child outcomes in family-school interventions above and beyond parent attendance at sessions (Clarke et al., 2015; Villodas et al., 2013). For interventions for students with disruptive behavior, parents may also be asked to provide home-based rewards for a teacher-completed Daily Behavior Report Card. This is an engagement activity that many parents can adhere to for several months with ongoing consultation support (Murray et al., 2008) that demonstrates positive impact on students (Vannest et al., 2010). In addition, it is possible that more general parent support of school interventions could also benefit children (Staudt, 2007). For example, parents may provide support through reinforcing specific skills taught at school and encouraging children to participate in therapy. Focusing on broader options for engagement may also promote school psychologists' goals to build and sustain school-family partnerships and improve family-school collaboration (NASP, 2019).

Challenges to Parent Engagement in SBMH

Parent engagement in SBMH services is impacted by many factors that are unrelated to parental interest in engagement, such as stressful life events in the family (Minney et al., 2015)

and barriers such as lack of transportation, child care, or lack of paid time off work to attend school meetings (Redford et al., 2019; Santiago et al., 2016). These barriers disproportionately impact low-income families and families of color (Hoglund et al., 2015; Redford et al., 2019). There is a striking disparity in parent meeting attendance by income, which highlights the need for school-based providers to promote alternative modalities of parent engagement in children's SBMH treatment. In a sample of primarily low-income families (63% of families with household incomes under \$30,000), parent meeting attendance averaged four of ten sessions, with 30% of parents not attending any meetings (Lochman et al., 2006). By comparison, in a sample where 65% of families earned a household income above \$50,000, parent meeting attendance averaged above 80% (Villodas et al., 2013).

Negative interactions and poor relationships between school staff and parents can pose an additional barrier to parent engagement. Negative experiences with their child's school can lead to parents avoiding interactions with school staff (Hornby & Lafaele, 2011). This is especially salient for children with disciplinary issues, as their parents may often receive calls about children's problematic behavior. In addition, assumptions by school staff about parents' lack of concern or problems at home may increase strain in school-home relationships (Hornby & Lafaele, 2011). Negative interactions with therapists in clinical settings are also common, and parents may have encountered therapists who focus on deficits rather than strengths or provide suggestions that are unrealistic for family circumstances (Cunningham & Henggeler, 1999).

Low income parents and parents of color are more likely to experience negative interactions with schools, with Black parents reporting that they often feel frustrated, isolated, and alienated from school staff (McKay et al., 2003). Black parents often report experience of racism and discrimination by school staff and school staff discouraging their involvement

(Marchand et al., 2019). Latino parents also report experiences of being misunderstood or dismissed by school staff, fears of experiencing prejudice (Falicov, 2014), and for those who are undocumented, fears of deportation (Calzada et al., 2015). Staff are also more likely to perceive families of color as disinterested in their children's education, regardless of parents' actual intentions (De Gaetano, 2007; Jackson & Remillard, 2005). Based on these interactions and biases, parents and staff may both become discouraged from further attempts to reach out, leading to more distant relationships and lower rates of parent engagement (Hornby & LaFaele, 2011; LaKind et al., 2019).

Approaches to Enhancing Parent Engagement

School psychologists have a critical role in designing strategies to support families' positive influences on children's mental health. As mental health professionals who can both provide direct services to children and families and facilitate intervention and prevention at the classroom and schoolwide levels, school psychologists are uniquely situated to enhance family engagement in children's mental health services at school (NASP, 2014, 2015).

There are several approaches to enhancing parent engagement such as addressing logistical barriers like lack of transportation and childcare (Ingoldsby, 2010; Lochman et al., 2006). Additionally, it is possible that parent engagement could be enhanced by strengthening parents' relationship with the school, which the school psychologist can support by coordinating communication and collaboration, particularly for those students who need more intensive mental health services (NASP, 2019). One important way to do this is by proactively reaching out to parents to show that their input is valued. Parents' perceptions that school staff value their participation is associated with increased engagement in school activities (Anderson & Minke, 2007). School staff can show that they value parents' participation through regular informal

contacts, such as text messages and chatting with parents at pick-up or drop-offs (Ingoldsby, 2010; Mehta et al., 2019). In a sample of Afro-Caribbean and Latino immigrant families, teachers' active elicitation of parents' involvement predicted parents' engagement during the school year (Calzada et al., 2015). Other ways that schools have encouraged parent presence at school is with programs that celebrate families' strengths and cultural values, and that situate parents as leaders in the school environment (e.g. De Gaetano, 2007; McDonald et al., 2015). Many of these strategies are represented in Epstein's (2001) seminal model of parent engagement which includes six ways to encourage parent engagement: assisting parents with establishing supportive home environments, implementing effective home-school communication, organizing parent volunteers, supporting learning at home, including parents in school decision-making, and collaborating with the community at large. Although school psychologists may not directly initiate specific outreach activities, they can help develop and sustain such evidence-based partnering practices as part of their role on Multi-Tiered Systems of Support (MTSS) teams (NASP, 2015, 2019).

For school psychologists who provide direct mental health services to students, another engagement approach could involve developing a strong "therapeutic alliance" with parents as described in the clinical literature. For example, therapist use of collaboration and empowerment strategies with parents is associated with parents' increased planning for how to reinforce children's use of therapy skills (Martinez & Haine-Schlagel, 2018). Parent-therapist alliance is also positively related to family participation in treatment more broadly, and completion of therapy sessions (Hawley & Weisz, 2005). The parent-therapist alliance may have similar benefits for school psychologists and other SBMH providers, although this has not been well-studied.

Parent Engagement Strategies within a Small Group Intervention Program

The current study seeks to explore how parents engage in both home and school-based activities in SBMH, as well as factors that influenced their engagement. This study uses data that were collected during a randomized controlled trial of the Incredible Years® Dina Dinosaur Small Group Program. For full details about the intervention as implemented in this study, see [Authors] (2019). The intervention's primary component is a small-group program (aka "Dinosaur School") for four to six students, co-led by study therapists and school counselors in twice-weekly sessions for 18 weeks. Curriculum content includes following school rules, ways to be successful in school, recognizing and understanding feelings, problem-solving, controlling anger, and building and maintaining friendships (Webster-Stratton, 2005). Parent activities included bimonthly informational phone calls from therapists, weekly home activities with written instructions provided in the child's homework folder, information sheets sent home for each lesson, and three psychoeducational workshops held in the evenings which included viewing video of children participating in the groups. During contacts with group leaders, parents were introduced to some of the strategies and skills taught in Dinosaur School and were encouraged to remind their children to use those skills at home to promote generalization.

Initially, study therapists made phone calls to parents to introduce themselves, learn about the students, and outline ways that parents could be involved. These phone calls were repeated every 4-6 weeks throughout the intervention, with each call introducing parents to skills taught in the group in the interim. To support parent attendance at meetings, a variety of strategies were used, including providing childcare, transportation money, dinner, and interpreters when needed, along with a gift card raffle at each meeting. Reminders for meetings were sent via notes in children's backpacks, phone calls, emails, and text messages. For parents who spoke Spanish as

their primary language, materials were sent home in Spanish, and Spanish-speaking therapists conducted outreach phone calls whenever possible. Parents were given a small monetary incentive for home activity completion. As indicated, we took many steps to reduce logistical barriers, but also worked to build strong relationships with parents to encourage their engagement.

Research Questions

The current study contributes to the literature by exploring three questions about parent engagement in SBMH services for their children. First, to explore whether parents were more responsive to certain engagement modalities, we examined variation in parent engagement in a small group therapy program at school by modality: attendance at parent meetings, facilitating homework completion, and support of children's therapy skills at home. We hypothesized that there would be multiple patterns of engagement with different activities, rather than parents simply being either highly engaged or disengaged with all activities. Second, we examined variation across these three engagement modalities by race/ethnicity and income level. Prior literature suggests that racial/ethnic minorities and low-income families may face more barriers to meeting attendance compared to White families (Lochman et al., 2006; Redford et al., 2019). We hypothesized that families whose children received free/reduced lunch and those of children of color would have lower meeting attendance relative to families without free/reduced lunch and White children, but similar engagement in other modalities. However, because families of color are overrepresented in low-income groups, we hypothesized that the most salient barriers would be economic in nature and that race effects would be minimal after accounting for free/reduced lunch status as a covariate. Finally, we examined parent-therapist alliance and home-school relationships as potentially malleable factors that may be related to parent

engagement in SBMH interventions. Based on the prior literature, we expected that better relationships might be related to greater parent engagement. Further, we expected that parent-therapist alliance would be related to greater parent engagement above and beyond what was predicted by socio-demographics and parent-school relationship.

Methods

Participants

Participants included first and second grade students at nine public schools in three school districts, which included a mix of urban, suburban, and rural populations. Children who exhibited self-regulation difficulties in the classroom were nominated by teachers to participate in the study. Following parent consent to participate, teachers then rated children using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997); those who met the criteria for “at risk” (Total Difficulties Score ≥ 12) were included. Children in the present study were randomly assigned within classrooms to receive the intervention or to a “services as usual” comparison group from which parent engagement data were not collected.

The current analysis includes children randomized to the intervention who had measures of interest available ($n = 69$). Of these students, four did not complete the intervention (two moved out of district, one transferred to another in-district school, and one was removed from the group by his parent). Of the 65 children who completed the intervention, 54 parents completed relevant questionnaires (83%) and were included in analyses. Families who completed questionnaires were more likely to attend parent meetings (62% compared to 22%), but did not differ significantly on any other engagement modalities or sociodemographic variables examined in the current study.

The sample included 29 2nd grade students and 25 1st grade students, with ages ranging from 6.8 years to 9.3 years at the beginning of intervention ($M = 7.23$, $SD = 0.70$). The majority of students were male (59.3%) and received free/reduced lunch (74.1%). The sample was also racially and ethnically diverse (11.1% Latino, 59.3% African American/Black, 3.7% Multi-Racial, 25.9% White), and 9.3% spoke a language other than English as the primary language in the home. Free/reduced lunch status and race/ethnicity were significantly related in this sample, $X^2(1, n = 54) = 13.264, p < .001$. Only 32.5% of White families received free/reduced lunch compared to 89% of Black and Latino families. Parental education ranged from 1-16 years ($M = 12.45$, $SD = 3.4$). Slightly more than half (59.3%) of children lived with one parent/guardian ($n = 32$), and 40.8% lived in households with two parents/guardians ($n = 22$).

Procedures

Participants were asked to complete questionnaires about their child prior to the study and immediately after the intervention was completed approximately six months later. Parent satisfaction data were obtained from parents at the final parent meeting (if attended), via online survey, mailed hard copy, or over the phone with trained research assistants. Parents were able to complete all measures in either English or Spanish. Parents received a small monetary incentive for completing the surveys. Parent engagement data were collected throughout the intervention: parent meeting attendance was tracked via a sign-in sheet at each meeting, and homework completion was tracked by group therapists. Students were given a short home activity to complete with their parents each week as part of the Dinosaur School curriculum. To get credit for completing the home activity, it had to be returned to school signed by a parent. Students could return the home activities at any point after they were assigned and before the intervention ended.

Measures

Demographics

Parents completed a demographic form that asked about family composition and parent/guardian background, the child's free/reduced lunch status, and child race/ethnicity. Given the relatively small number of Latino families and the lack of any differential hypotheses regarding this subsample, analyses combined children of color into one group. This approach is supported by a nationally representative, longitudinal study of parental engagement in school that found that Black and Latino parents reported similar barriers to participating in school events (Redford et al., 2019).

Parent Satisfaction Questionnaire

Parents were asked to complete a satisfaction questionnaire adapted from the Incredible Years© Parent Satisfaction Questionnaire (Webster-Stratton, 2005). Items were developed by the clinical research team to assess parents' support of Dinosaur School skills at home, their relationship with the research team therapists, and their relationships with their child's school and teacher. Items on the original scale were rated on a 7-point Likert-style scale, and developed items followed the same response structure.

Relationship with Therapist and School

Specific items were developed to assess parents' relationship with both their therapist and school, which were examined separately. Parents completed four items rated on a 7-point scale (1 = *Not at all True* to 7 = *Completely True*). The two relationship with therapist items were: "My relationship with my child's Dinosaur School group leader is positive," and "The Dinosaur School group leader values my ideas about what my child should work on and how best to help him/her." These items were highly correlated ($r = .69$), so were averaged. The two relationship

with school items were: “My child’s teacher and I are working together to help my child,” and “I feel connected to my child’s school.” These items were also highly correlated ($r = .67$), so were averaged.

Outcome Measures: Parent Engagement

Three different measures of engagement modality were included as outcome variables: home skill support, parent meeting attendance, and homework completion.

Home skill support. Three items were developed for the parent satisfaction questionnaire using the same response format to assess parents’ reinforcement of major skill areas taught within the intervention. Parents were asked to rate how often they reminded their child to use Dinosaur School skills on the following items: “I encourage and help my child use...” 1) “Dinosaur School strategies to solve problems (e.g., identify the problem, think of solutions and consequences)” 2) “Dinosaur School strategies to manage emotions (e.g., turtle shell, calm down thermometer, deep breaths, think of a happy place)” and 3) “Dinosaur School strategies to do his/her best in school (e.g., stop-think-check, raise a quiet hand, keep hands to self)”. Each item was rated on a 7-point Likert scale reflecting frequency (*never, less than once per month, once a month, a few times each month, once weekly, a few times per week, daily*).

These three items were combined into a single variable, given high inter-correlations ($r = .70 - .76$).

Parent meeting attendance. Parent attendance data were examined as raw values, from 0 to 3 depending how many meetings a parent attended.

Homework completion. Homework completion data were included as a percentage of assigned home activities that were completed and returned.

Data Analysis

Preliminary analyses included examining descriptive statistics and bivariate correlations. For Research Question 1, “*Does parent engagement vary based on different modalities?*” we first examined frequencies of parents’ engagement for the different modalities and identified thresholds for “high engagement” for each. Then we examined the frequency of parents who were highly engaged in more than one modality.

For Research Question 2, “*Does engagement measured by three different indicators vary based on race/ethnicity and income?*” and Research Question 3, “*Do parents’ relationships with therapists predict engagement beyond sociodemographic variables and parent-school relationships?*”, we conducted hierarchical linear modeling (HLM) using SAS version 9.4 with the Proc Mixed procedure to accommodate for the nesting of parents within schools, and a random intercept was specified for schools. We calculated separate models for each outcome variable (homework completion, home skills support, parent meeting attendance), with covariates including race/ethnicity, free/reduced lunch status, and parent-school relationships.

Results

Parent Engagement by Measure

Table 1 shows frequencies of parent engagement by measure, including number of meetings attended, home skill support, and homework completion. A large majority of parents (92.6%) attended at least one parent meeting, with most parents attending two (29.6%) or three (42.6%) meetings. Almost half (42%) of parents reported supporting children’ use of group skills at least once per week (score of 15+). For homework completion, the mean was 48% completed and returned (range = 0 - 100%). Based on these frequencies, we defined high engagement as being above the mean for the sample for homework completion and home skill support. Parent meeting attendance was defined as high if at least 2 of 3 meetings were attended.

[Table 1 here]

When looking at parents who had “high” vs. “low” engagement in various activities, 91% of families were highly engaged in at least one engagement modality. The overlap of “high” engagement across activities indicates that there was variability between families in terms of what kind of activities they engaged with, and only a few families could be identified as “high” engagers or “low” engagers (see Figure 1) across all activities. Only 20% of families were highly engaged in all three activities ($n = 11$); 35% of families were highly engaged in two activities ($n = 19$), with a similar number engaged in one activity ($n = 19$). Although the most common engagement activity was parent meeting attendance, approximately 19% were highly engaged in supporting skills at home and/or completing homework ($n = 10$).

[Figure 1 here]

Bivariate correlations among parent engagement activities did not identify statistically significant associations, although this may reflect the study’s limited power due to small sample size. Table 2 contains correlations between all variables of interest. Bivariate correlations indicated that parents’ relationship with school was not significantly related to meeting attendance, home skills support, or homework completion, or with parent relationship with the group therapist. Parent meeting attendance was moderately correlated with relationship with the therapist ($r = .30, p = .03$).

[Table 2 here]

Predictors of parent engagement

As shown in Table 3, sociodemographic factors did contribute significantly to the variance in parent engagement, such that free/reduced lunch status predicted lower parent meeting attendance ($\beta = -0.94, p = .00$). Additionally, parents of children of color engaged more

in home skill support ($\beta = 4.79, p = .04$), whereas free/reduced lunch status predicted less home skill support ($\beta = -5.14, p = .04$). Parent relationship with therapist was a significant predictor of parent meeting attendance, ($\beta = 0.26, p = .03$), after controlling for race/ethnicity, income status, and parent-school relationships. No other significant relationships were found for parent-therapist relationship or for parent-school relationship. None of the variables examined significantly predicted homework completion.

[Table 3 here]

Discussion

Parent engagement approaches are highly relevant for school psychologists who are charged with facilitating family and school partnerships to enhance academic and social-behavioral outcomes for children (NASP, 2020). This study examined parent engagement with a small group therapy program across multiple measures, evaluated whether engagement varied by race/ethnicity and free/reduced lunch status, and identified malleable relationship factors that predicted different types of engagement. As previously noted, parent engagement is important to examine beyond meeting attendance, which may be low for parents with low income and for those from diverse racial/ethnic backgrounds due to a number of barriers that may be difficult for schools to modify (Hoglund et al., 2015; Redford et al., 2019; Santiago et al., 2016). Therefore, we also measured parent engagement with homework completion and home skills support to capture a more holistic understanding of engagement, consistent with NASP practice guidelines (2019) to provide multiple options for family participation that is equitable and consistent with their circumstances, beliefs, and expectations.

Results of this study suggest that high or low parent engagement with one type of activity does not necessarily indicate that a parent will have high or low engagement overall. Parent

attendance at meetings was the most common engagement activity, as most parents attended at least one parent meeting. Overall, 91% of parents were highly engaged in at least one of the engagement activities, but only 22% of these were solely highly engaged in meetings.

Interestingly, almost 20% of parents who did not attend any meetings were highly engaged in home skill support and/or homework completion. This highlights the need for providing a variety of opportunities for parents to participate in SBMH and is consistent with literature in early childhood education showing that family involvement consists of three major constructs: school-based involvement, home-school conferencing, and home-based involvement (Fantuzzo et al., 2000). If attendance at school meetings is the only way parents can be involved, this may systematically exclude parents who may otherwise want to be included as partners in their children's school-based mental health services.

Consistent with previous research, low income families were less likely to attend meetings (Hoglund et al., 2015; Lochman et al., 2006). Additionally, they were less able to support group skills at home, suggesting that socioeconomic stressors may result in barriers to engagement beyond practical barriers that impact attendance at school events (such as childcare and lack of transportation). This is consistent with research showing that financial hardships increase parenting stress (Semke et al., 2010), and generally reduce parental involvement (Dawson-McClure et al., 2014; Minney et al., 2015).

In contrast to other research indicating that families of children of color tend to have more barriers to attending school events (Redford et al., 2019), our study found no difference between White families and families of color for meeting attendance once SES was controlled, with barriers to attendance appearing to be related to economic rather than cultural factors. We also found that families of color were more likely to support children's skills at home. This

finding is consistent with school-based research indicating that Latino and Black parents may be more likely to participate in home-based activities with their children rather than attend school events (Jackson & Remillard, 2005; Walker et al., 2011). In particular, this finding may contribute to dispelling biases that school staff may have regarding perceived disinterest in engagement by families of color (Jackson & Remillard, 2005) that can strain school-home relationships (Horny & LaFaele, 2011; McKay et al., 2003). This may be an important point for school psychologists to share in providing professional development to educators on parent engagement. Drawing on lessons learned about strategies to reduce barriers for culturally diverse families, professional development can address the importance of actively reaching out to families (Calzada et al., 2015), highlighting family strengths and culture (Cunningham & Hennigler, 1999; De Gaetano, 2007), and educating staff on how racism can hinder the relationship between families of color and schools (Marchand et al., 2019).

Regarding predictors of parent engagement, our finding that relationship with the small-group therapist was associated with meeting attendance is consistent with the broader literature on therapeutic alliance and parent-teacher relationships. Positive relationships with therapists and teachers have been associated with greater engagement by parents (Anderson & Minke, 2007; Hawley & Weisz, 2005). Given the importance of parent engagement in treatment outcomes (Dowell & Ogles, 2010), improving alliance between parents and school staff providing mental health interventions may be one piece of a broader strategy to improve efficacy of school-based mental health programs. School psychologists can support this alliance by increasing positive informal contacts (e.g., notes home, text messages, conversations at school pick-up/dropoff; LaKind et al., 2019), and by more intentionally and proactively treating parents as collaborators

in intervention development and implementation (Anderson & Minke, 2007; Martinez & Haine-Schlagel, 2018).

Interestingly, parents' relationship with the school and relationship with the therapist (who was not a school employee) were not correlated, and relationship with school did not have an impact on parent engagement. Parents clearly differentiated between external program therapists and other school staff, and this did not impact how they built relationships with program therapists. Although this is encouraging in that it seemed to play a role in parent meeting attendance, there is also a need to further explore parents' relationships with school staff and approaches for enhancing this when it is negative. This can be particularly important to consider for school psychologists who are attempting to implement improvements to school climate and family-school collaboration to support children's mental health (NASP, 2019).

Strengths and Limitations

The results of our study are limited by a few factors. First, our small sample size limited the power of our analyses. For example, several correlations trended toward significance, including parent relationship with school and home skill support ($p = .06$) and may have been significant with a larger sample. There are some limitations to our measures. To keep our parent satisfaction questionnaire brief, we only included 2-3 items to measure parent-therapist and parent-school relationships. Future study in this area would benefit from using more robust measures of these constructs. Third, our sample was limited to parents who returned satisfaction forms. The parents who did not return forms were less likely to have attended parent meetings, and so our sample may be skewed toward the more engaged parents in the study (as is typical in this type of research). As a result, there are some cautions in generalizing to all parents whose children may participate in SBMH. Finally, because families of color were underrepresented in

higher income groups within our sample, we were unable to examine potential cultural influences on engagement that may exist independent of economic factors.

At the same time, there are several strengths, including the variety of sources from which we were able to collect engagement data. We were able to look not just at observable parent behaviors, but also at parental reports of their own engagement, and thus we could create novel comparisons of parent engagement across modalities. Our study also pulled from a predominantly low-income, minority population, which have typically been underrepresented in mental health literature (Pina et al., 2019).

Practice Implications and Future Directions

Results suggest implications for school psychology practices related to parent engagement. As school staff who have expertise in evidence-based intervention and prevention at the school, classroom, and individual child levels, school psychologists are encouraged to empower parents and teachers to collaborate in support of students (NASP, 2015, 2019). Results of this study indicate that most parents were engaged in activities that supported the intervention, even if they were not able to attend traditional parent meetings. This finding suggests that school psychologists should encourage schoolwide support of all types of engagement, offer varied opportunities for parent activities, and encourage parents to participate in those activities that are most accessible to them. When planning an intervention, school psychologists should build in multiple opportunities for parents to support their children's services. In the initial conversation with each parent, it will be important to identify what type of engagement works for them and collaborate on ways to use that activity to help their child. For example, some parents cannot attend meetings, but may be open to completing activities with their child at home like the 20% of parents who completed home-based activities with their children in our study. School

psychologists can utilize evidence- and strengths-based, collaborative approach that can encourage both parents and school staff to value what parents are able to do, rather than focusing on what they are not doing. Furthermore, engaging parents in ways that work for them may keep them from dropping out completely, which is more common among low-income families (Lakind et al., 2019).

Study findings also suggest that a mechanism for increasing parent engagement may be building relationships with mental health therapists, who may be within or external to the school, and who may be particularly useful in situations where families do not have positive relationships with the school. Along with providing transportation and/or childcare assistance, relationship-building may be especially important for increasing attendance at school meetings, which are likely to be a valuable medium for providing parents with information above and beyond phone or digital communication. In the current study, low-income parents were less likely to attend meetings despite practical barriers being addressed, but those parents with stronger relationships with study therapists attended at higher rates. Similar to the relationship-building activities completed by staff therapists in the current study, other studies have also utilized frequent phone calls, in-person contacts, and encouragement via notes home (Ingoldsby, 2010). Each contact with parents can be viewed as a way to continue to build that relationship. Even short contacts can be leveraged to update parents on skills taught in session, solicit parent concerns and ideas, and encourage parents to reinforce skills at home. Further, these contacts can be embedded through interventions by all school staff, not solely the responsibility of school psychologists, guidance counselors, or teachers. For example, LaKind et al. (2019) demonstrated that paraprofessionals could effectively promote positive parenting strategies through parent groups, home/community visits, and short contacts in-person at school pickups/drop-offs or via

phone or text. In addition, many school-based mental health interventions, such as the Incredible Years® Program, include training for both parents and teachers (Webster-Stratton & Reid, 2018). This could have implications for school psychologists to encourage parent-therapist-teacher collaborations via concurrent training and joint consultation.

Text messaging shows promise as a way to enhance parent engagement in home-based interventions (Bigelow et al., 2020). Future research could examine the relative efficacy of contact methods in building relationships and encouraging parental engagement. Further, the recent expansion of use of video conferencing tools for remote learning and telehealth opens new avenues for initiating and maintaining contact with families (NASP, 2020). Multiple parenting interventions have shown efficacy and acceptability when delivered using telehealth (e.g., Reese et al., 2015; Taylor et al., 2008), which highlights the potential benefits of integrating video conferencing into school-based services. The COVID-19 pandemic has by necessity increased school psychologists' use of telehealth to interact with children and families; however, the implications for equity in service provision remains unclear, with many under-resourced families still lacking access to computers and high-speed internet (Falicov et al., 2020; NASP, 2020). Future research could elucidate whether this results in increased engagement among low-income families who previously encountered logistical barriers to traditional on-site school activities.

Finally, school psychologists and other school mental health therapists should not feel discouraged from attempting to engage parents who may have a negative or conflictual relationship with their child's teachers or other staff. The current study found that relationship with therapist was not related to relationship with school. Therefore, even if parents are not involved already due to negative relationships with teacher or school as a whole, an individual therapist may still be able to build a relationship that can be leveraged to improve engagement.

Given the importance of parent engagement in school-based mental health services for enhancing intervention outcomes (Clarke et al., 2015; Santiago et al., 2014; Villodas et al., 2013), exploring some of the approaches examined in this paper may be a valuable way to connect with some of those families who are hardest to reach and whose children may need the most support.

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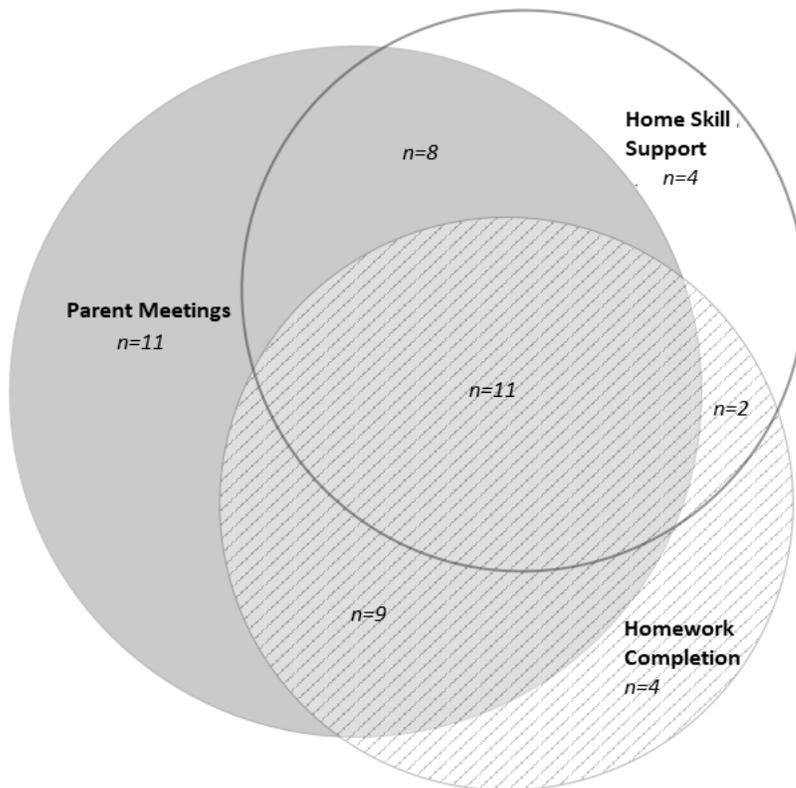
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Table 1***Frequency of Parent Engagement in Activities***

		<i>n (%)</i>	<i>M (SD)</i>
Meetings attended	0	4 (7.4%)	2.07 (0.97)
	1	11 (20.4%)	
	2	16 (29.6%)	
	3	23 (42.6%)	
Home Skill Support	Less than once per month	15 (30%)	12.76 (6.02)
	Once per month to less than once per week	14 (28%)	
	At least once weekly	19 (42%)	
Homework Completion	<50%	28 (52%)	48% (.30)
	≥50%	26 (48%)	

Figure 1

“High” Engagement Within and Across Modalities (n = 49)



Note: n = 5 not highly engaged in any activity; Definition of “High” engagement: parent meeting attendance >2; Home skill support & homework completion at or above mean for sample.

Table 2
Correlations between variables of interest

	1	2	3	4	5	6	7
1. Meeting Attendance	--						
2. Homework Completion %	.26	--					
3. Home Skill Support	.17	.25	--				
4. Group Leader Relationship	.30*	.09	.01	--			
5. School Relationship	.02	-.01	.27	-.01	--		
6. F/R Lunch ^a	-.44**	-.30*	-.21	-.03	-.10	--	
7. Child of color ^b	-.25	-.41**	.17	-.34	.17	.54**	--

Note: Ns=50-54

^aChild Race: 0=Child is white, 1=Child is of color

^bFree/Reduced Lunch: 0=no, 1=yes

* $p < .05$, ** $p < .01$

Table 3*Hierarchical Linear Model Results: Predictors and Covariates of Parent Engagement*

Fixed Effect	Meeting Attendance		Homework Completion		Home Skill Support	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Relationship with therapist	0.26*	0.11	-0.00	0.04	0.10	0.75
Relationship with school	0.00	0.04	-0.00	0.01	0.33	0.28
Child of color ^a	-0.03	0.33	-0.18	0.11	4.79*	2.22
Free/Reduced lunch ^b	-0.94*	0.36	-0.13	0.12	-5.14*	2.36

^aChild Race: 0=Child is white, 1=Child is of color, ^bFree/Reduced Lunch: 0=no, 1=yes

* $p < 0.05$