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# Children affected by mental illness and parental involvement

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# CHILDREN AFFECTED BY MENTAL ILLNESS AND PARENTAL INVOLVEMENT

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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 Social Work

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by
Lisa Louise Pirtle
June 2010

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June 2010

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# ABSTRACT

The following study looked at services provided to adolescents with mental illnesses or who are Severely Emotionally Disturbed (SED) among youth in a mental health setting. The study looked at parental perceptions of services provided by social workers to their adolescent. The data were collected by giving parents or caregivers two surveys regarding their involvement in their children's treatment. The sample consisted of twenty-seven participants from a mental health agency. The study gathered demographics as well as parental views regarding their interactions with social workers. The proposed study was correlational utilizing Spearman's correlation test. Findings indicated that there was no significant difference between the child's diagnosis and the way in which the parent perceived help with treatment. Social work with children and their families in mental health could be improved by supporting parents during the process of children's treatment. Instead of expecting parents to take an active role in treatment, social workers should attempt to help parents feel involved and empower them so that they want to be a part of treatment.

# ACKNOWLEDGMENTS

I would like to acknowledge several people who have assisted and guided me with this study. I would first like to thank God, because without his strength and belief in me, I could not have completed this project. I would next like to thank my parents, Linda, (Step-Dad), Candelario, and Tony for their support, encouragement, and belief in my abilities throughout this project as well through Graduate School. I next would like to thank my fiancé, Nicholas for his patience and love during this entire process. Special thanks to my big sister, Lora for all her helpful advice and confidence in me throughout this process.

To my research advisor Dr. Rosemary McCaslin, for her patience and guidance during difficulties and obstacles that arose during this study. Mr. Tim Thelander (the computer Genius), for his constant availability for formatting issues and questions about this thesis. I would like to thank Bilingual Family Counseling Services, Inc. and an Alcoholics Anonymous Club for their assistance in carrying this study out and allowing me to conduct my study in their agency. Last I would like to thank my close friends Dorene, Jessica, and Laura for

listening and believing in me. I am also so grateful to my cohort who walked alongside me throughout this journey and believed in me when I didn’t and lifted me up when I needed lifting.

# DEDICATION

I would like to dedicate the completion of this project to the parents of children with mental health issues and hope my work will contribute to the empowerment of parents that have children in the mental health system.

This thesis is further dedicated to my family for their love and support, to my fiancé, my mom, dad, and step-dad, and nephew Connor. I hope that my writing and work will inspire you to advocate for those who are not able to advocate for themselves.

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# CHAPTER ONE

# INTRODUCTION

This chapter described the problem within social work regarding parental involvement with youth suffering from mental illnesses or who are severely emotionally disturbed (SED). The area of specialization for the study is mental health and severe emotional disturbances. This study examined whether parents or caretakers that have children with a mental illness or a SED are properly involved in their child's treatment.

## Problem Statement

Children that suffer mental illnesses or are labeled SED receive a number of services from schools, hospitals, social workers, psychiatrists, and psychologists. The support and resources their parents may receive from these services can affect their overall care and outcomes from treatment. According to the National Institute of Mental Health [NIMH] (1999), in the U.S. today, one in ten children suffers from a mental disorder severe enough to cause some level of impairment. Fewer than one in five of these children receive treatment for their illness. According to the Substance Abuse Mental Health Service

Administration [SAMHSA] (U.S. Department of Health and Human Services, 1999), a campaign called Caring for Every Child's Mental Health Campaign is a national public campaign that is designed to increase public awareness about the importance of protecting and nurturing the mental health of young people. It fosters recognition that many children have mental health problems that are real, painful, and sometimes severe; it also encourages caregivers to seek early, appropriate treatment and services.

Many professionals in the health care field are concerned about children with mental illnesses or children that are SED. Professionals feel it is important that families are involved in the treatment of their adolescents with mental health disorders. Oftentimes clients do not think that they are involved in their child's treatment and feel that the professionals involved are not supportive of their family.

Among two organization's involved in these issues is The California Alliance of Child and Family Services (2007) is a statewide association of more than 130 private nonprofit child and family serving agencies that provides legislative and regulatory advocacy regarding a large range of policy issues. The Alliance represents member agencies to the Office of the Governor, State Legislature, Health Services Agency, Department of Finance, Department of Mental Health, Department of Social Services, Community Care Licensing Division, and Department of Education.

According to the Department of Mental Health (2008), The Mental Health and Services Act known as Proposition 63 which was passed in November 2004, is an act that defines serious mental illness among children, adults and seniors as a condition deserving priority attention. It was also passed to reduce the long-term impact on individuals, families, and state and local budgets resulting from untreated mental illness. Its purpose is to expand the kinds of service programs for children, adults, and seniors, to provide state and local funds to meet the needs of children and adults who can be identified and enrolled in programs under this measure, and to ensure that all funds are expended in the most cost effective manner.

The National Association of Social Workers [NASW] (2007) plays a huge role in children's mental health. Social workers are the largest providers of mental health services in the country. NASW is very active on legislation that affects social workers and their clients. The Mental Health Parity Act of 2007 is supported by the NASW. It provides security to more than 113 million Americans in health care plans by ensuring that the benefits and financial burdens assigned to behavioral health services are on the same level with medical and surgical benefits.

## Purpose of the Study

The purpose of the study was to determine if parents are involved in services provided for children with mental illnesses or SED. Mental health issues are becoming more and more prevalent in youth and adolescents. According to the U.S. Department of Health and Human Services (1999), mental health for children refers to all diagnosable emotional, behavioral, and mental disorders. They include depression, attention deficit/hyperactivity, anxiety, conduct disorders, and eating disorders. Mental health problems affect one in five young people. By definition, Serious Emotional Disturbances (SED) refers to the above mental disorders when they severely disrupt daily functioning in home, school, or community. SED affects one in every ten young people. Mental health is referred to as how people think, feel, and act as they are confronted with life's situations. It affects how people handle stress, relate to one another, and make decisions.

The type of research design that was used for this study was a needs assessment survey that was given out by two receptionists in a mental health clinic to parents or caregivers of children with mental illnesses or SED. The study consisted of questions using a Likert scale from one to five, one meaning not at all satisfied and five meaning extremely satisfied.

The study was conducted at Bilingual Family Counseling which provides individual counseling, family counseling, couple/marital counseling, school-based counseling, anger management groups, and support groups for girls. The agency also provides drug and alcohol treatment which includes individual assessments, group treatment, parenting classes focused on parents in recovery, and anger groups.

## Significance of the Project for Social Work

The study was needed so that social workers can provide services that are beneficial to parents or caregivers of children with a mental illness or SED. Social workers can also be aware of how they affect clients and have a huge impact on them. Agencies may possibly consider lowering the caseload of social workers so that the workers are able to spend more time with their clients and provide better services to their clients.

The study can contribute to policies by improving the long-term effects on children with mental illnesses, expand services that are currently provided to adolescents and their families with mental illnesses, and possibly reduce the number of mental illnesses that are left untreated.

According to Zastrow and Kirst-Ashman (2007) social work practice involves several steps. The first is assessment, where the problem or situation is analyzed and understood. Second, a plan is developed in which the goals are selected and specified. The third step is implementation; this is the doing part of the process. The fourth step is evaluation, which is progress toward solving the problem. The last step is termination, which includes ending the process and summarizing what has been accomplished (p. 5).

The phase of the generalist intervention process that was informed by this study was evaluation. Social workers already involve parents in their children's treatment. This study evaluated whether or not parents are satisfied with the services they receive. The study will help to solve the problem of parents feeling as if they are not involved in their child's treatment. It will help agencies evaluate ways to help parents feel that they are an important part of their child's treatment. It will also give parents an opportunity to take an active role in their child's treatment as well as feel supported in such a difficult process of treatment. The research question was, are parents involved when services are provided for children with mental illnesses or SED?

# CHAPTER TWO

# LITERATURE REVIEW

## Introduction

This chapter will review previous literature that analyzes systems of care, identifies the needs of mentally ill children as well as family and professional collaboration in children's mental health, and focuses on parental views about services for children attending schools for the severely emotionally disturbed (SED).

## Theories Guiding Conceptualization

One of the theories that relates to this study is The Life Model. According to Germain and Gitterman (1980), The Life Model is used to improve the level of fit between people (individual, family, group, community), their perceived needs, capacities, and aspirations and their environmental supports and resources. Also, the social worker and client determine practice focus by choosing to improve a person's ability to manage stressors through more effective personal skills, situational appraisals, and behavioral skills. The social worker and client can also be more responsive to a person's needs by changing the environment or setting (p. 7-10). This model begins where the client is. Social workers should take into account how difficult it is for a family with an adolescent suffering from a mental illness. By using this model, the social worker is able to look at the client's perceived capacities and aspirations.

Cognitive theory also relates to this study. The cognitive approach is based on the idea that a person's thinking is the principal determinant of emotions and behavior. It is problem focused, goal oriented, emphasizes the present, and teaches clients to identify, evaluate, and respond effectively to dysfunctional thoughts and beliefs (Cooper & Lesser, 2008, p. 142, 144). This theory is appropriate when helping parents with children suffering from mental illnesses because it can assist parents to recognize dysfunctional thoughts and beliefs as well as improve faulty beliefs and thinking. Several other theories are mentioned in Appendix A.

## Parental Involvement and Impact on the Family

Parents or caregivers that care for their mentally ill children experience emotional, financial, and social burdens (Angold et al., 1998, p. 75). Family strengths are related to the family's adaptation to a crisis. Families' resiliency was found in a family's ability to work together, participate in events related to their child's mental illness, and feel that change is normal and that it should bring about growth rather than threat (Greeff, Vansteenwegen, & Ide, 2006, p. 296).

Schacht, Pandiani, and Maynard (1996) evaluated participation of parents of level one systems of care (family involvement in service planning). They concluded that parents felt that they were not equal members in their adolescent's treatment indicating that it was usually or always the case. Half of the parents usually or always knew their child's legal rights (p. 353). Curtis and Singh (1996) found that self-reported perceptions of family involvement varied depending on the parent's gender and educational level. Mothers were more involved in treatment than fathers. Parents with graduate and professional degrees had lower levels of involvement than parents with less formal education.

The study also examined the relationship between family empowerment and family involvement. It was found that parents who perceived themselves as being knowledgeable about mental health delivery systems perceived themselves as being involved in their children's treatment (p. 513-514). Differing research found by Biegel, Song, and Milligan (1995) showed that 66% of parents reported satisfaction with professionals involved in their child's treatment and four percent were dissatisfied with services. The findings also showed that black caregivers had a wider range of involvement with mental health professionals than white caregivers (p. 480). Research also utilized by Hoefnagels, Meesters, and Simenon (2006) found that the positive perception of social support did not predict the adolescent's psychopathology outcome (p. 97).

In differing research regarding professionals perception of parents involvement in their child's treatment, professionals felt that parents were uninvolved in their child's treatment. A study conducted by Collins and Collins (1994) evaluated systems serving children and adolescents with serious emotional and behavioral problems. These programs, the Child and Adolescent Service System Program (CASSP) and Robert Wood Johnson Foundation programs, are emerging trends for emotionally disturbed children and adolescents.

The participants in the study were 30 mental health professionals (counselors, psychologists, social workers, psychiatrists, and psychiatric nurses) who have treatment planning, treatment provision, or both kinds of roles with emotionally disturbed children in mental health settings. Six focus groups were conducted. The professionals who shared their perceptions were frustrated with parents of children who were mentally ill. The professionals mentioned the high incidence of physical and sexual abuse in the histories of the children they treated and most professionals in the groups agreed that many of the adolescents' emotional problems were a product of their home environments. The professionals described the parents as "unwilling to address their own problems" and thought that parents expect professionals to "fix" or "cure" their children. The participants were described as burnt-out, hopeless, and disempowered. The professionals felt that the parents were not actively involved in their children's treatment and could have taken an active role to become involved in their children's treatment.

A study conducted by Bitterman, Daley, Misra, Carlson, and Markowitz (2008) found that parents were satisfied with services they received for their children with autism spectrum disorder. The Pre-Elementary Education Longitudinal Study (PEELS) was used to examine the preschool and early elementary school experiences of a nationally representative sample of 3,104 children ages three to five with disabilities. Telephone interviews were used to ask parents questions about their satisfaction with services; they were also asked about their household, its resources, and their family background. They were also asked about their satisfaction including the overall quality of special education, the child's program, teachers, and services received, and parent satisfaction with the amount of time their child spent with typical peers.

Ninety percent of parents reported that the services their children received were good or excellent. Ninety-one percent and 96% of parents of children with Autism Spectrum Disorder reported being satisfied or very satisfied with the program the child attended, the child's teachers, and the child's services received.

## Service Needs

Girls are more likely to be diagnosed with depression/dysthymia, anxiety, and adjustment problems, while boys receive more diagnoses of conduct-related disorders and Attention Deficit Hyperactivity Disorder [ADHD]. The seven most frequent presenting problems that lead to referrals are physical aggression, hyperactive/impulsive behavior, sadness, noncompliance, academic problems, substance abuse, and attention problems. Boys were more likely to have dual diagnoses with a secondary diagnosis of substance abuse (Liao, Manteuffel, Paulic, & Sondheimer, 2001, p. 53, 54).

It has been found that parent's treatment expectations for a child's psychiatric service differed significantly from evaluators' recommendations. For outpatient therapy, evaluator's recommended child psychotherapy, family therapy, and parental guidance. Parents preferred other therapy which is referred to as day treatment, hospitalization, residential treatment, and medication (Plunkett, 1984, p. 375).

Grosser and Vine (1991) found that caregivers worried about the future of their mentally ill children. Families described much needed services for their mentally ill adolescents such as sheltered or supported work, vocational skill development, recreational services, social skills development, case management, dental services, individual therapy, family/social support, group therapy, medication management, transportation, and medical services. The study did not find that parents of mentally ill adolescents felt uninvolved in treatment (p. 288).

A research study conducted on a discussion board on the internet found that family members used the internet to meet their needs for social support. Unfortunately, this study only consisted of seven participants, six of which were female (Scharer, 2005, p. 20).

Pollio, McClendon, North, Reid, and Jonson-Reid (2005) implemented a psychoeducation intervention in a school setting called PsychoEducation Responsive to Families Coping with Emotional Disorder (C-PERF) which was conducted with two groups of families. Families reported satisfaction with their experience in the groups. Participants also expressed their unhappiness with the child-focused nature of mental health services. Participants expressed a need for information about available resources in their community. Families were also concerned about problem behavior management, treatment, and medication (pp. 112, 114).

A study that surveyed school psychologists about their views regarding treating SED adolescents addressed professional opinions about SED and personal working practice with SED students, and recommendations. The survey responses indicated that 74% of school psychologists saw a stronger need for staff development among less experienced practitioners. Almost all (98%) of school psychologists agreed that for treatment to be effective with SED adolescents a multi-disciplinary approach was required involving collaboration between teachers, psychiatrists, school psychologists, and/or social workers. School psychologists identified lack of family involvement as the (most common) problem that blocks or creates obstacles to intervening more effectively (Topping & Flynn, n.d., p. 55, 58, 59). This conflicts with previous research which found that parents are not adequately involved in their adolescent's treatment by professionals.

Another study that conflicts with previous research is a study by Crawford and Simonoff (2003) where parents whose children attend emotionally and behaviorally disturbed (EBD) schools noted the positive effects of the environment on their child's behavior and development (p. 486). In the same study, parents in the focus groups explained that there was a lack of support for parents from social services; they stated that they dealt with professionals who were judgmental, and had a lack of training. The participants expressed concern over feeling powerless and remained concerned about lack of communication between service agencies (p. 487-488).

Esbjorn, Levin, Hoeyer, and Drybord (2008) conducted a study that assessed the association of psychiatric illness in childhood and family status compared to the parents background. It was found that there was no association between family status,the child's gender, and diagnosis. As far as age group and gender of the child, the association between family status and Axis I diagnosis became significant for preschool and school age boys and adolescent girls.

A study conducted by Frazier, Gathright, and Jackson (2007) found that a model called Positive Attitudes for Learning in School (PALS) that supports teachers, and encourages parental involvement in school. PALS also helps children develop peer relationships and assisted parents with involvement in their child's mental health. The PALS model was created to engage more families in services and to improve children's academic and social functioning. PALS developed an outreach activity referred to as a "parent party" and the goal was to familiarize kids and parents with PALS and to enhance families' social support networks. It was found that family services and contacts from parent parties and school events reaching 40-50% of families and community outreach and home visits by the community consultants reaching 70-75% of families.

## Summary

The literature review important to this study was presented in Chapter Two. Research has suggested that parents are concerned regarding their children's mental health and feel that they are not properly involved. Families often reported a need for more resources and support regarding their child's mental illness. This study examined whether or not parents or caregivers are involved when services are provided for children with mental illnesses or who are Severely Emotionally Disturbed (SED).

# CHAPTER THREE

# METHODS

This chapter discusses the specific purpose of the proposed study, indicates the research method that was used, and describes the sample from which data were obtained. It also states methodological implications as well as limitations of the study.

## Study Design

The purpose of the proposed study was to evaluate the way parents perceive the support they receive from social workers. The design for this study was quantitative. A quantitative design was the best approach for this study due to the fact that previous studies have utilized this method as well. Greeff, Vansteenwegen, and Ide (2006), for example, used six questionnaires in a study examining resiliency factors in families with a mentally ill family member.

This study hypothesized that social workers do not properly involve parents in their mentally ill or Severely Emotionally Disturbed (SED) child’s treatment. The limitations of the proposed study were that the findings will represent caregivers’ perceptions of their relationships with mental health professionals and do not reflect the mental health professionals' perceptions of their relationships with caregivers. Another limitation of the proposed study was that it did not examine caregivers' relationships with different types of mental health professionals. This study looked at whether parents are involved when services are provided for children with mental illnesses or SED.

## Sampling

The sample from which the data were obtained consisted of (twenty to thirty parents) or caregivers of children with a mental illness or SED. The sample was collected from a mental health agency called Bilingual Family Counseling. Surveys in Spanish and English (Appendices A & B) were held by the receptionists in the office when parents or caregivers check in. The receptionists reminded parents or caregivers that there was a survey available for their taking. There were also fliers in English and Spanish (Appendices G, H) posted in the office reminding parents or caregivers to take the survey to have their name entered in a drawing to win a Starbucks gift card. The children already had a diagnosis

The HBCL was measured using a test-retest correlation for the 28 items retained in the final version of the instrument. Of those items, 22 had significant test-retest correlations (Pearson's r). The significant correlations ranged from a low of .30 to a high of .86 (Cournoyer & Johnson, 1999).

Biegel, Song, and Milligan (1995) compared data from a 1991 survey with data from a similar group of caregivers surveyed in 1983 and from a 1990-1991 study of white and black caregivers in lower socioeconomic groups. The analysis showed that a significant minority of caregivers continued to be dissatisfied with their contacts with mental health professionals. The 1991 survey found that professionals did not involve caregivers in the treatment of their mentally ill family member.

The dependent variable for this study was parental involvement. Parental involvement was measured using 23 ordinal items summed to create an interval score. Parental involvement was measured using two separate questionnaires combined into one survey. The independent variables for this study were demographics including the race, ethnicity, and gender. Socioeconomic status, marital status, and income were also looked at. The independent variables; race, ethnicity, and gender were measured using nominal levels of measurement.

## Procedures

The data were gathered by questionnaires in English and Spanish (Appendices A & B) given to parents or caregivers of children with mental illnesses or SED. Participation was solicited as voluntary and data collection took place in a private and confidential setting. The receptionists informed clients of the surveys when clients checked in. Fliers were placed in the lobby regarding the study in English and Spanish (Appendices G & H). The fliers stated that the participants would pick a ticket to have their name drawn in a contest to win a Starbucks gift card. The receptionist kept a jar of raffle tickets at the front desk and gave the client one side of the raffle ticket and drew numbers twice during the study and posted the winning number on a white board in the lobby of the agency. The surveys were returned to the receptionists. Consent forms (Appendices C & D) were given so the participants were aware that the participation in the study was voluntary. The participants were only required to mark an "X" in the "signature line" in order to maintain confidentiality.

## Protection of Human Subjects

The parents or caregivers at the facility were able to choose whether they wanted to participate in the proposed study. If they chose to participate, they were given the survey by a receptionist at the agency to take in the lobby. Participants were given informed consents in English and Spanish (Appendices C & D) before taking the survey as well as given a debriefing statement in English or Spanish (Appendices E & F) after the instrument was administered. The surveys were completed in the waiting room office of the facility and were returned to the receptionist. The surveys were kept in a locked filing cabinet.

## Data Analysis

Quantitative procedures were utilized to answer the research question using two surveys given to parents or caregivers of children that have a mental illness or SED. The questions were geared to assess parent's perceptions and beliefs about how social workers involve them in their child's treatment.

The concepts, constructs, and variables used for the study are parent's income, SES status, gender, ethnicity, adolescent's age, and marital status of the parents. This study was correlational using a spearmen's correlation.

## Summary

The proposed study examined parental perceptions regarding the treatment of their child with a mental illness or SED. The data were collected by giving parents or caregivers two surveys regarding their involvement in their children's treatment. The sample consisted of twenty-seven participants from a mental health agency. The study gathered demographics as well as parental views regarding their interactions with social workers. The proposed study was correlational utilizing Spearmens correlation test.

Table 1. Sample Characteristics

| Characteristics (N = 27) | N (%) or M (SD) |
|---|---|
| Ethnicity | |
| Latino | 16 (59.3) |
| Caucasian | 5 (18.5) |
| Other | 6 (2.2) |
| Gender | |
| Men | 2 (7.4) |
| Women | 25 (92.6) |
| Marital Status | |
| Single | 6 (22.2) |
| Married | 9 (33.3) |
| Divorced | 5 (18.5) |
| Separated | 7 (25.9) |
| Annual Income | |
| 20,000-30,000 | 12 (57.1) |
| 30,000-40,000 | 5 (23.8) |
| 40,000-50,000 | 1 (4.8) |
| 60,000-70,000 | 1 (4.8) |
| 70,000-Up | 2 (9.5) |

# CHAPTER FOUR

# RESULTS

This chapter provides information regarding the demographic and descriptive summary of the sample. This chapter also provides and discusses parental satisfaction with the mental health services their children received. The questions for this study were taken from the Helping Behavior Checklist List (HBCL). The questions that were used to determine parental satisfaction with their children's mental health services were rated on a five point Likert scale as well as nominal measurement. Table 1 presents descriptive data on the sample of caregivers and parents of children with mental health issues.

## Demographic and Descriptive

## Summary of the Sample

This study examined parents' perception of their involvement in their children's mental health treatment. Table 1 presents descriptive data on the sample of parents and caregivers. The sample consisted of 27 participants. The majority of the participants consisted of women, which were 92.6 percent and 59.3 percent of the sample was Latino. Over half (57.1%) made 20,000 to

30,000 and 23.8 percent made 30,000 to 40,000. Of the sample, 25.9 percent were separated, 18.5 percent were divorced, 33.3 percent were married, and 22.2 percent were single.

## Presentation of the Findings

The research question, are parents involved in services provided to children with mental health issues or Severely Emotionally Disturbed (SED) was tested using Spearmens correlations tests. The tests measured whether parental involvement was affected by demographics, race, ethnicity, gender, marital status, and income.

Findings indicated that there was no significant difference between the child's diagnosis and the way in which the parent perceived help with treatment. Table 2 shows that 52.0 percent of the parents were unsure whether their child had received a diagnosis or not, 20.0 percent had received a diagnosis, and 28.0 percent did not receive a diagnosis for their child with a mental health issue. There was also no significance between the professional helper that was listed and the parent's perception of the helpfulness of treatment. It was also found that there was no significance between gender of the parents and the child's diagnosis.

Table 3 shows one of the questions in the survey that asked about parents' overall satisfaction with their child's progress since treatment began. Most (81.5%) of parents answered that they were satisfied with the services provided to their children.

Table 2. Diagnosis

| Did your child received a diagnosis? | N (%) or M (SD) |
|---|---|
| No | 5 (20.0) |
| Yes | 7 (28.0) |
| Unsure | 13 (52.0) |

Table 3. Satisfaction

| Overall, are you satisfied with your child's progress since treatment began? | N % or M (SD) |
|---|---|
| No | 2 (7.4) |
| Yes | 22 (81.5) |
| Somewhat | 3 (11.1) |

## Summary

This chapter provided information about the outcomes of this research project which measured whether parental involvement was affected by demographics, race, ethnicity, gender, and marital status. The findings indicated that parents were satisfied with their involvement in their children's mental health treatment.

# CHAPTER FIVE

# DISCUSSION

## Introduction

This chapter discusses the reasons why parents in this study were satisfied with the mental health services their child received and why gender, ethnicity, marital status, and income had no significance regarding the results. This chapter also discusses some of the limitations that were revealed during the process of completing this research project. Also provided will be recommendations for the social work profession in the areas of practice, policy, and research.

## Discussion

Overall the parents and caregivers were satisfied with their involvement in their children's mental health treatment. Parents' gender, marital status, income, and ethnicity did not affect parental involvement. In a similar study conducted by Bigel, Song, and Milligan (1995), 66% of caregivers were satisfied with services provided to them and their mentally ill child.

This study hypothesized that parents are not properly involved in their children's mental health care treatment and social workers are not involving parents or caregivers of mentally ill children in treatment. The bulk of previous research had shown that parents are not properly involved in their children's mental health treatment. Research conducted by Schacht, Pandiani, and Maynard (1996) found that parents did not feel involved in children's treatment in a level one treatment of care facility. Level one treatment of care is a philosophy that includes services that are family-focused, individualized, culturally competent, least restrictive, and coordinated with parents and families as full partners with professionals in treatment planning and decision-making processes. Grosser and Vine (1991) also found that parents were not satisfied with services provided by social workers. Pollio, McClendon, North, Reid, and Jonson-Reid (2005) found that parents were unhappy with the child focused nature of mental health services and felt a need for resources that were not given.

This study measured gender, income, marital status, and ethnicity and parents perception of involvement in their children's treatment and found past research has shown that demographics have had an impact on parents involvement in children's mental health treatment. Curtis and Singh (1996) found that parent's gender and educational level affected their involvement in their children's mental health treatment. Parents that had a graduate degree were more likely to be involved in their children's treatment than parents without. Biegal, Song, and Milligan (1995) found that black caregivers had a wider range of involvement in their children's mental health treatment.

Previous studies also measured the social workers' perceptions of parental involvement in child's mental health treatment. The social workers usually felt that parents were uninvolved and failed to assist their children during treatment planning. In a study conducted by Collins and Collins (1994), social workers stated that parents were not involved in treatment and there was a high incidence of sexual and physical abuse which contributed to the child's diagnosis. The parents also felt that the social workers should "fix" or "cure" their child and did not see their part in treatment. Topping and Flynn (n.d.) received school psychologist's perceptions regarding parental involvement and they felt that the most common problem in children's treatment was lack of family involvement.

There are several possible reasons why these study's findings differed from previous research. Bilingual Family Counseling Services might include parents in their children's treatment and the social workers may be trained to make parents and caregivers feel that they play a part in their child's treatment. The agency may also receive referrals for children and youth that have diagnoses in the DSM-IV-TR under the V codes or suffering from depression and anxiety. V codes are other conditions or problems that may be the focus of clinical attention. Some examples are: 1) Partner Relational Problem, 2) Relational Problem Related to a Mental Disorder of General Medical Condition, 3) Sibling Relational Problem, 4) Problems of Abuse or Neglect, 5) Noncompliance with Treatment, 6) Malingering, 7) Adult Antisocial Behavior, 8) Borderline Intellectual Functioning, 9) Age-Related Cognitive Decline, 10) Bereavement, 10) Academic Problem, 11) Occupational Problem, 12) Identity Problem, 13) Religious or Spiritual Problem, 14) Acculturation Problem, and 15) Phase of Life Problem. With such problems, parents may not be as concerned regarding their children's treatment in the agency. If parents had children with a more severe diagnosis, it might be more likely that they would be involved in treatment planning for their child.

Since several of the parents that took this survey were Spanish speaking, there may have been a cultural issue as to why parents answered that they were satisfied with services. Also, parents may feel that the therapist/counselor is like a teacher and must be treated with respect. Parents may have not understood the way the survey was worded and felt afraid to ask for help.

Additionally, the parents or caregivers who took the survey often listed more than one child. Therefore, the parent may have been rating their overall satisfaction with mental health services for all of their children with mental health issues.

## Limitations

One of the main limitations of this research study is the sample size. The fact that only 27 parents returned the survey is a limitation because the findings may not be generalizable to a larger population of parents and caregivers that have children with mental health issues or are Severely Emotionally Disturbed (SED).

Some other limitations of the proposed study are the translation of the Spanish surveys and confusion among parents taking the surveys. The way in which the questions were translated was slightly confusing for Spanish speaking parents. Clients also gave answers with explanations instead of answering the questions using the Likert Scale or answering yes, no, or unsure.

Another limitation includes the lack of diversity among caregivers and parents. The majority of the surveys were given to women and a few men. The surveys were also taken primarily by Latina women which also makes it difficult to generalize the findings of this research project past this sample.

Another limitation of this study was that some of the surveys were filled out about interns, who do not have a lot of experience and are just learning how to open cases, complete assessments, and build therapeutic relationships with clients.

This study was also limited because it did not gain a perspective from the social worker working with the family. Oftentimes, social workers feel that the parents of children with mental health issues are not involved in their children's treatment because they do not want to be involved. Social workers may feel that they try to involve families; however, they fail to respond.

## Recommendations for Social Work Practice, Policy and Research

The findings of this research do not suggest that the social work profession no longer needs to emphasize including parents of children who receive mental health services in their treatment. It is important that parents are involved in their children's treatment so that their children are able to overcome mental health issues. Social workers need to take the time to involve parents in their children's treatment. The children are usually not able to advocate for themselves; therefore, parents need to take an active role and participate in their child's treatment.

Silverman, Kurtis, and Jaccard (2009) conducted a study which compared cognitive behavioral therapy (CBT) with minimal parent involvement to CBT with active parent involvement in a sample of 119 adolescents with anxiety disorders. It was found that adolescent's anxiety was reduced when parents were minimally involved or actively involved in their treatment. This shows that even if parents are minimally involved in treatment, the outcomes are positive for the children.

Social work with children and their families in mental health could be improved by supporting parents during the process of children's treatment. Instead of expecting parents to take an active role in treatment, social workers should attempt to help parents feel involved and empower them so that they want to be a part of treatment.

## Conclusions

This chapter provided information regarding parental involvement in children's mental health issues or with Severely Emotionally Disturbed (SED) youth. A synopsis of other research findings was also presented. The explanations of these findings assisted in discussing parental involvement in children's mental health. Overall, parents need to be involved in their children's treatment in order for services to beneficial and successful.

# APPENDIX A

# PARENTS' PERCEPTIONS OF MENTAL HEALTH PROFESSIONALS

## Helping Behavior Checklist

**Instructions**: This questionnaire is about the kinds of things professional helpers may do and your opinions about services you have received. Decide if these statements are true of the helper being rated. Indicate your choice by placing an "X" in the brackets under your choices. Try to rate each statement. If you don't understand or can't rate any item, check the column "Don't Know". Please rate an "X" in the brackets including Almost Always True, Often True, Seldom True, Almost Never True, and Don't Know.

**Please answer the following:**

What is your race/ethnicity? African American, Asian, Latino, Native American, Caucasian, Other.

What is your gender? Female, Male

What is your annual income?
20,000-30,000 ______
30,000 40,000_______
40,000-50,000_______
50,000-60,000_______
60,000-70,000_______
70,000-Up__________

What is your marital status?
Single_____
Married_____
Divorced_____
Separated_____

What is your child's age?

________________

## Helping Behavior Checklist

**Instructions**: This questionnaire is about the kinds of things professional helpers may do and your opinions about services you have received. Decide if these statements are true of the helper being rated. Indicate your choice by placing an "X" in the brackets under your choices. Try to rate each statement. If you don't understand or can't rate any item, check the column "Don't Know". Please rate an "X" in the brackets including Almost Always True, Often True, Seldom True, Almost Never True, and Don't Know.

**The Professional Helper:**

1. Was courteous.
2. Explained clearly what I needed to do to help my child.
3. Suggested that my skills as a parent contributed to my child's problem.
4. Understood what I have been going through.
5. Took time to answer my questions or listen to my ideas.
6. Didn't involve me in important decisions concerning my child's treatment.
7. Valued my opinion about my child.
8. Didn't seem to know very much about my child's problem.
9. Provided services which helped my child.
10. Indicated to me that I was doing my best for my child.
11. Implied that my emotions were harming my child.

Please check the following as "yes", "no", or "unsure".

Did the professional helper do any of the following?

12. Inform me about risks associated with treatment.
13. Help me make decisions about treatment.
14. Help me find other services when he/she couldn't help.
15. Refuse to provide reasonable access to records I asked to see.
16. Give me accurate information about how services would help my child.
17. Give information about my child or me to someone without my permission.
18. Refuse to serve my child when I complained about something.
19. Continue to provide services even when they were no longer helpful.

Please answer these additional questions.

20. **Check the professional helper being described**: Clergy (pastoral counselor), Family therapist, Medical doctor (not a psychiatrist), nurse, Psychiatrist, Psychologist, Social Worker, Vocational rehabilitation counselor, school guidance counselor, other (please specify).
21. Was the person you have rated the only mental health professional that saw you or your child? Yes or No?
22. If your child received a diagnosis, what was it?
23. Overall, are you satisfied with your child's progress since treatment began? No, Somewhat, Yes

# APPENDIX B

# PARENTS' PERCEPTIONS OF MENTAL HEALTH PROFESSIONALS IN SPANISH

## Helping Behavior Checklist

**Instruciones**: Este cuestionario es sobre las acciones que los ayudantes profesionales hacen y su opinion sobre los servicios que usted ha recivido. Decida si estas declaraciones son verdaderas del ayudante professional. Trate de responder todas las declaraciones. Si no entiende o no puede dar su opinion sobre una declaracion, por favor poner "No Se". Por favor decida si la declaracion es "Casi Siempre Verdara", "A Menudo Verdara", "Rara Vez Verdadera", "Casi Nunca Verdadera", o "No Se".

**Por favor responda sobre lo siguiente:**

Cual es su raza/grupo etnico? Afro-Americano, Asiático, Latino, Americano Indígena, Caucásico, Otro. ________________________________.

Cual es su sexo? Hombre, Mujer ________________________

Cual es su ingreso anual?
  20,000-30,000 ____________
  30,000-40,000 ____________
  40,000, 50,000 ____________
  50,000-60,000 ____________
  60,000-70,000 ____________
  70,000 – o mas ____________

Cual es su estado civil?
  Soltero __________
  Casado __________
  Divorciado ______
  Separado ________

Cual es la edad de su hijo/a?

  ___________________

**El Ayudante Profesional**: Por favor decida si la declaracion es "Casi Siempre Verdara", "A Veces Verdara", "Rara Vez Verdadera", "Casi Nunca Verdadera", o "No Se".

1. Fue cortés. ____________
2. Explico cla ramente lo que yo tengo que hacer para ayudar a mi niño. ________
3. Sugirio que mis habilidades como padre contribuyeron al problema de mi niño. ________________
4. Entendio lo que me ha estado pasando. __________
5. Se dio tiempo para contestar mis preguntas o escuchar mis ideas. __________
6. No me involucro en decisiones importantes acerca del tratamiento de mi niño. ________
7. Valoró mi opinión sobre mi niño. _____________
8. No pareció saber mucho sobre el problema de mi niño. _____________
9. Dio servicios que ayudaron a mi niño. ______________
10. Indico que yo hago todo lo posible para mi niño. ______________
11. Implicó que mis emociones dañaban a mi niño. ______________

Por favor señale lo siguiente como "Sí", "No", o "Inseguro"

El ayudante profesional hizo cualquiera de los siguientes?

12. Me informo de los riesgos asociados con el tratamiento. ______________
13. Me ayudo a tomar decisions sobre el tratamiento. ______________
14. Me ayúdo a encontrar otros servicios cuando él/ella no podía ayudar. ______________
15. Nego darme acceso razonable a archivos que pedi ver. ______________

16. Me dio información exacta sobre como los servicios ayudarían a mi niño. ________________

17. Dio información sobre mi niño o mí a alguien sin mi permiso.

    ________________

18. Rechazo servir a mi niño cuando me quejé de algo.

    ________________

19. Siguio proporcionando servicios aun cuando ellos eran ya no provechosos. ________________

Por favor conteste estas preguntas adicionales.

20. Marque el Ayudante Profesional que usted esta describiendo. Clero (consejero pastoral), terapeuta de Familia, doctor Médico (no un psiquiatra), enfermera, Psiquiatra, Psicólogo, Trabajador Social, consejero de rehabilitación Profesional, consejero de dirección escolar, otro (por favor especifique

21. La persona que usted ha descrito es el único profesional de salud mental que vio usted o su niño? ¿Sí o No? ____________________

22. Sí su niño recivio un diagnostico, cual fue?

    ______________________________

23. En general, está usted satisfecho con el progreso de su niño desde el comienzo del tratamiento? No, Algo, Sí ________________

# APPENDIX C

# INFORMED CONSENT

# INFORMED CONSENT

This study is being conducted by Lisa Pirtle, a Masters in Social Work (MSW) student at California State University, San Bernardino under the supervision of Dr. Rosemary McCaslin, Professor of Social Work.

You will be asked to respond to two surveys, the first one consisting of six questions, the second survey consisting of 23 questions. The first survey will ask you rate the helpfulness of mental health professionals. The second survey will evaluate parent's perceptions of mental health professionals. The questions should take 15-20 minutes to complete. All of the responses will be held in the strictest of privacy by the researchers. Your name will not be used with your responses. All data will be reported in group form.

Your participation is voluntary. You are free not to answer any questions and to stop at any time during this study. The agency will not know whether or not you participate and it will not affect any services you receive at this time. When you have completed the survey you will receive a form that describes where to go to see the findings.

If you have any questions or concerns about this study please feel free to contact Dr. Rosemary McCaslin, Faculty Supervisor, (909) 537-5507.

This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino. There are no foreseeable risks or benefits to you.

By marking below I realize that I have been informed of and understand what this study is about and I freely consent to this individual's participation. This study has no foreseeable risk or benefit for you to participate at this time.

Marking: ____________________

Today's Date: ______________________

# APPENDIX D

# INFORMED CONSENT IN SPANISH

## Consentimiento Informado

Este estudio esta siendo conducido por Lisa Pirtle, estudiante de Maestria en Servicio Social de la Universidad Estatal de California San Bernardino, bajo la supervision de la Doctorea Rosemary McCaslin, profesora de Servicio Social.

Se le formularan preguntas en dos cuestionarios. El primero consiste en 6 prguntas, el segundo consiste en 23 preguntas. El primer cuestionario se le preguntara que evalue la ayuda proporcionada por los profesionales de salud mental. El segundo cuestionario evaluara la percepcion de los padres en relacion a los profesionales de salud mental.

Las preguntas deberian tomar entre 15 a 20 minutos para ser respondidas. Todas las respuestas seran mantenidas estrictamente privadas por los investigadores. Su nombre no sera usado en sus respuestas. Toda la informacion sera reportada en forma grupal

Su particiapcion es voluntaria. Usted es libre de no responder cualquier pregunta y terminar en cualquier momento durante este estudio. La agencia no sabra si usted participo o no en este estudio y esto no afectara ningun servicio que usted recibe en este momento. Cuando usted haya terminado estos cuestionarios usted recibira una forma que describe donde ver los resultados de este estudio.

Si usted tiene alguna pregunta o preocupacion acerca de este estudio por favor sientase libre de contactar a la Doctora Rosemary McCcaslin supervisora de la facultad al 909-537-5507

Este estudio ha sido aprovado por el subcomite de la escuela de trabajo social de la Universidad Estatal de Califorina- San Bernardino. No existen riesgos ni beneficios para usted al participar.

Por mi firma abajo acredito que he sido informada y entiendo de que es el estudio y accedo a mi participacion individual. Este estudio no traera riesgos ni bebeficios para usted.

Fecha de hoy:

Mark X: __________

# APPENDIX E

# DEBRIEFING

## Debriefing

The study in which you participated evaluated parental involvement in their child's treatment for mental illness or Severe Emotional Disturbance (SED) conducted by Masters in Social Work Student, Lisa Pirtle. Parents often feel that they are not properly involved in their child's treatment for mental health services. This study will evaluate parental perceptions of the treatment of their child regarding mental health services.

If you have any concerns regarding this study, please feel free to contact Dr. Rosemary McCaslin, Faculty Supervisor (909) 537-5507. The results of this study will be available September 25, 2010 at California State University, San Bernardino as well as Bilingual Family Counseling.

# APPENDIX F

## DEBRIEFING IN SPANISH

## Interrogar

El estudio en el cual usted participo evaluo el compromiso de los padres en el tratamientp de enfermedades mentales o Severos Disturbios Emocionales (SED) conducidos por la estudiande de Maestria en Servicio Social, Lisa Pirtle. Los padres frecuentemente se sienten que no estan propiamente involucrados en el tratamiento de los servicios de salud mental del nino.

Si usted tiene preguntas o dudas , sientase libre de contactara la doctora Rosemary McCaslin supervisora de la facultad al 909-537-5507. Los resultados de este estudio estaran disponibles en Septiembre 25, 2010 en la Universidad Estatal de California - San Bernardino asi tambien en Bilingual Family Counseling.

# APPENDIX G

# FLIER

**PARTICIPANTS NEEDED FOR RESEARCH STUDY REGARDING PARENTAL INVOLVEMENT IN CHILDREN'S MENTAL HEALTH TREATMENT**

TAKE THIS SHORT ANONYMOUS SURVEY AND HAVE YOUR NAME PLACED IN A DRAWING TO WIN A $25.00 STARBUCKS GIFT CARD!

For questions please contact Lisa Pirtle at Bilingual Family Counseling at (909) 986-7111

# APPENDIX H

# FLIER IN SPANISH

**Necesitamos participantes para un estudio de investigacion en relacion al compromiso de los padres en el tratamiento de la salud mental en los ninos.**

**Tome esta encuesta anonima. Ponga su nombre para participar en una rifa para ganarse una tarjeta valuada en $25.00 para Starbucks!!!**

Si tiene preguntas, por favor contacte a Lisa Pirtle: Bilingual Family Counseling (909) 986-7111

# APPENDIX I

# TREATMENT APPROACHES

## Treatment Approaches

Theories that have guided past research are the model of stress and coping. Lazarus, 1991, 1999; Lazarus & Folkman, 1984 as quoted in Scharer (2005, p. 18) states that coping and social support are variables important to the outcome of the stress of the difficult situation.

Dreier and Lewis (1991) used the family-focused approach that offered parents maximum involvement in their children's treatment and a parent support group. The group was designed to help parents engage with staff, help them feel less fearful of their child's hospitalization, and strengthen the alliance between staff and parents (14, 1-4).

In a study conducted by Pollio, McClendon, North, Reid, and Johnson-Reid (2005), a multifamily group intervention was developed which was called PsychoEducation Responsive to Families Coping with a Child with Emotional Disorders (C-PERF). The model is based on the presumption that the difficulties inherent in coping with children's mental disorders are not unique to individual diagnoses (p. 112).

The main theory used in Topping & Flynn's study was the psychodynamic approach. Behavioral approaches which change inappropriate behavior and reinforcement of appropriate behavior were also used (pp. 39-40).

Scharer's (2002) study used the model of care which views parents as experts on their children and uses parental partnership in treatment (p. 622).

Other theories used were the Resiliency Model of Family Stress which emphasizes two phases that the family experiences that are the adjustment and adaptation phase and Cognitive Behavioral Therapy.

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