



Building Bridges

For Children's Behavioral Health

Results of Focus Group with Spanish Speaking Parents, February 2010

Addendum to: Results of Key Informant Interviews
and Focus Groups, September 2008

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Introduction

Building Bridges for Children’s Behavioral Health is designed to build a statewide system to support and sustain the integration of public schools and local behavioral health systems that will lead to increased access to behavioral health services and improved outcomes for school-aged children. It will accomplish this goal by integrating two complementary approaches currently in place in many Colorado communities: Positive Behavior Supports (PBS) from the education system, which is based on a preventive or public health framework, and System of Care (SOC) from the behavioral health system, which focuses on children and youth with serious mental health issues and those with co-occurring disorders. Both approaches have corresponding values and guiding principles that will drive the systems change process leading to a full continuum of behavioral health services and supports for Colorado’s students.

Participants and Recruitment. This document contains key narrative findings collected from a focus group with Spanish speaking parents held at an elementary school in the Denver metro area. This focus group was conducted to ensure that the initial findings were culturally relevant for this substantial and growing part of the Colorado community. This focus group examined these parents’ experiences with schools supporting their children with behavioral needs.

The focus group was conducted with an existing family support group at the elementary school. The group is supported by the Federation of Families for Children’s Mental Health ~ Colorado Chapter and the regular facilitators led the focus group and took notes in order to maintain a high level of trust and comfort among the participants.

Structure of the Focus Group. The focus group was conducted in Spanish by Federation of Families for Children’s Mental Health support group facilitators and lasted approximately one hour. Participants were asked a variety of questions concerning their experiences within schools meeting their/their child’s needs. Facilitators translated their notes into English for CSI researchers to analyze.

As this report is an addendum to the original key informant and focus group results from Mesa County, the analysis explored the extent to which the information collected from participants matched or did not match the School Capacity themes identified in the Mesa County report. Please refer to the original report for a complete list overall themes: “Results of Key Informant Interviews and Focus Groups, September 2008”. The table on the following page outlines the Themes in both reports as well as the first addendum that included results from statewide survey of parents and a focus group with youth from across the state, identifying where overlaps exist.

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Category 1: School Capacity		# of Matching Theme in Mesa Report	Matching Theme from Spanish Speaking Parents
Theme A	Children with special needs, including behavioral health issues, face judgment and misunderstanding from some of their peers, teachers, principals, and other school staff.	Theme 1	√
Theme B	Many teachers, principals, and other school staff need additional training to improve their ability to meet the needs of children who have behavioral health issues.	Theme 2	√
Theme C	A strengths-based, positive approach such as Positive Behavior Supports makes a significant difference in how families and children experience the school environment.	Theme 3	√
Theme D	Schools may be able to better meet the needs of children with behavioral health issues if they more actively engage parents and other volunteers available in the community.	Theme 4	√
Theme E	Youth need positive supports to address behavioral health needs and other challenges.	No matching theme	No matching theme

Spanish Speaking Parent Focus Group Participants	<ul style="list-style-type: none"> • Fifteen parents participated in the focus group. • Two out of the 15 speak Spanish and English and the other 13 speak Spanish only. • Eight parents reside in Jefferson County, 6 in Denver County and 1 in Adams County. • One family earns \$42,000 annually while the other 14 earn \$8-12,000 annually. • One family owns their own home; 4 live in apartments; 8 live with extended family members (qualifying them as homeless); and 2 live in shelters • Two are 2-parent households while the other 13 consist of single mothers • In total, 42 parents reported that their child had mental health needs <ul style="list-style-type: none"> ○ No parents stated their child had substance abuse issues, although some reported their child had received services at a substance abuse center ○ Six parents classified their kid's needs as "Other Health Issues" but clearly described the health issue as a mental health need (e.g. ADHD, PTSD, Bipolar). They have been included in the total above. • Their children represented grades 1-12 with the exception of 11th grade • Their children's behavioral health issues were largely identified as ADHD/ADD but
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also included aggressive defiant, conduct and mood disorders.

Category 1: School Capacity

Theme A/1

Children with special needs, including behavioral health issues, face judgment and misunderstanding from some of their peers, teachers, principals, and other school staff.

Parents who speak Spanish also find the need for schools to teach students compassion and tolerance for each other's differences, including behavioral health, but also for cultural, linguistic and social differences. They highlighted the need for school staff to be trained comprehensively in cultural competency, including behavioral health as well as cultural, social and linguistic differences. Not only did they express the need for training to better meet the individual needs of their students, but they also expressed the imperative of school policies being culturally competent, ethical and equitable. Many parents' children are not allowed to speak Spanish in school after kindergarten. Not allowing students to speak in their first language creates a sense of insecurity and disempowerment, which inevitably diminishes their ability to learn.

"Schools should teach kids to be compassionate to other kids who are different and not easily understood."

"Teachers should be trained in cultural competence and recognize that kids have different needs."

"When children only have one language, they are given the opportunity to become bi-literate and bilingual. They are allowed to be in a dual language program, but not if we want to put our kids in the program"

Spanish Speaking Parent Focus Group Participants

Theme B

Many teachers, principals, and other school staff need additional training to improve their ability to meet the needs of children who have behavioral health issues.

As noted above, a lack of trained staff is a significant barrier to student success in school. Again, this barrier is compounded for these families as they experience misunderstandings across multiple levels. Spanish speaking parents are concerned about the school staff's ability to understand behavioral health issues as well as cultural, linguistic and social differences. They are also concerned about the lack of accessible behavioral health-related specialists in the schools and lack of counseling opportunities. Similarly, Spanish-speaking parents are

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concerned about many of their community's schools not employing anyone who speaks Spanish. The inability to communicate obviates a lack of communication between schools and families.

"All schools should have therapists and counseling."

"Approximately 90% of Hispanics attend my son's school, but they do not have anyone who speaks Spanish or an interpreter."

Spanish-Speaking Parent Focus Group Participants

Theme C

A strengths-based, positive approach, such as Positive Behavior Supports (PBS), makes a significant difference in how parents and youth experience the school environment.

When parents were asked if their child's school has a program that encourages praise and rewards for good behavior, 3 out of 14 parents were aware of such a program. Only 1 parent identified the program as PBS and described aspects of clear expectations for behavior, instruction, rewards and consequences. The two mothers, who did not identify the program as PBS, described the school staff taking a strength-based, timely, problem-solving, collaborative approach to addressing problems.

"The students know what behavior is expected of them and how they have to behave. They are taught their behaviors at the beginning of the year and they know the consequences if they do not behave accordingly. If they demonstrate positive behavior, rewards are given."

"If there is a problem, a plan is made the following day. The teacher and principal immediately address the negative and highlight the positive. Everyone in the family can provide support; just like a tree branch full of support systems."

Spanish-Speaking Parent Focus Group Participants

Theme D

Schools may be able to better meet the needs of children with behavioral health issues if they more actively engage parents and other volunteers available in the community.

Advocating for one's child is a component of parent involvement/engagement; however, advocacy requires a sense of power that many non-English speakers and recent immigrants do not feel. Spanish-speaking parent focus group participants were asked specifically if they had approached a school staff person to ensure that their child's needs were getting met. Eight out of 14 had advocated for their children to ensure two-way communication with teachers, to stay on top of their child's education, to protect their child, to address concerns with school staff and to increase teachers' understanding of their child.

"If I do not take the initiative, nobody will advocate for my son."

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“It is my duty to protect my children.”

“I felt I needed to approach them so they can see that I am very supportive of my son. My need as a mother promoted me to speak on his behalf.”

Spanish Speaking Parent Focus Group Participants

Parents who had not ever approached school staff explained that in order for them to do so, they would need to feel like the school cares about the students. Principals' approachability is critical as mentioned by parents who felt comfortable approaching principals and also by parents who do not feel comfortable. To address this problem, parents suggested holding trainings and workshops for parents on “speaking-up.”

Spanish speaking parents were also asked about how they would feel about the schools screening all students for behavioral health concerns. All parents agreed that parents have to provide consent prior to any assessment and that schools should provide parents with the information on the need and benefit of behavioral health screenings. This suggestion is similar to the youth group's suggestion of educating parents about the benefits of counseling and other related programs (see Addendum 2009).

“Support from the principal means a lot to us family members and speaking Spanish helps more than they realize.”

Spanish Speaking Focus Group Participants

Parents also provided additional examples of how the school supported them by providing community resources at the school, including clothes, food and GED, computer, dance and math classes. Parents also appreciate when schools support their children with tutors and offer a wide range of afterschool programs, including life skills and nutrition. They suggested offering more learning opportunities that target the whole family.

Spanish speaking parents described a few additional qualities that allow them and their children to feel welcome and safe in school. Although simple, they warrant explicit mention as a welcoming environment is considered the foundation to parent engagement (Christenson & Sheridan, 2003). Notably, warm, thoughtful experiences and connections with school staff occurred within elementary schools whereas high schools were experienced either negatively or neutrally.

“I am greeted and everyone tells me, ‘Good morning. How are you?’”

“All the teachers provide me with the support and attention I feel I deserve, even if they only speak to me in English.”

Spanish Speaking Parent Focus Group Participant



Conclusion and Recommendations

The analysis of the Spanish-speaking parent focus group yielded analogous findings to the previous analysis of key informant interviews and family, youth, and staff focus groups in Mesa County. When schools utilized a strength-based approach, such as PBS, both parents and students reported positive feedback; and, as the statewide youth group suggested, their children's needs could be better addressed if their school could tailor support to fit individual needs. Although the youth did not enumerate what aspects require individualized attention, the focus group with Spanish-speaking parents illuminated some of the differences to consider in addition to behavioral health, such as culture, language and social-economic background.

Results from the focus group with Spanish-speaking parents add an additional angle to the recommendations from the original report. (Recommendation enhancements are added in bold to the original recommendations below.)

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- Increase training on behavioral health for teachers, principals, and other school staff including identifying children with behavioral health needs and responding effectively to their needs. **These trainings should include cultural competent service and support delivery as well as more general cultural competency trainings that create an inclusive culture through policies, practices and staff composition.**
 - Ensure youth-tailored, strength-based strategies, such as PBS, are fully implemented within all schools and with all school staff. **Ensure that parents who primarily speak languages other than English are aware of and engaged in the schools' strategies and programs to support student success.**
 - Address barriers to accessing services, which may require addressing gaps in the service array, and increase individual school's awareness of and competence at referring parents to appropriate services. **Address barriers to families whose primary language is other than English accessing services due to a lack of staff speaking their primary language.**
 - Create more youth friendly choices and activities for support that focus on value, fairness, and empowerment. **Spanish speaking parents suggested that schools offer a wide-range of afterschool programs and family educational opportunities, such as life skills and advocacy.**
 - Expand and facilitate communication between parents and schools about working together to address and promote healthy behavioral health strategies for children. **Address the potential cultural barriers to students from families whose primary language is other than English receiving appropriate services, including assessment and school support, by providing parents with opportunities to learn about behavioral health issues and the benefits of assessment, services and advocating for their children.**
 - Generate a common language with schools, parents, and doctors around behavioral health issues to help minimize misunderstandings and maximize appropriate attention and care to the issues. **Start with creating a welcoming environment that recognizes the importance of relationships, knowing people's names and showing concern and**
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care.

** Denotes a recommendation that was found in the key informant and family, youth, and staff focus group in addition to the statewide parent survey and youth focus group. Those without a * are similar to recommendations from the statewide parent survey and youth focus group only.*