



The Essential Roles Training and Supervision of Mental Health Counselors play related to Parent Engagement in Behavioral Health Programs.

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ABSTRACT

Parent engagement in the field of child mental health is gaining an increased amount of support and attention in becoming the catalyst to confronting children's mental health challenges and outcomes. As parent engagement has become a growing influence in the last twenty-five years in the child mental health field, parents are now realized as allies where they are empowered and becoming inclusive within the decision-making and change process. The paradigm shift has changed itself from parents perceived as the blame for children's mental health disabilities to parents' insights and feedback being welcomed to stimulate changes within the child mental health field. Despite the emergence of parents' say and influence in child mental health services, the issue of engaging families still lingers as a struggle regardless of promising advances in evidence-based treatment methodologies. Mental health counselors feel motionless and stagnate in the engagement process while wrestling with how to confront organizational constraints and barriers impeding the efficacy of parent engagement. Training and supervision have become two critical components for enhancing staff competency and skill-sets to improving the engagement of parents. This article focuses on the importance of providing training and supervision opportunities to mental health counselors to improve the engagement skills of parents within a child behavioral health program.

INTRODUCTION

Parent engagement has been considered a challenge for the Behavioral Health providers. William Bode in a 2016 article in *The Journal of Child and Family Studies* stated, "families possess a multitude of relevant information and perspective aimed at supporting a child's overall mental health and welfare." The engagement and involvement of parents have been related to successful treatment outcomes and interventions. Existing research on parent engagement has shown involving parents as advocates, consumers, and implementers in the overall service delivery and treatment planning process is most impactful rather than providing a single or standalone intervention. It has been found that families are more likely to feel the children's needs were met when they were able to engage and participate in fully in-service planning.

Michael Dynes (2016) posited "parent engagement has been noted to be paramount to the effective service delivery for any child mental health treatment concerning the involvement of parents." Additionally, Michael stated "parent engagement is considered an active process throughout child mental health treatment in which practitioners (e.g., mental health counselors) play a dynamic role." Researchers recently have been able to identify strategies and behaviors of practitioners, along with organizational factors to reduce barriers and enhance the parent engagement process. These factors include assessing practical and psychosocial difficulties for parents, addressing parent perceptions about services, discussing with

parents their beliefs about their children and themselves as parents, building a parent-counselor alliance, and evaluating a parent's stage of change and motivation. Further, organizational factors, such as supervision and training, have also been proven to affect the delivery of treatment and families' engagement in youth mental health services—especially regarding parent engagement. Mental health counselors, behavioral specialist consultants, and other health officials play an integral part in combating serious community issues associated with emotional and sometimes dependency disorders. The counselors' clients may be struggling with drug and alcohol addiction, marital and family problems, difficulties caused by aging, or simple stress and anxiety.

BEHAVIORAL HEALTH REHABILITATION SERVICES PROGRAM

The Behavioral Health Rehabilitation Services (BHRS) program, previously known as the "Wrap Around program" is a voluntary short-term, intensive program for children from birth to age 21 to meet mental and behavioral health concerns. The program works with caretakers, children and adolescents to develop a treatment plan addressing specific behavioral need. The philosophy of the program is to encompass or 'wrap around' the child with care and behavioral support where it is needed. To achieve that goal services can be provided in the home, school, or daycare—wherever the child encounters challenges that need attention. This therapeutic program is also designed to provide support to children with emotional and behavioral needs. BHRS provides comprehensive treatment to children to assist them in becoming more functional in their natural settings, such as the home, school, or community. The BHRS program works with each child and his or her family to assist them in developing strategies to manage challenging behaviors more effectively. BHRS uses a relationship-based approach; meeting children and families where they live and partnering with them to achieve their family vision. According to a study published in 2016 by Michael Dynes, *A National Study of Child and Family Therapists: The Relationships Between Parent Engagement, Supervision and Training, and Burnout*, "parent engagement and retention have been noted to be of paramount importance to the effective service delivery for any child mental health treatment involving parents." However, engaging parents in the child mental health treatment process has been challenging for mental health counselors.

The authors address the lack of training opportunities available to mental health counselors within the BHRS program. A Training curriculum that specifically focuses on how to enhance engagement skills with parents of children with emotional and behavioral is urgently needed. Currently, there is no parent engagement training curriculum for mental health counselors at BHRS.

This article demonstrates how developing a parent engagement training curriculum for mental health counselors can shed light on all stakeholders to better understand the role of mental health counselors in the service delivery process and will result in increased parent-counselor motivation and engagement levels. In a study by Nicole Stadnick in 2016 entitled *Using Observational Assessments to Help Identify Factors Associated with Parent Participation Engagement in Community-Based Child Mental Health Services*, Nicole observed that "the training curriculum contribution will be imperative considering parent engagement in the child mental health field is advancing due to its emerging impact to improve intervention outcomes and evidence-based care."

ENGAGING FAMILIES

The issue of engaging families still lingers as a struggle for mental health counselors regardless of the promising advances in evidence-based treatments and interventions to promote

parent engagement. For example, engaging parents in the child mental health treatment process has been challenging for the mental health counselors within a medically funded therapeutic program known as Behavioral Health Rehabilitation Services (BHRS). The levels of engaging parents within the BHRS program are low. The parent disengagement, resistance, and non-adherence during the child's treatment process continue to be associated with adverse mental health counselors' attitudes towards parents, which have negatively hindered the overall treatment and engagement process. As discussed by Mary Baker-Ericzen in her 2013 article, *"Therapist, Parent, and Youth Perspectives of Treatment Barriers to Family-Focused Community Outpatient Mental Health Services,"* "mental health counselors feel overwhelmed by the complexities of families, not feeling supported by the service system, and lacking supervisory support and training on how best to engage parents effectively to impact service delivery." As of 2019, there is no parent engagement training curriculum for mental health counselors in the BHRS program.

COLLABORATION

Improving the parent engagement process within the BHRS program needs to be a collaborative effort between all stakeholders. A positive relationship with the BHRS service provider is more likely to keep parents participating in treatment. Parents who experience a bond with a service provider and engage in a collaborative relationship to develop tasks and treatment goals are more likely to stay involved and remain in treatment for an extended period. Therefore, a parent engagement curriculum will strengthen the collaborative relationship between, administrators, educators, mental health counselors and parents.

The suggested training curriculum is innovative as it models a parent-professional collaboration integrating a philosophy to build capacity for parents and mental health counselors to meet the mental health needs of children. As a result, the training curriculum will propose collaborative approaches for counselors to employ throughout the engagement phase with parents to include: ways mental health counselors can enhance the therapeutic alliance and rapport with families; mental health counselors gaining the know-how to actively engage parents throughout the child mental health treatment process; and mental health counselors learning how to empower parents towards becoming knowledgeable about the child mental health system. In all, the design of the training curriculum will be created to ensure the criteria of collaboration between mental health counselors and parents become the integral element of the project.

In terms of family engagement, the BHRS provider collaborates with parents to coordinate when services would initially commence based on the immediate needs of the child and family. Additionally, the BHRS provider must show all efforts and due diligence of engaging parents fully throughout the child mental health treatment process. Mental health counselors reported the following common themes hindering the parent engagement process: parents are resistant and non-compliant with suggestive recommendations or treatment interventions offered by mental health counselors to manage the behavioral challenges of the

child; parents are not involved/engaged in the therapeutic activities or sessions with the child and mental health counselor; mental health counselors are incapable of fulfilling all prescribed hours within the home and community settings as parents are non-responsive to phone, email, and mail correspondence (e.g., mental health counselors are only able to satisfy all prescribed hours within the school setting). As a result, mental health counselors experience difficulty formulating a continuous therapeutic alliance with parents due to limited training in the area of engagement, and the inability of mental health counselors to engage parents in monthly

phone clinical case consultations as parents are often considered no-shows although they received sufficient notice by supervisory staff.

CONCLUSION

According to Dynes, parents of children with mental health issues confront barriers, gaps, and stressors which negatively interfere with the parent engagement process. The findings of Dynes provide suggestions on how negative stressors, organizational constraints, and undesirable behaviors assumed by mental health counselors undermine the potential to engage successfully with parents in the child's mental health journey. The undermining connotations experienced by mental health counselors, the lack of a training curriculum, and a dearth of supervision offered to address the issue of engaging parents must be addressed.

Parent engagement in child mental health treatment has served as a precursor to a growing movement of successful treatments in community environments, identification of efficacious services, and enrichment of quality services. Without the pursuit of parent engagement, the efforts to expand the efficacy of mental health treatment will likely remain fruitless.

The overarching aim of any Behavioral Health Services Program should be to assist family members to build a positive, compassionate, and unchanging atmosphere that will enable the child to get the most out of any clinical care they may be receiving and develop positive behavior management strategies that will allow them to reach their full potential.

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