

FACILITATORS AND BARRIERS OF PARENTAL ENGAGEMENT IN SOCIAL
EMOTIONAL LEARNING PROGRAMS FOR MIDDLE SCHOOLERS: A SYSTEMATIC
LITERATURE REVIEW

A Thesis
by
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Submitted to the School of Graduate Studies
at Appalachian State University
in partial fulfillment of the requirements for the degree of
MASTER OF ARTS

December 2022
Department of Psychology

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Abstract

Facilitators and Barriers of Parental Engagement in Social Emotional Learning Programs for Middle Schoolers: A Systematic Literature Review

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A fundamental aspiration of most parents is to raise socially and emotionally healthy children. However, when young people exhibit behavioral or emotional impairments, parents are often faced with the decision to seek professional assistance to further support the well-being of their children. An example of professional assistance is school-based, social emotional learning (SEL) programs for youth. These services have been shown to provide numerous advantages for youth, including academic and behavioral improvements. Further, there are some studies that suggest that including a parent component to these SEL programs might provide added benefits. Unfortunately, involving and sustaining the engagement of parents in these programs has proven difficult historically, despite several creative efforts to involve and incentivize parent involvement in SEL programs. Thus, the three primary goals of the review were to: 1) further validate what is already known about the barriers and facilitators of parent engagement in school based SEL programs for rural middle schoolers; 2) identify novel contributing factors to engagement in such programs; and 3) further elucidate current gaps regarding parent involvement in school-based SEL programs that are designed to improve youth's social and

emotional health. This review followed PRISMA guidelines and utilized the PsychINFO and Education Source databases and manual searches of prominent SEL researchers' publications. The inclusion criteria were empirical studies of youth enrolled in middle school, a SEL program with child and parent components, implementation in a school setting, and that parent engagement was evaluated/discussed as part of the study. Studies were not included in the review if the youth were in elementary, high school or postsecondary settings, the program only included a child component or a parent component (e.g., behavioral parenting programs), was implemented outside of the school environment (mental health clinics), and/or did not discuss facilitators and barriers of parental engagement. The database search yielded 1,521 records in total. After removing duplicates and those that did not meet criteria for inclusion, 40 studies underwent full-text review. A total of 2 records met full inclusion criteria and 2 additional records nearly met full inclusion criteria. Several of the previously documented barriers (e.g., practical issues like time, the delivery modality of the parent component) and facilitators for parent engagement (e.g., the use of incentives, making direct contact with parents, offering parent sessions at both convenient times and locations for parents) were further validated. Further, there were few, if any, novel findings as a result of this review. Moreover, insights about how to improve parent engagement for programs involving rural middle schoolers beyond what is currently known were not found. Overall, the results of this review further validated some of the persisting gaps and challenges in the literature regarding improving and/or sustaining parent engagement in SEL programs for rural middle schoolers. SEL researchers, especially those in rural settings, should escalate these issues to become primary research questions in the future.

Keywords: Social and emotional learning, parent engagement, parent involvement, parent participation, early intervention and prevention, barriers, facilitators

Acknowledgments

I would like to extend my gratitude to my committee members, Dr. Michael, Dr. Jameson, Dr. Hersh and Dr. Curtin for their guidance throughout the research process.

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Facilitators and Barriers of Parental Engagement in SEL Programs for Middle Schoolers: A Systematic Literature Review

A fundamental aspiration of most parents is to raise socially and emotionally healthy children. Raising children has many expected joys, including watching our youth achieve milestones, make discoveries, and experience social, intellectual, and emotional victories along the way (Cicchetti & Toth, 1998). However, when young people exhibit behavioral or emotional impairments, parents are often faced with the difficult decision to seek professional assistance. If outside help is sought, it is a challenge to find the most current or effective practices designed to address specific problems when they emerge. Though the nature of the problems is varied, it has been estimated that approximately one in four youth experienced a diagnosable mental disorder during the previous year (Merikangas et al., 2009; Whitney & Peterson, 2019). It has also been well established that the occurrence of a single condition among youth is the exception and that comorbidity is the rule. The Centers for Disease Control (CDC) reported that for those between 3 and 17 years of age, three-quarters of youth who experienced a primary diagnosis of depression were also diagnosed with anxiety. Similarly, about half of youth with depression were also diagnosed with a behavioral disorder (CDC, 2020). Taken together, these findings suggest that our youth are vulnerable to experiencing more than one mental health impairment, which requires caregivers to understand and support their child's overall wellbeing during these hardships.

Without adequate support, however, there is an increased risk that these mental health impairments will be associated with adverse outcomes. For example, youth with ADHD sometimes struggle with comorbid conduct disorder (CD) and oppositional defiant disorder

(ODD), which are associated with a less optimistic clinical picture (Connor & Doerfler, 2008; Hägglöf & Gillberg, 2003). It is also the case that mood and substance use disorders serve as risk factors for suicide, which is the second leading cause of death for those aged between 10 and 14 years (NIMH, 2020). Similarly, youth who experience unidentified mental illnesses and do not receive needed treatment could further experience increased isolation, poor school engagement, and a higher risk of dropping out (Snyder, 2014). Yet, many of these youth do not receive the professional treatment that they need (Whitney & Peterson, 2019). According to the World Health Organization (WHO) bulletin, treatment gaps across nearly all mental disorders around the globe exceeded 50% (Kohn et al., 2004). For U.S. youth, about 8 million children who were identified as having at least one mental disorder did not receive treatment, according to the National Survey of Children's Health (Child Mind Institute, 2021). These data serve as a call to action to better support these youth and provide them with the help that they need.

Social Emotional Learning Programs

Social and emotional learning (SEL) programs seek to further buttress youth's social and emotional development. In 1994, SEL initiatives were codified by the Fetzer Group through the creation of the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2005). The CASEL core curriculum for SEL includes five core areas of social and emotional competence: self-awareness, self-management, social awareness, responsible decision making, and relationship skills (Larrier & Lewis, 2017). Having deficits in these core areas of social and emotional competence has been shown to be associated with adverse outcomes, including childhood behavioral problems, which is, in turn, correlated with incarceration, substance misuse, and unemployment (O'Conner et al., 2017). In

addition, deficits in social-emotional health can hinder youth's ability to develop and maintain healthy relationships (Gaete, 2015).

SEL programs therefore use the bidimensional mental health model to both promote youth's strengths and improve their weaknesses, and ultimately decrease adverse outcomes like distress (Taylor et al., 2017). SEL programs teach youth how to recognize, understand and manage their emotions, develop positive coping skills, and increase their capacity to develop and maintain healthy relationships (Fetzer Group, Weissberg et al., 2015). Current research has suggested that it is important to target social-emotional development early on, especially during the elementary and middle school years (Bradshaw et al., 2017; Elias et al., 1997; McClelland et al., 2017).

Currently, numerous evidenced-based SEL programs have demonstrated benefits, including prevention of poor social-emotional health among youth (Bradshaw et al., 2017). In a meta-analysis of 213 school-delivered SEL programs that included kindergarten through high school students, Durlak and colleagues' (2011) reported that those in the intervention group demonstrated significant improvements in their social and emotional skills, attitudes, behavior, and demonstrated an 11-point percentile gain in their academic performance when compared to classmates who did not receive the intervention. Moreover, fewer conduct problems (i.e., disruptive class behavior, noncompliance aggression, bullying, school suspensions and delinquent acts), and lower levels of emotional distress (i.e., reports of depression, anxiety, stress or social withdrawal) were reported among students in the school based SEL programs (Durlak et al., 2011). Similarly, in a more recent meta-analysis, Taylor et al. (2017) reported that the effects of these programs were durable after a three-and-a-half-year follow-up. Across eight SEL programs, the students receiving the intervention showed

an average 13-point percentile gain in academic performance when compared to the control group students (Taylor et al., 2017). These SEL interventions and the skills that they teach youth have also been shown to protect them from bullying, peer pressure, risky drug, alcohol and sexual behaviors; in addition, decreases in disrespectful behaviors towards adults was also evident (CASEL, 2005; Weissberg et al., 2015).

Coping Power is an example of an SEL program that promotes the development of social-emotional health during the elementary years (Lochman & Wells, 2002a). Coping Power is a comprehensive SEL intervention that has been successful over the years in supporting social-emotional development and mitigating negative outcomes of poor wellbeing by targeting externalizing behaviors in youth. The overall results from the initial Coping Power study were promising and demonstrated positive effects on parenting (e.g., increased parents' supportive interactions), students' behavior and social competence, and less substance misuse among the intervention groups at post-treatment (Lochman & Wells, 2002a). In a separate study, positive outcomes were also shown for at-risk preadolescent boys and resulted in lower levels of covert delinquent behavior (minor theft, felony theft, fraud, destruction of property) and substance use, while also demonstrating improvements in classroom behavior one year later in comparison to control group participants (Lochman & Wells, 2004). Similar positive outcomes at post-intervention and follow-up have been published for other Coping Power studies as well (Lochman & Wells, 2002b, 2003; Lochman et al., 2013). Coping Power uses three mechanisms: 1) direct instruction and regular practice and feedback for students; 2) training and support for teachers, and 3) engaging parents in order to promote their children's social-emotional development. These mechanisms have previously been shown to make such SEL interventions more successful (McClelland et al.,

2017). Unfortunately, despite what is known about the positive effects of parental engagement, it is not easy to engage parents or to keep their attendance during scheduled parent sessions.

Parental Engagement

The home is the most organic source for SEL instruction and support for children thus, caregivers can serve as a direct support and provide SEL instruction to their children in a natural environment. In addition to genetic, temperamental and systemic variables (e.g., schooling, communities), parents and caregivers are among the most important factors that contribute to youth development (Calkins et al., 2013; Cichetti & Toth, 1998; Cooper et al., 2009; McClelland et al., 2017). Parenting practices, for example, have been found to influence both the short- and long-term behavioral outcomes of children in both positive and negative ways. In a study of mothers, fathers, and adolescents and their perceptions of parenting and the associations on externalizing behavior, Van Heel et al. (2019) reported that even small differences in the perception of parental support had a beneficial impact on the manifestation of externalizing problems (e.g., less rule breaking behavior) among the teens. In a related study involving 2,617 rural adolescents, Smokowski et al., (2014) reported that adolescents who reported positive parenting perceptions (i.e., parent support, parent–child future orientation, and parent education support) reported less depression, higher self-esteem, greater optimism about the future, and more school satisfaction. However, adolescents who reported experiencing negative parenting experiences (e.g., high levels of parent–adolescent conflict, criticism) avowed higher levels of anxiety, depression, and aggression, and lower levels of self-esteem and school satisfaction; further, those identified as socioeconomically disadvantaged reported significantly lower levels of self-esteem than others.

Research has also demonstrated the importance of specific parent practices on child outcomes. As an example of one type of successful parenting intervention, behavioral parent training (BPT) is used to teach and have parents practice engaging positively and effectively with their children has been associated with successful clinic-based outcomes for children with ADHD (Evans et al., 2019). Specifically, students of parents who participated in the BPT program demonstrated less breaking of classroom rules, as well as relatively lower disciplinary events outside of the school environment when compared to those who were prescribed medication only (Pelham et al., 2016). Further, research for internalizing conditions also suggests that improving parenting skills, changing parents' perceptions of their own parenting efficacy, and reducing barriers (e.g., parental psychopathology) that interfere with effective parenting can have positive, long-term effects on youth outcomes (Sandler et al., 2011). Therefore, involving, educating, and improving parents' interactions with their children can foster the social and emotional development of youth and can offer an avenue for support, especially for those youth who are at risk for mental health challenges early in life.

However, achieving sustained parental involvement has long been a cherished objective, though rarely achieved, especially within the context of Coping Power studies (Lochman & van den Steenhoven, 2002; Cunningham et al., 2000). Lochman and colleagues (2006) reported on this observation in their Coping Power evaluation studies, for example, where they found that children's attendance rate was 90% or higher; however, parents' attendance ranged from 30% to 50% across these Coping Power evaluations. This low attendance rate occurs even when these researchers held parent sessions to accommodate caregiver work schedules, held meetings in locations closer to caregivers' homes, provided

stipends for those parents who attended, and offered other incentives (e.g., childcare or food to parents and their other children). In another Coping Power study, the attendance rate for the parent sessions was even lower (26%) despite mailings to promote attendance, the provision of transportation, childcare, and a stipend for attendance (Lochman & Wells, 2002a). Later Coping Power studies have also reported difficulties with parent attendance and engagement (Minney et al., 2015). The difficulty with engaging parents is not unique to Coping Power and extends to several child and adolescent treatment studies (Okamoto, 2001; Randolph et al., 2009) and literature to date offers only modest insights about the potential barriers or facilitators to more robust parental engagement.

Religion, culture, parents' experiences of being parented themselves, the delivery modality of the intervention for example, have been shown to limit the effectiveness of an intervention (Koerting et al., 2013; Pullman et al., 2010). Further, Koerting and colleagues (2013) identified some of these barriers of parent's engagement within parenting programs specific for childhood behavioral problems. For barriers to service access, situational and psychological barriers among others were found. Situational barriers included practical issues (e.g., lack of transportation, childcare, inconvenient timing or place of meeting) and psychological barriers included stigma, fears/worries, and distrust. Barriers for continued engagement in the program included a dislike of group activities, perceptions of the program as unhelpful, difficulties following the program itself, and changes within the parent's own circumstances. On the other hand, facilitators for service access included effective service promotion such as through the targeting of hard-to-reach groups, direct recruitment, and a good existing collaboration between agencies. Lastly, facilitators for continued engagement within the program included program characteristics like meeting families' actual needs,

providing a positive group experience as well as any other additional support that parents might need. Therapist characteristics, including positive qualities (e.g., non-judgmental, warm) and the skills of a therapist, also influenced sustained parental engagement.

Other factors can influence parent engagement. For example, Ellis et al. (2013) found that parent engagement was affected by the level of child engagement (e.g., how engaged the child was throughout the course of the program) and found that this remained true despite the family environment (i.e., functional parent discipline practices, familial cohesion/closeness, positive parenting and higher levels of parental monitoring). Thus, many factors can influence whether parents engage and stay engaged in parenting programs.

In summary, an example of professional assistance available to youth in need of such services are school based, social emotional learning (SEL) programs for youth. These services have been shown to provide numerous advantages for youth, including academic and behavioral improvements. Further, there are some studies that suggest that including a parent component to these SEL programs might provide added benefits. Involving and sustaining the engagement of parents in these programs has proven difficult historically, despite several creative efforts to involve and incentivize parent involvement in SEL programs. Given the extant literature, the three main goals/questions of this systematic review are to: 1) further validate what is already known about the barriers and facilitators of parent engagement in school based SEL programs for middle schoolers; 2) potentially identify novel contributing factors to engagement in such programs that are designed to improve youth's social and emotional health; and 3) clarify the current and persisting gaps in the literature to help guide future empirical efforts on engaging parents in SEL programs for middle schoolers. The methodology for this review follows Preferred Reporting Items for

Systematic Reviews and Meta-Analyses (PRISMA) guidelines to search well-established databases to provide a comprehensive overview of these factors that influence parental involvement within SEL programs with both a child and parent component designed for middle school students and implemented within the school setting.

Method

Search Strategy

The current review used PRISMA guidelines to create the inclusion and exclusion criteria and to develop the systematic process of locating and reviewing relevant studies. PsycINFO and Education Source databases were included in this search to identify studies relevant to parental engagement in SEL programs. No start date was required for this search and instead, all eligible studies that were published before and on February 27, 2022, that discussed or considered barriers and facilitators to parental engagement in SEL programs were examined. SEL was defined according to the five components of CASEL listed above (i.e., self-awareness, self-management, social awareness, responsible decision making, and relationship skills), and these components were used to select records that addressed some or all these components. Parental engagement was defined as any process or activity that included parents, regardless of the length of engagement. The words parental involvement, parental engagement and parental participation were also used in this search to broaden and hopefully capture relevant records that included parents. The following search terms were thus used to identify relevant literature: ((social emotion* learning parent*) OR (coping power parent*)) AND ((parent* involv*) OR (parent* engag*) OR (parent* participat*)).

Inclusion and Exclusion Criteria

In this literature review, empirical studies were included. Studies must have included a youth SEL program that included a parent component as a part of the delivered program. In addition, only studies that occurred within the context of a school environment were included. Inclusion criteria also included youth enrolled in middle school.

Excluded studies were those that provided a social-emotional learning intervention to youth but did not include their parents as a part of the intervention. Excluded studies also included those that did not occur within the school environment (e.g., preschool, early child centers, mental health clinics, community centers). In addition, youth that were in elementary, high school or in post-secondary settings (e.g., community college, university, etc.) were not included. Further, if the studies did not provide information regarding facilitators and barriers for engaging parents within their study, they were also excluded. All studies were coded by the primary author and/or Kurt Michael, Ph.D.. Final coding decisions and reconciliation were made through discussions between the primary author and Kurt Michael, Ph.D.. The coding guideline can be seen in Figure A1, Coding Flowchart, in Appendix A.

Results

The database search yielded 1,521 records in total. These records were then filtered to include only empirical studies, which left 1,223 remaining records. Of these 1,223 records, academic journals and dissertations were selected for and resulted in a total of 1,150 remaining records. After the database search engine removed duplicates, 1,033 records remained. These 1,033 records were systematically reviewed. The first method of filtering data involved a title and abstract review of these records. After this process, a total of 1,004 records were excluded because they did not meet the inclusion criteria. Of these 1,004

records, 905 records were excluded because they did not relate to SEL programs or parent engagement; in addition, records were also excluded if they studied autism, learning disabilities, medical disabilities, nonverbal or verbal disabilities, special needs, and/or high severity of emotional symptoms given that the target population for middle schoolers enrolled in standard classroom settings. Of the 1,004 total excluded records, 14 records studied SEL programs, yet were excluded because they did not occur within a school setting (e.g., pre-K, early childhood centers, mental health clinics, hospital settings, community centers). Further, of these 1,004 total excluded records, 31 records were excluded as they did not include middle school students (e.g., elementary/primary school, high school). An additional 54 records were excluded because these studies included parenting programs or family interventions (e.g., parent training, family mindfulness interventions, interventions for new parents) and thus, did not strictly include a child component and a parent component.

After the title/abstract review, a total of 29 records were selected and included in the full-text review; full-text was found for 28 of the records. In addition to the above systematic search, manual searches were utilized to include relevant records. A total of 12 records were included from the manual search. Therefore, a total of 40 records underwent full-text review to identify records that met inclusion criteria for this review (i.e., SEL program that targeted middle school students, included child and parent components, occurred within the school setting, and provided information about facilitators and barriers regarding parent engagement). After applying inclusion and exclusion criteria, a total of 36 records did not meet inclusion criteria and the following was found. Of the 36 excluded records, 10 were not coded further as they occurred within the elementary or high school setting. Further, 9 other records were not coded further because they did not occur within the school setting. Also, 9

studies were not included because they either did not include an SEL program or did not detail a single SEL study. Further, 5 of the records were excluded because they did not include a parent component; 2 were excluded because they did not include a child component. Last, 1 record was not included because of the severity of symptoms being studied. For records that were included, a total of two records met inclusion criteria. Further, an additional two records nearly met full inclusion criteria and were included as they provided relevant information for parental engagement. The review process is displayed in Figure A2, PRISMA Diagram for Exclusion and Inclusion of Studies, in Appendix A. The four records included within this review are displayed in Table A1, Final Records Included, in Appendix A. The findings from these four records are discussed below.

One of the records that met full inclusion criteria was Spoth et al. (2008). In this study, a school-based SEL-related program was used; it included parent, child and family sessions, included 6th grade students and provided strategies that facilitated parent engagement. The Iowa Strengthening Families Program (ISFP) was the program that was employed to address long-term goals of reducing youth substance use and other problem behaviors among these sixth-grade students. In addition, the study also stated that goals included increasing youth prosocial and peer resistance skills, as well as increasing parent's nurturing, limit setting, and communication skills. This study included 445 families of sixth grade students. These sixth-grade students were enrolled in rural schools across 19 adjacent counties in a Midwestern state. This study randomly assigned 22 rural schools to ISFP or to the control group. Those who were enrolled in the ISFP program attended one-hour sessions that were conducted one time per week for a duration of 7 weeks; these sessions were held in the evening onsite at the schools. These weekly sessions included simultaneous sessions for

parents and children, where afterwards a family session with both parents and children occurred. The child component included lessons that taught sixth graders how to: cope with stress and strong emotions, learn how to respond to peer pressure, increase desire to be responsible, and strengthen the youth's future goals. The parent sessions included: informing parents of social influences on their child, understanding youth's development, how to provide nurturing support, how to effectively interact with their child daily, how to set limits for their child, how to establish consequences, and how to communicate their beliefs and expectations regarding substance use. Among this parent population, 86% of the families were dual-parent, 98% of mothers and 95% of fathers completed high school, and 98% were White. Regarding parental engagement, 84% of the initially recruited families completed the posttest in this study, where 71% completed a 1.5-year follow-up as well. This study utilized several strategies to facilitate engagement in the parent component. The researchers offered sessions to parents during the evening, used a pretest assessment that was within the family's home, provided compensation to each family member to further encourage participation, as well as closely tracking their participants. The researchers informed the reader that they referred to two main sources in their engagement efforts, those being Guyll et al. (2003) and Spoth & Redmond (2002).

The second record that met inclusion criteria was a dissertation by Hales (2017). In this study, a school based SEL program was used, it included parent and child components (the child component occurred onsite at the school and the parent component was delivered online), and it included middle school students, in addition to other grades (i.e., elementary and high school), and included strategies that facilitated recruitment and engagement of parents. This record used the WhyTry program, which is a social and emotional learning

program designed for students in kindergarten through twelfth grade. This dissertation explored the social validity of WhyTry for Parents, which is an internet-based parent component for parents of students who were enrolled in the school-based WhyTry program. Participants included students and parents from 11 elementary, middle, and high schools in the United States. A total of 836 parents were contacted (70% of which were parents of elementary school students), and 14 parents made-up the final parent sample. In order to initially recruit and engage parents, parents were sent letters through the U.S. mail, with their child home, or letters were delivered by a WhyTry coordinator. Further, the letter itself included an explanation of the SEL program (WhyTry) and detailed the importance of parental involvement within a school-based program, along with the invitation to participate within the study. Additionally, parents were made aware that their participation would be awarded with a \$20 gift card after they completed the four assignments that were required by the study. The researcher also notified parents that a \$5 gift card would still be given to parents who did not fully complete the study and instead participated in the completion of a shorter survey at the end of the study. Parents who participated in this study (n=6) were white and female and all acquired a high school education. Of those who did not participate (n=8), 6 were white and 2 were racial minority groups, and 6 of the participants were female and 2 were male. In the non-participating group, 3 had a high school education or less. The study used parent surveys to gather information regarding the reasons that parents chose not to participate or complete more assignments, and if parents themselves had suggested improvements for the program. The study found reasons overall for lack of parental participation, which included time as a barrier in the completion of the parent assignments for the SEL program. It was found that more participating parents (those who completed all

components of the study) than non-participating parents (those who did not complete all components of the study) shared that their time was limited because of responsibilities like work and childcare or shared that they felt the program required too much of their time. Further, some participating parents reported that the poor usability of the materials affected their participation. Some non-participating parents shared that accessibility was an issue for them and some stated that they were not aware of the opportunity to participate in the SEL program or did not have access to the technology that was required for the materials. Within the open-ended responses provided to parents, the participating parents detailed reasons for why they chose to participate, where all of them indicated that they chose to participate in the study because of their own relationship with the child who was enrolled in the SEL program. Further, they found that these parents “(a) hoped WhyTry for Parents would help them to better understand and assist their children, (b) participated at the request of the child, and (c) wanted to understand what her child was learning in WhyTry.” This study also gathered additional data on suggestions that some parents had for the SEL program. Some parents suggested that addressing and improving issues regarding usability of the materials (e.g., improving website navigation, providing clearer instructions), and some even suggested offering the program so that it is usable on mobile devices. In addition, some parents suggested that the school implementing the SEL program could communicate additional information about the program and provide ongoing reminders to encourage parental participation.

Two other records provided information about parental involvement, although they did not meet full inclusion criteria. The first investigation was Haymovitz et al. (2018). In this record, an SEL program was used that included parent, child and family sessions,

occurring onsite at the school, included 7th and 8th grade students (middle school students), yet did not specifically include information about facilitators and barriers of parental engagement. However, this study did use statement generations regarding the theme of “parent relations” and identified relevant information to parents’ involvement in SEL programs. In this study, Social Harmony was the SEL program that was implemented. This investigation included 32 students from grades 7 and 8, alumni (those 12 years and older), faculty members, parents, colleagues, and administrators who had been involved with the school for at least a duration of three years. The demographics of the parents were not provided in this study. This study utilized statement generations to gather information about the participants’ perceptions of the values and influences of the SEL program. Further, a total of 10 participants participated in the statement sorting and rating process. It should be noted that the process was anonymous and generated statements could not be traced back to individual participants or their identifying information (i.e., their age or status within the school). The program was implemented in a small, independent and secular school that enrolled students from birth to the 8th grade. Parents’ inclusion in the program seems to vary in that parents can be a part of the Social Harmony committee where they are trained to implement the program. In addition, there are parent workshops (where parenting skills are emphasized), and the study also notes that Tier 2 of the program involves parents. This study used concept mapping, where they had key stakeholders respond to one-sentence prompts and sort them into themes using a virtual card sort task. A total of eighty statements from participants were organized into 6 major themes; one of these major themes or clusters were “parent relations.” Thus, while this record did not directly discuss facilitators and barriers of parental engagement, it did report collected statements from participants that fell with the

overarching theme of “parent relations,” which had relevant findings. For example, one of these statements in the “parent relations” theme reported that not enough information was provided to parents about how the SEL program was being used. Further, it was also found that parents reported feeling a connection during the Social Harmony committee meetings.

The other record that did not meet full inclusion criteria was the dissertation by Lewis (2012). In this record, a school-based SEL-related program was used, it included a child component, yet the nature of the parent component was varied based on the parents’ chosen participation level. In addition, the record was a longitudinal study and thus, the program was first implemented when students were in the 3rd grade, whereupon students were followed for six years (until the end of their 8th grade year). The demographics of the parents were not provided. The record provided information about strategies that possibly facilitated parents’ responses. This record studied the Positive Action program, which is classified as a social-emotional and character development (SECD) program. It was stated that the program’s core curricula consisted of six units (i.e., self-concept, positive actions for body and mind, social and emotional positive actions that focus on improving relationships with others, managing oneself responsibly, being honest, and continual self-growth). The schools that participated were K-6 and K-8 public schools in Chicago. This record collected outcomes completed by students, teachers, and parents starting in the 3rd grade. This record further reported on the use of incentives to help increase the response of parents. They found that the percentage of parents providing reports differed across each of the data collection waves, where at Waves 1, 2, 4, 5, and 8, the response rate was 72.3%, 58.9%, 52.2%, 50.5%, and 72.9%, respectively. The researchers hypothesized that the increase at Wave 8 (at 72.9%) was likely influenced by two factors. The first factor was thought to be an increase the incentive amount

for completing the parent report; the second factor thought to influence parental responses was an “intensive period of phone outreach” to inform parents of this incentive increase and to also simultaneously encourage the parents to complete the surveys themselves.

Discussion

Social emotional learning (SEL) programs for youth have been shown to provide numerous advantages for youth, including academic and behavioral improvements. Further, there are some studies that suggest that including a parent component to these SEL programs might provide added benefits. Unfortunately, involving and sustaining the engagement of parents in these programs has proven difficult historically, despite several creative efforts to involve and incentivize parent involvement in SEL programs. Thus, this systematic review sought to address three primary goals: 1) further validate what is already known about the barriers and facilitators of parent engagement in school based SEL programs for middle schoolers; 2) to identify novel contributing factors to engagement in such programs; and 3) to further elucidate current gaps regarding parent involvement in school based SEL programs that are designed to improve youth’s social and emotional health. The following paragraphs will explain further what was found for each goal.

Regarding the first goal, the overall findings of this systematic review revealed facilitators and barriers of parental engagement that have been identified in previous research. Across the two records that met full inclusion criteria, several facilitators for parental engagement were identified. In Spoth et al. (2008), the researchers considered the time of day in which they conducted the parent sessions (i.e., in the evening), in addition to making personal contact with the families, and providing pretest assessments within the family’s home. In the Hales (2017) dissertation, they utilized multiple ways to initially

contact parents (i.e., mail, letter sent home with child, or making personal contact via an SEL coordinator). Also, both studies included incentives as helpful strategies for engaging parents. In addition, it was found that some parents shared that they participated in the program because of their individual relationship with their child. In terms of barriers, Hales found that time was an issue for some parents, where other responsibilities (e.g., work, child care) competed for their time to engage in the program materials, or that they found that the program required too much of their time. In addition, usability of the materials and/or access to the materials (because of lack of knowledge about the materials or lack of technology to access the materials) was found to be a barrier for some. Further, there were suggestions of making the materials user-friendly and providing them in a manner that can be accessed with mobile devices, to also make them more accessible for parents.

Overall, this suggests that offering sessions at a convenient time and location, contacting parents, and providing incentives facilitated parent engagement. In addition, identified barriers included parents' available time to allocate to the program and lack of usability or parents' difficulty using the program materials. Also, it seemed that the parent-child relationship influenced some parents' participation within the program. In the remaining two records that did not meet full inclusion criteria, information was found that could be useful for parental engagement. It was found in Haymovitz et al. (2018) that parents wanted to know more about the purpose behind the SEL program. In addition, it was also reported that parents who attended the SEL committee meetings felt a "connection." In Lewis (2012), it was found that by contacting parents directly via phone to both inform them of an increase in the financial incentive and to encourage survey participation was helpful in increasing parent responses. It also seems that equipping parents with information about SEL

programs is of interest to them, and that providing opportunities for parents to become involved (e.g., SEL committee meetings) helped parents to feel connected to one another. Thus, in this study, the use of incentives, making direct contact with parents, offering parent sessions at both convenient times and locations for parents, were all previously identified facilitators in the literature. In addition, previously identified barriers were also found here; specifically, practical issues (e.g., time required for the program) and the delivery modality of the parent component. Further, other previous findings were also found. For instance, the finding that parents felt a sense of connection in the SEL group related to cited facilitators for parent engagement in that this sense of connection possibly provided a positive group experience and thus, served as a supportive network. Similarly, the finding that some parents participated because of their relationship with their child is reflective of previous findings in both the education and psychology fields regarding the parent-child relationship. For example, parents of children with disruptive behaviors who experience stress may have negative ideas about their ability to foster their child's education, which in turn negatively impacts their involvement within their child's education (Semke et al., 2010). Alternatively, parents who have more positive views about their roles and who believe in their ability to help their child, are more likely to engage with their children (Grolnick et al., 1997).

Regarding the second and third goals of this project, it should be noted that no new novel findings were found, and further, what was found was a large gap in the literature that specifically related to the overall research question. For example, of the records found across the two included databases, a large portion of the records (i.e., 905) did not even relate to SEL programs or address parental engagement efforts. Thus, our empirical knowledge of the specific area of inquiry is very limited. It is also possible that other researchers experienced

similar struggles in their social emotional learning programs during the pandemic and thus slowed the production of research that pertained to parental engagement. However, it should also be considered that previous investigations regarding parental facilitators and barriers in such programs have reported similar findings, possibly highlighting that there is no longer a need to study the facilitators and barriers if what has been found is more of the same. Further, maybe what is needed are novel approaches to solve these ongoing and unsolved barriers that parents face.

Yet still, it needs to be considered that despite what has been identified in the literature as facilitators and barriers, parental engagement remains low. For example, Albright and colleagues (2013) found in a school mental health center that despite their efforts to increase the completion of one survey and reduce barriers (through individual phone calls, providing instructions on how to complete surveys, providing addressed and stamped envelopes for the completed surveys) they still were unsuccessful in bolstering parents' completion. This serves as another example of how our efforts have not been successful in fully overcoming the barriers that parents' face. If we look at the barriers that have been identified, as well as the facilitators that have helped foster parental engagement, largely what is cited are factors related to a larger system that parents operate within. For example, time, location, childcare, financial incentives, and a sense of connection all seem to speak to factors that exist outside of the parent-child relationship yet have been found to influence whether parents attend such meetings. Thus, one might think of Bronfenbrenner's bioecological model in thinking about parents and the various systems that they interact with (1974). For example, parents, like their children, are impacted by their immediate work environment and their financial situation, as well as the larger systems that they live within

(e.g., government agencies, attitudes and ideologies of the larger culture). From this perspective, it makes sense that parental engagement has not largely improved if the larger environment that parents operate within has remained the same and is still impacting the parent in a negative manner. For example, for a parent who lives in poverty, a \$25 incentive to join a parent meeting may not address and solve issues regarding that parents' available time, their access to transportation, or be enough of an incentive if they are having to miss time working (which would provide them with more than \$25).

Thus, some ideas to promote engagement were found. First, it appears that making some form of personal contact with the parents was helpful in gaining parental participation. Researchers could think about their own interpersonal networks within their school that could be utilized to reach out and make personal connections with parents to initiate (and maintain) these relationships. In addition, communicating encouragement to parents about their participation could also be a useful strategy to facilitate involvement. Also, informing parents of the purpose behind SEL programs also sounds like it could be useful to promote engagement of parents. Further, time and the commitment that the programs require was also a theme. Next, the use of incentives seemed to be very helpful in facilitating parental engagement in the studies that were discussed here. Last, providing materials that are easy to access and user friendly seem to be another key component to parents engaging in materials that are developed for them. Researchers could further think about how to better streamline their program materials to disseminate information more quickly and in an easy manner in order to reduce the time commitment required and increase usability of the materials by parents. For example, with Coping Power, the creation of "nudges" to engage parents has been created to help foster parental engagement. Parent nudges are weekly infographic

messages that were designed to be sent as a text message to consenting parents' cell phones. These messages were designed to be informational and instructive, where they inform parents of each week's lesson and offer suggestions on how parents can engage with their child to help reinforce what they have learned. For instance, some of these nudges encourage parents to apply the social-emotional material to their own lives and to share this with their child, ultimately providing an opportunity for communication about social-emotional development between the parent and child. Next, to further support parents and their needs, researchers could initiate discussions and conduct interviews with parents to learn about their unique issues with time (and additional barriers) in order to better support them. Last, similar investigations could continue to utilize objective measures of parental engagement and/or surveys to further track the rates of parental engagement (like some of the included records did).

Yet, this current review and former research studies still do not tell us how these findings fit for our individual communities. In order to understand the immediate needs that exist within our communities, we need to speak with and listen to our community members, parents in this case. In turn, learning about parents' challenges could also help to shine light on some of the barriers that parents face and thus, hinder their parental engagement in SEL programs (and other school activities). In learning this, teachers, school counselors, principals, community-trusted researchers, etc., could provide parents with the support that *parents have communicated that they need*, leading to the development of individualized, facilitating-strategies that could better foster engagement and possibly begin to address community-level issues. Therefore, maybe it is time to use the information that research has provided us thus far while we simultaneously listen to and understand the needs of our

unique parents, allowing us to better design strategies that work best for them and possibly begin to address larger community problems.

Limitations

In regard to limitations surrounding the systematic review process, it should be considered that one person searched, reviewed, and filtered records; thus, the reliability of the findings are limited by this independent process. Therefore, it is possible that relevant records could have been excluded due to human error. Of note as well, the term “social emotional learning” is specific and it is possible that school-based interventions that were not strictly “social emotional learning” that included child and parent components were excluded and could have provided helpful information for fostering parent engagement within the broader school system. For example, looking at how schools on a system-level broadly encourage parental involvement could be useful in learning how school administrations are successful (or not successful) in gaining parent participation. Along this same line of thought, other databases could have been useful in order to have provided more information on parent engagement from a broader perspective, such as SAGE Open which includes articles relevant to social and behavioral sciences and the humanities.

Regarding limitations surrounding the studies included, the small sample size of the parents in the Hales (2017) dissertation should be considered as a limitation. Additionally, the Hales (2017) article mostly includes parents of elementary students, making it difficult to separate findings between younger and older students. Also, the findings of this project are based upon a limited number of studies (four total). Consequently, these findings should be considered tentative and used as inspiration in thinking about strategies that could foster parental engagement for the parents of middle school students’ and to consider larger

systemic factors at play in our communities that limit our community members from accessing resources that could help them.

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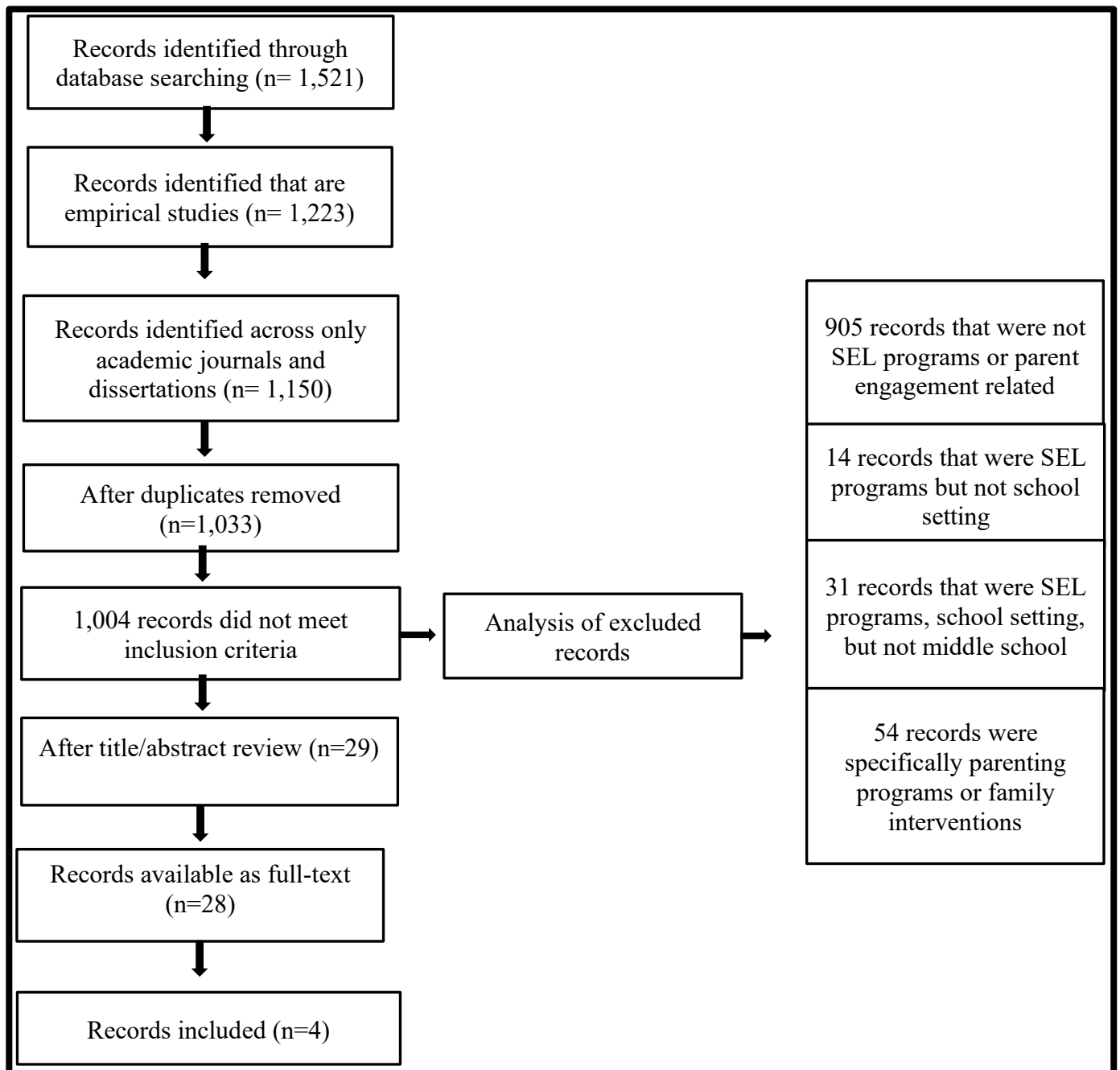
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APPENDIX A

Figure A1*Coding Flowchart*

Step 1:	<u>Record Article Title</u>
Step 2:	<u>Code Intervention Type</u> -SEL program or not? -If yes, proceed to Step 3
Step 3:	<u>Code Age and/or grade of participants</u> -Middle school-aged or not? -If yes, proceed to Step 4
Step 4:	<u>Code Setting</u> -School setting or not? -If yes, proceed to Step 5
Step 5:	<u>Code Parent Component</u> -Parents component included in study or not? -If yes, proceed to Step 6
Step 6:	<u>Code Barriers and Facilitators of Parent Engagement</u> -Includes details about barriers and/or facilitators? -If yes, article included and further reported upon

Note. Steps utilized in the systematic literature review. If a record met the criteria for each step, then it was considered in the final review.

Figure A2*PRISMA Diagram for Exclusion and Inclusion of Studies*

Note. Displays the process of the systematic literature review, detailing the number of records identified at each step, records that were excluded because they did not meet full criteria, and records that met inclusion criteria and were included.

Table A1*Final Records Included*

<u>Article:</u>	<u>Intervention:</u>	<u>Parent component details:</u>	<u>Age and/or grade of participants:</u>	<u>Setting:</u>	<u>Program components:</u>
Hales (2017)	WhyTry	-Length: One year -Number of meetings: 4 assignments to take end-of-year survey	-Students in elementary, middle and high school - Parents	-Elementary, middle and high schools	-Child component in person -Parent component online
Haymovitz et al. (2018)	Social Harmony	-Length: One year -Number of meetings: Unclear; total hours of commitment vary (between 13-32 hours of training/instruction)	-Students in grades 7 and 8, alumni (age 12 and older) -Faculty members -Parents -Colleagues -Administrators	-Small, independent, secular school serving children from birth through eighth grade	-Child component -Parents can be trained to implement the program; parent workshops in Tier 2 of intervention
Lewis (2012)	Positive Action	-Length: N/A -Number of meetings: N/A -Not enough funding for community component of program -Parents completed measures	-Kindergarten through eighth grade students -Parents	-Elementary and middle school	-Kindergarten through 8 th grade portion of this program was implemented for youth -Parents' involvement included completion of responses
Spoth et al. (2008)	Iowa Strengthening Families Program	-Length: 7 weeks -Number of meetings: One session per week	-Sixth grade students	-Rural schools	-Weekly child session and parent sessions -Also included family sessions where both parent and child attended

Note. Records included in the final review and relevant details provided for each record.

Vita

Courtney Whitaker was raised in Waynesville, North Carolina by Michelle and Michael Whitaker. She attended the University of North Carolina at Chapel Hill and was awarded the Bachelor of Science in Chemistry in May 2014. She later worked as a chemist, while continuing her interest in the mental wellbeing of youth. Ms. Whitaker then accepted a position in Appalachian State University's clinical psychology program and began study toward a Master of Arts in clinical psychology.