



Refining an intervention for students with emotional disturbance using qualitative parent and teacher data



Rohanna Buchanan^{a,*}, Rhonda N.T. Nese^b, Lawrence A. Palinkas^c, Traci Ruppert^a

^a Oregon Social Learning Center, 10 Shelton McMurfhey Blvd., Eugene, OR 97401, USA

^b University of Oregon, Educational and Community Supports, 1235 University of Oregon, Eugene, OR 97403, USA

^c School of Social Work, University of Southern California, Montgomery Ross Fisher Building, Room 339, Los Angeles, CA 90089, USA

ARTICLE INFO

Article history:

Received 6 July 2015

Received in revised form 19 August 2015

Accepted 20 August 2015

Available online 24 August 2015

Keywords:

Parents

Teachers

Transition

Intervention

Collaboration

ABSTRACT

Intensive supports are needed for students with emotional disturbance during high-risk transitions. Such interventions are most likely to be successful if they address stakeholder perspectives during the development process. This paper discusses qualitative findings from an iterative intervention development project designed to incorporate parent and teacher feedback early in the development process with applications relevant to the adoption of new programs. Using maximum variation purposive sampling, we solicited feedback from five foster/kinship parents, four biological parents and seven teachers to evaluate the feasibility and utility of the Students With Involved Families and Teachers (SWIFT) intervention in home and school settings. SWIFT provides youth and parent skills coaching in the home and school informed by weekly student behavioral progress monitoring. Participants completed semi-structured interviews that were transcribed and coded via an independent co-coding strategy. The findings provide support for school-based interventions involving family participation and lessons to ensure intervention success.

© 2015 Published by Elsevier Ltd.

1. Introduction

Students with emotional disturbance (ED) are at risk for multiple negative outcomes, including school failure, low rates of employment in adulthood, and involvement with mental health and social work agencies (U.S. Department of Education, 2005). Students with ED often are removed from mainstream educational settings and placed in treatment classrooms. Once their treatment programs have been completed, they are then transitioned back to their home schools. However, national data show that when reintegrating students with ED into less restrictive school environments the intensive services provided in more restrictive settings are not replicated, and that the intensity of supports abruptly decreases (Wagner & Davis, 2006). Consequently, students with ED who have experienced success in highly structured, well supervised, and encouraging settings typically are at risk when they transition to larger schools with less teacher attention (Wagner & Davis, 2006). For example, data from the Education Service District (ESD) participating in this study indicates that the majority of students who transitioned from a day-treatment school (DTS) were not successful in district public school (DS) settings during the 4 years prior to this study. Specifically, within 1 year of transitioning back to DSs in their

home district, the majority of the middle school students in the ESD's DTS were placed in self-contained classrooms, alternative placements, treatment centers, or received out-of-school tutoring due to emotional and behavioral problems. In addition, over 50% of students had high rates of truancy, high rates of involvement in social services (e.g., child welfare, mental health, and juvenile justice), and low levels of parental support. These national and local data clearly indicate that intensive supports for students with ED are critical to promote their successful transition to less restrictive environments.

Prior research has shown that students with emotional and behavior disorders respond to intensive efforts that incorporate individualized behavioral interventions involving their parents as partners and that use data to guide treatment decisions (Vernberg, Jacobs, Nyre, Puddy, & Roberts, 2004). Parents have the most information regarding the history of their child and are the most knowledgeable about their child's history and home environment. Therefore, it is essential for parents to be actively involved in planning and implementing behavioral interventions to maximize their effectiveness (Ingersoll & Dvortcsak, 2006; Lucyshyn, Horner, Dunlap, Albin, & Ben, 2002; Park, Alber-Morgan, & Fleming, 2011). Data that is effective to monitor and guide treatment must be easy to collect and reviewed frequently, while sufficiently dynamic to inform parents and teachers of behavioral changes (Fisher, Burraston, & Pears, 2005; Fuchs & Fuchs, 1999).

Development of intensive supports for transitioning at-risk students maps on to the public health model of prevention and intervention (Pluymert, 2014), which has informed the triangle of support that

* Corresponding author.

E-mail addresses: rohannab@oslc.org (R. Buchanan), rnese@uoregon.edu, rhondan@oslc.org (R.N.T. Nese), palinkas@usc.edu (L.A. Palinkas), tracir@oslc.org (T. Ruppert).

outlines a three-tiered structure of supports for students. Within these tiers, Tier 3 consists of the most intensive interventions reserved for students at greatest risk for significant behavior problems (Gresham, 2004; Pluymert, 2014). Consistent with prior research on interventions for students with emotional and behavior disorders (Chamberlain & Reid, 1998; Leve, Chamberlain, & Reid, 2005), the need for intervention development at the tertiary level of support is imperative for students, especially during a difficult transition phase that is often accompanied by school failure.

1.1. The iterative development process

Leaders in education have long advocated for the integration of feasible, socially valid, data-based, comprehensive, useful, and well-coordinated school-based prevention and intervention efforts (Greenberg et al., 2003; Merrell, Ervin, & Peacock, 2012; Reschly & Ysseldyke, 2002; Upah & Tilly, 2002). Family involvement as collaborative partners with an active voice in the process and decision-making for student supports is essential if researchers are to learn what works for students and their families (Albin, Dunlap, & Lucyshyn, 2002). Additionally, intervention collaboration between parents and teachers has been shown to improve the fit and feasibility as well as the sustainability of supports (Albin, Lucyshyn, Horner, & Flannery, 1996). The present study was designed to produce an intervention that met these criteria for transitioning students with ED using the Institute of Education Sciences (IES) intervention development funding mechanism. The guidelines for the IES intervention development process require, “a systematic process for creating and refining the intervention” (IES, 2011, p. 42) that emphasizes qualitative data collection and analysis to inform intervention development and revision based on consumer feedback. Under these guidelines, researchers implement intervention components or the intervention as a whole, collect and analyze relevant data, then make refinements or revisions to the intervention or components based on the data.

Evidence-based programs often fail when implemented in real-world environments because they fail to take into consideration local perspectives and input (Elliott & Mihalic, 2004; Hurlburt & Knapp, 2003). A truly collaborative intervention planning and implementation approach should reduce the likelihood that interventions will fail (Marshall & Mirenda, 2002). Collaboration facilitates the development, implementation, and evaluation of comprehensive behavioral interventions to not only improve the contextual fit for students and their families, but also to improve the sustainability of supports over time (Albin et al., 1996). Further, interventions implemented consistently as a result of a good contextual fit are more likely to produce outcomes that are generalizable to new settings and situations (Kuhn, Lerman, & Vorndran, 2003). The iterative process outlined here is designed to introduce stakeholder input early in the development process, which is only beginning to be described in the literature (e.g. Kern, Evans, & Lewis, 2011, Mautone et al., 2012). This paper was written to describe and reflect on that process and produce some lessons learned that could apply to the adoption of any innovative program.

1.2. Students With Involved Families and Teachers: SWIFT

SWIFT is an intervention to support at-risk students during difficult school transitions. The intervention includes four-components adapted for implementation in school settings from two evidence-based interventions for youth with emotional and behavioral disorders that include progress monitoring and a parent component: Multidimensional Treatment Foster Care (MTFC; Chamberlain & Reid, 1998; Leve et al., 2005) and Keeping Foster Parents Skilled and Supported (KEEP; Chamberlain, Moreland, & Reid, 1992; Chamberlain et al., 2008; Price et al., 2008). MTFC and KEEP are based on social learning theory (see Patterson, 1982) and were selected because they intended to serve youth with similar behaviors and experiences as those eligible for

SWIFT. Students eligible for SWIFT include students receiving intensive and individualized school-based supports for severe emotional and behavioral problems (i.e., Tier 3 interventions). See Methods, below, for additional details on the intervention and participants.

1.3. The purpose of this paper

The purpose of this paper is twofold. First, to illustrate the development of a feasible home and school intervention, SWIFT, and second, to outline the process by which stakeholder feedback was actively solicited to improve the feasibility of the intervention. Qualitative interview data was collected from parents of transitioning students, DTS teachers, and DS teachers for the purposes of highlighting features of the intervention that should be retained because of their likeability and ease of use, features that should be modified or intensified to improve their effectiveness in their students' transition process, and features that should be removed from the intervention based on the level of resources needed to implement them. This paper provides researchers and practitioners an example of the iterative development process with the goal of improving the sustainability of evidenced-based interventions.

2. Method

2.1. Participants and setting

Maximum variation purposive sampling was used to capture a range of perspectives from informants with experience related to the development project goals (Berg & Lune, 2012; Padgett, 2008). Of interest, were the perspectives of the parents and teachers of students involved in a DTS's transition process and our strategy to establish a range of perspectives was to include: (a) parents of middle school age students (grades 6–8) with ED, participating in SWIFT, and transitioning from a DTS to DS, (b) the students' teachers from the DTS, and (c) the students' post-transition middle and high school teachers from multiple school districts. All participants were recruited by a study representative and participated in an in-person Institutional Review Board (IRB) approved informed consent procedure.

2.1.1. Parents

Nine parents were recruited for participation in the qualitative interviews. The majority of the parents were female ($n = 8$, 89%) and identified as Caucasian ($n = 7$, 78%) or African American ($n = 2$, 22%). The relationship to the student included foster parents ($n = 4$, 44%), biological parents ($n = 4$, 44%), and a grandparent guardian ($n = 1$, 11%). Six parents (67%) reported that there was a secondary caregiver in the home. Highest education included GED ($n = 1$, 11%), community college ($n = 3$, 33%), 4-year college ($n = 2$, 22%), and some graduate courses/graduate degree ($n = 3$, 33%). The median household income was \$35,000 and five parents reported that their family participated in some type of assistance (e.g., food stamps or low-income housing). Each parent had a student displaying severe emotional (e.g., anxiety, depression) or behavioral (e.g., aggression, defiance, property destruction) problems who was transitioning from the DTS to the DS in their home. Students were eligible for school-based Tier 3 interventions due to the severity of their behavior at school.

2.1.2. Teachers

Seven teachers working with transitioning students at the DTS or post-transition in DS's were recruited from six schools across three school districts. Each teacher had worked with at least one of the students in the homes described in *Parents*, above. Four teachers were female (57%) and the majority identified as Caucasian ($n = 6$, 86%) and one identified as more than one race (Pacific Islander and White, 14%). They reported teaching special education classes ($n = 5$, 71%) or general education classes in alternative high school classrooms

Download English Version:

<https://daneshyari.com/en/article/345917>

Download Persian Version:

<https://daneshyari.com/article/345917>

[Daneshyari.com](https://daneshyari.com)