



The efficacy of conjoint behavioral consultation in the home setting: Outcomes and mechanisms in rural communities☆

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ABSTRACT

This study reports the results of a randomized controlled trial examining the effect of Conjoint Behavioral Consultation (CBC), a family-school partnership intervention, on children's behaviors, parents' skills, and parent-teacher relationships in rural community and town settings. Participants were 267 children, 267 parents, and 152 teachers in 45 Midwestern schools. Using an Intent to Treat approach and data analyzed within a multilevel modeling framework, CBC yielded promising results for some but not all outcomes. Specifically, children participating in CBC experienced decreases in daily reports of aggressiveness, noncompliance, and temper tantrums; and increases in parent-reported adaptive skills and social skills at a significantly greater pace than those in a control group. Other outcomes (e.g., parent reports of internalizing and externalizing behaviors) suggested a nonsignificant effect at post-test. CBC parents reported using more effective parenting strategies, gaining more competence in their problem-solving practices, and feeling more efficacious for helping their child succeed in school than parents in the control group. Parents participating in CBC also reported significant improvements in the parent-teacher relationship, and the parent-teacher relationship mediated the effect of CBC on children's adaptive skills. Implications for practice in rural communities, study limitations, and directions for future research are discussed.

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1. Introduction

Early childhood behavior problems are linked to a host of negative outcomes related to children's growth and development (Reinke, Herman, Petras, & Jalongo, 2008). Externalizing behaviors are associated with lower achievement scores (Bub, McCartney, & Willett, 2007) and poor school adjustment (Fantuzzo, Sekino, & Cohen, 2004). Left unaddressed, early behavior problems are linked to an increased risk for school suspensions (Reinke et al., 2008) and dropout (Vitaro, Brendgen, Larose, & Tremblay, 2005), aggression (Fantuzzo et al., 2004), and adult mental health disorders (Reef, Diamantopoulou, van Meurs, Verhulst, & van der Ende, 2011). Early intervention is necessary at the first sign of behavioral difficulties to reduce problem behaviors and build prosocial alternatives and adaptive skills (Sheridan et al., 2012).

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Experiences in early childhood and elementary school play a critical role in children's learning and development (Sheridan, Clarke, & Christenson, 2014a) and may prevent the long-term impact of behavior problems (Dishion & Patterson, 2006). For example, children's early experiences with their parents can influence their academic trajectories (Schwartz, Pettit, Lansford, Dodge, & Bates, 2013) and behavior (Stormshak, Bierman, McMahon, & Lengua, 2000), and parent management of children's behavior is a strong predictor of delinquency (Larzelere & Patterson, 1990). In fact, inconsistent and harsh parenting practices are linked to cascading consequences for children, including conduct problems, social failure, and violence in adolescence (Dodge, Greenberg, & Malone, 2008; Stormshak et al., 2000), whereas warm and consistent parenting strategies are related to higher academic performance (Downer & Pianta, 2006) and fewer behavior problems (Hill, Bush, & Roosa, 2003). Similarly, children's experiences in their classroom shape their social-emotional competence, behavioral skills, and academic achievement (Hamre & Pianta, 2005; Rimm-Kaufman, Curby, Grimm, Nathanson, & Brock, 2009). As a result, well-timed relationship-focused interventions that are designed to address behavioral concerns early, strengthen parenting and teaching practices, and create consistent environments across home and school are linked to improvements in parenting skills and reductions in children's disruptive behaviors (Knoche et al., 2012).

1.1. The importance of geographic context

Rural communities vary greatly from urban areas (suburban communities and cities) in meaningful ways that may affect children's development. Rural communities are located at least 5 miles from an urbanized area, and at least 2.5 miles from an urban cluster; towns are situated inside an urban cluster that is between 0 and 35 miles from an urbanized area. They are geographically more remote than suburban communities (which are outside a principal city and inside an urbanized area) and cities (located inside an urbanized area and inside a principal city). They are also less densely populated. By definition, rural communities have populations of fewer than 2500; towns are core areas with populations between 2500 and 50,000 (Office of Management and Budget [OMB], 2000). This is in contrast to suburban communities which have populations between 50,000 and 250,000 or more, and cities that contain the primary population and economic center of a metropolitan area (OMB, 2000).

Compared to their urban and suburban counterparts, rural schools are often characterized by higher levels of poverty (Monk, 2007), greater isolation, and fewer resources. Within homes, some rural children been found to be exposed to less emotionally supportive parenting strategies and home-based educational resources than their non-rural counterparts (Clarke, Koziol, & Sheridan, 2017). Privacy is often limited in rural settings, and some rural parents may avoid seeking help due to the stigma surrounding mental health services in those communities (Larson & Corrigan, 2010). As a result, rural children may enter school with less well-developed social-emotional competencies and exhibit higher rates of externalizing behaviors than non-rural children (Sheridan, Koziol, Clarke, Rispoli, & Coutts, 2014b) and these behavior problems are often observed across home and school environments (Sheridan, Ryoo, Garbacz, Kunz, & Chumney, 2013). Although there is a clear need for services aimed at improving children's behavior concerns in rural settings, few services are available for those who feel comfortable seeking help (DeLeon, Wakefield, & Hagglund, 2003).

Despite the challenges in rural settings, these communities are often uniquely positioned to support children's healthy functioning. Although relationships between rural families and schools are less positive than in urban areas (Witte & Sheridan, 2016), school staff in rural settings tend to have flexible attitudes about the roles of school and are willing to partner with parents to meet the needs of students. Similarly, parents in rural communities often have a commitment to working as a team for mutual benefit (Wright, 2003). In fact, services delivered through formal community sources (e.g., schools) are viewed as more acceptable

Table 1
Objectives and stages of CBC.

Interview	Objectives
Needs identification/analysis ("Building on Strengths")	<ul style="list-style-type: none"> ▪ Jointly identify and define child's needs and priorities in behavioral terms. ▪ Determine a primary behavior to address (target behavior) for initial intervention. ▪ Collaboratively develop appropriate goals for target behavior across home and school. ▪ Discuss what is happening before and after the priority behavior, as well as specific patterns that occur, during the focused time/setting.
Plan development and implementation ("Planning for Success")	<ul style="list-style-type: none"> ▪ Jointly establish a procedure to collect baseline data across settings. ▪ Collaboratively develop a plan built upon strengths and competencies to address the priority behavior across home and school. ▪ Train parents and teachers in plan implementation as necessary. ▪ Implement agreed-upon intervention across home and school settings. ▪ Make immediate modifications to plan as necessary. ▪ Support implementation of behavioral plan at home and school through observing, providing feedback, modeling, and troubleshooting.
Plan evaluation ("Checking and Reconnecting")	<ul style="list-style-type: none"> ▪ Assess immediate changes in student's behavior. ▪ Determine if the goals for the priority behavior have been met. ▪ Discuss effective elements of the intervention plan. ▪ Discuss continuation/termination of plan. ▪ Schedule additional interview if necessary, or terminate consultation.

Note: Due to their sensitive nature, Needs Identification/Analysis Interviews were conducted with individual parents, their child's teacher, and a consultant. All other interviews were conducted in small groups with one teacher, parents of 2–3 children in their classroom, and a consultant.

Source: Sheridan et al. (2012). A randomized trial examining the effects of conjoint behavioral consultation and the mediating role of the parent-teacher relationship. *School Psychology Review*, 41, 23–46.

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