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Examining the Feasibility of a Rural School-Family Initiative

Heather M. Halko

EXAMINING THE FEASIBILITY OF A RURAL SCHOOL-FAMILY INITIATIVE

By

HEATHER M. HALKO

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TO BE Approved by:

Scott Whittenburg, Graduate School

Cameo Stanick, Ph.D.
Psychology Department

Anisa Goforth, Ph.D.
Psychology Department

Lindsey Nichols, Ph.D.
Department of Counselor Education

Halko, Heather, B.A., May 2016   Clinical Psychology

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Chairperson: Cameo Stanick, Ph.D.

Increased prevalence of child psychological difficulties demonstrates a need for feasible mental health interventions that are available to children and families. Previous research shows evidence for the effectiveness of family-focused, school-based mental health programs in addressing child academic and behavioral problems. However, various barriers exist that prevent such programs from being implemented with fidelity: ability to identify high-risk children and families; school staff and caregiver attitudes, motivation, and satisfaction regarding use of the program; and program costs. The current study examined the feasibility of a rural school-family initiative that contained aspects of the Positive Family Support (PFS) program, including an examination of the previously listed implementation barriers. Participants included administrators, mental health support staff, teachers, and caregivers (e.g., parents) who are involved in implementation of PFS in a public middle school. Participants completed measures developed to assess attitudes, motivation, and satisfaction regarding use of PFS. Additionally, participants who were willing to complete a follow-up interview were asked specific questions regarding their involvement in and perceptions of PFS. Results suggested that the PFS program is not feasible within the target school setting, though the school was able to use aspects of the PFS program to develop a school-family initiative that appeared to positively impact participants' perceptions of school-family partnerships. Results showed that participants held attitudes that compliment PFS program goals, as well as generally positive perceptions that the school was able and motivated to implement the school-family initiative. Qualitative interview results provided insight into the barriers that prevented the school from implementing all aspects of the PFS program. The current study contributes to the field by initiating dissemination and implementation research examining the effectiveness and sustainability of PFS in a public middle school setting.

Introduction

Identification of children demonstrating mental health difficulties has been increasing throughout past decades, with some studies suggesting as many as one in five children experience some degree of psychological distress (Biglan, Mrazek, Carnine, & Flay, 2003). Research has demonstrated that the presence of such psychological distress or mental health disorders in childhood create significant barriers to learning in a large portion of the U.S. school population (Stormshak, Fosco, & Dishion, 2010). A variety of epidemiological factors influence the development of childhood mental health issues, including maladaptive parenting practices and child problem behaviors; thus the need for mitigating emotional and behavioral difficulties across settings is paramount (Ary, Duncan, Duncan, & Hops, 1999; Dishion & Kavanagh, 2003). Family-focused, school-based intervention strategies maximize intervention effectiveness, though many barriers exist that prevent schools from increasing school-home communications and relationships and being able to implement these programs with fidelity (Dishion & Kavanagh, 2000). Indeed, many programs suffer from the same 'train and hope' model historically prevalent across multiple mental health service systems (Beidas, Edmunds, Marcus, & Kendall, 2012). The examination of program feasibility could assist in developing an understanding of how to overcome common fidelity barriers, ultimately leading to the demonstration of intervention effectiveness.

Child Problem Behaviors and Parenting Practices

Children exhibiting problem behaviors such as rule-breaking behaviors, defiance, aggression, lying, and stealing may show increases in these behaviors as they get older. Without intervention, a proportion of these children may show escalations to more serious behaviors including substance use, delinquency, and risky sexual behavior (Dishion & Patterson, 2006).

When patterns of such problem behavior become prominent in the home setting, the behaviors may eventually extend to the school environment, and vice versa. Indeed, these behaviors disrupt learning, which could lead to more serious behavioral problems, academic difficulties, and school dropout (Ary et al., 1999; Loeber et al., 1993).

Many child problem behaviors stem directly from difficulties managing parenting practices. Caregivers (i.e., parents or other caretaking adults) serve a vital leadership function within the family that is critical for positive child development; and when this leadership role is destabilized, child outcomes are generally poor (Loeber & Dishion, 1983). This connection is especially important as children enter middle school and naturally begin to develop autonomy. During this developmental stage, there is a transition in the caregiver-child relationship, including children spending less time with caregivers, children spending more time with peers, reduced caregiver-child communication, and lower levels of caregiver involvement and monitoring (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996; Loeber et al., 2000). This process is normal and important for child development when completed at the appropriate time. However, if caregiver monitoring and support is decreased too early or not in place during the adolescent years, youth are at risk of developing deviant behaviors (Dishion, Nelson, & Bullock, 2004). In fact, problems with caregiver monitoring are one of the most robust predictors of a variety of child behavioral and mental health problems (Dishion & Loeber, 1985; Hammen, Rudolph, Weisz, Rao, & Burge, 1999; Peterson, Hawkins, Abbott, & Catalano, 1994; Pettit, Laird, Dodge, Bates, & Criss, 2001; Stormshak, Bierman, McMahon, & Lengua, 2000). This finding has been demonstrated across a variety of cultural backgrounds (Barrera, Castrol, & Biglan, 1999; Kilgore, Snyder, & Lentz, 2000). Fortunately, research has shown that such deterioration of family monitoring is a modifiable process (Dishion et al., 2004).

Caregiver Involvement in Intervention

Analyses of the involvement of caregivers in interventions for high-risk children clearly demonstrate that adaptive parenting skills (i.e., effective caregiver monitoring, limit setting) decrease the risk of problem behaviors, even in the context of early risk factors (i.e., poverty) and environmental stressors (Galambos, Barker, & Almeida, 2003). While child-focused interventions have demonstrated success at some level, they do not address all of the issues contributing to the child's difficulties. Intervention outcomes are strengthened by the inclusion of caregivers and families in intervention efforts (Christenson, 2003; Weisz, Jensen-Doss, & Hawley, 2006). For example, McMahon & Slough (1996) found that caregivers play a crucial role in promoting academic success of their children by becoming involved in the child's school environment, including stimulation of cognitive growth at home and promoting values in their children supportive of academic success. Dishion, Nelson, and Kavanagh (2003) found that randomly assigning caregivers of high-risk children to a parenting intervention effectively improved caregiver monitoring, even without addressing the children's acceptance of increased supervision. The basic task of providing specific information to caregivers regarding their child's attendance, homework, and class behavior can result in improved caregiver monitoring that supports children's academic and social success (Heller & Fantuzzo, 1993). Even brief, targeted family-focused interventions can produce changes in both self-reported and observed parenting skills (Lim, Stormshak, & Dishion, 2005). Considering the relationship between the etiology and maintenance of child problem behaviors and the impact of caregiver involvement on intervention efforts, school-based interventions for problematic child behaviors should concentrate on incorporating and improving parenting skills and practices (Ary et al., 1999).

School and Family Collaboration

Continual advancement of research encouraging family engagement in child education over the past 40 years has moved from encouraging 'parent involvement' in child education to promoting the development of partnerships or collaborative approaches to caregiver inclusion in schools. This includes schools and families working to establish shared goals, trusting relationships, mutual respect, and complementary expertise (Christenson, Rounds, & Franklin, 1992; Swap, 1993). Through this perspective, school-family collaboration is not seen as an isolated collection of activities, but rather as an essential component of promoting multiple aspects of child school success (Christenson & Sheridan, 2001).

The development of Positive Behavioral Interventions and Supports (PBIS), or School-wide Positive Behavioral Supports (SWPBS), vastly improved the manner through which school systems structure and provide child and family intervention supports (www.pbis.org/research). PBIS is a school-wide system for supporting appropriate child behavior and creating a positive school environment by utilizing proactive strategies to define, teach, and maintain appropriate child behavior. PBIS is not a specific curriculum, intervention or practice. Rather, it is an operational framework for improving child academic and behavioral outcomes by ensuring all children and their families have access to effective instructional and behavioral interventions. Instead of focusing on disciplinary responses to child misbehavior, PBIS encourages positive reinforcement of appropriate child behavior to establish a positive school environment. The PBIS framework provides schools with guiding principles and tools for improving child academic and behavioral success in the school setting, establishing a school climate in which appropriate behavior is standard practice.

PBIS organizes evidence-based behavioral practices into a tiered continuum depending upon a child's responsiveness to intervention. At the 'universal' level (Tier I) of the continuum, PBIS provides school-/classroom-wide supports to all children. Not all children's problematic behaviors will respond to this level of intervention; however, in a functioning PBIS system, universal level risk screening is used to help identify children with early signs of high-risk in emotional, behavioral, and academic areas (Fosco, Frank, Stormshak, & Dishion, 2013). For these children, PBIS suggests more intensive behavioral supports be provided at a specialized group level (i.e., selective intervention; Tier II). At this stage, intervention efforts are designed to identify family strengths and weaknesses, as well as motivate caregivers to engage in intervention services to improve their parenting practices (Fosco et al., 2013). If children's problematic behaviors persist, PBIS requires specialized and individualized behavioral supports for those children and families (Tier III).

Across the nation, family participation in the PBIS process is growing (www.pbis.org/family). In fact, many school-family partnership projects and programs have been developed as a result of an increased focus on school-family collaboration within the empirical literature, though very few resources specifically outline proven, effective recommendations for what school staff can do to improve family participation in children's education (Hornby, 2011). The small literature base that discussed these limitations called for an expansion in research dedicated toward developing an understanding of the components that would be essential in designing effective school-family engagement programs. In response, Hornby (2011) offered a model for caregiver involvement that provides insight into the fundamental aspects of a successful school-family partnership. The model includes two pyramids: one pyramid represents a hierarchy of caregivers' needs, and the other represents a

hierarchy of caregivers' strengths or capacity to contribute to enhance collaboration (see Figure

1). The inclusion of both components (i.e., caregiver needs and caregiver contributions)

emphasizes the give-and-take relationship that characterizes effective and functional

partnerships.

The parental *contribution* pyramid describes the ways in which caregivers can promote

successful school-family partnerships. First, to assist the school in effectively assessing and

addressing child academic and behavioral concerns, caregivers need to be willing to share

valuable information about their children with the school. When concerns or problems are

identified, caregiver willingness and ability to collaborate with teachers to improve child

education outcomes can enhance intervention effectiveness (e.g., caregivers reinforcing

classroom academic or behavioral programs at home). Additionally, caregivers can also

contribute toward school-family partnerships by volunteering at the school in some capacity

(e.g., voluntary teaching aide, participation in fundraising efforts). This allows caregivers to act

as an educational resource and facilitates direct school-family collaboration. Importantly, though

these types of opportunities should be available to all caregivers, school staff need to recognize

and communicate understanding that not all caregivers will be able to participate in all activities

for various reasons (e.g., their resources are already fully committed to coping with their children

at home) in order to maintain positive relationships with families.

The second pyramid described by Hornby's model, the parent *need* hierarchy, describe

caregiver needs that school must meet in order to facilitate functional school-family partnerships.

At a universal level, all caregivers need to have open and effective channels of communication

with school staff to be able to fully participate in school-family partnerships. They need to feel

as though they can contact the school at any time, and multiple modes of communication need to

be available to meet the capabilities of all caregivers (e.g., telephone, email, written notes home, face-to-face contact). Additionally, most caregivers desire to know how their children are doing at school (e.g., child achievements and difficulties). These caregivers look to school staff, particularly teachers, as the main source of information regarding their children's school performance. Teachers and other school staff must be willing and able to facilitate these conversations with caregivers by keeping regular contact with families through various methods (e.g., parent-teacher conferences, telephone contacts, home visits). Finally, some caregivers will desire or need some form of educational or supportive program aimed at helping them learn to promote their children's progress or manage their children's behavior. These types of services range from providing educational pamphlets to intensive individualized supports. Not all caregivers will participate in such services for a variety of reasons (e.g., they feel confident in the way they are parenting, have difficultly obtaining alternative childcare, or experience transportation barriers), but those caregivers who do participate often gain beneficial information or skills.

This model can be used to provide guidance in the developmental and provision of caregiver involvement within school systems (Hornby, 2012), and fits well within a PBIS framework (U.S. Department of Education, 2014). For example, this model can be used to write specific school-wide policy for caregiver involvement in education, which could include caregivers being invited to talk about their experiences with school collaboration, their expectations surrounding their involvement in collaboration, their specific needs for collaboration, and the contributions that they feel they could make toward developing a school-family partnership. Use of Hornby's caregiver involvement model could also inform assessment procedures intended to identify caregivers who could be effective in particular collaboration

roles, to invite caregivers who could benefit from collaboration to participate in school-family partnership programs, to monitor caregiver participation within school-family collaboration programs, and to identifying solutions to encourage more caregivers to participate in school-family collaboration efforts. Finally, this model could be used to enhance preexisting school-family relationships. It could facilitate conversations between schools and families regarding satisfaction with the partnership, needs that are not being met by the partnership, or suggestions for how the partnership could be modified to better serve all invested parties (e.g., children, caregivers, and school-family).

While Hornby's model outlines theory and essential components of an effective school-family engagement program, it is not a manualized program, nor does it offer specific guidelines or tools that help schools implement interventions or system-level supports. This could make it difficult for schools to transform their knowledge of school-family partnerships into a workable, usable format that fits within the organizational structure, requirements, and limitations of a school system. Therefore, in order to further promote the ability of a school system to create, maintain, and enrich school-family collaboration, detailed and manualized programs, such as the Positive Family Support (PFS) program, have been developed and made available to schools.

Positive Family Support: A Specific School-Family Collaboration Initiative

Positive Family Support is a family-focused intervention designed to compliment the PBIS framework that is being implemented in school systems (Dishion, Moore, & Stormshak, 2014). The PFS program was created to encourage caregiver involvement in child school success, including encouraging caregivers to utilize positive reinforcement to improve child attendance, behavior at school, and completion of academic tasks. The intervention incorporates the three-tiered model to intervention and utilizes specific research-validated components of the

PBIS framework (e.g., Family Check-Up). The foundational goals of the program, which

compliment the recommendations set forth in Hornby's framework, include helping families feel

welcomed in their children's school, involving caregivers in the intervention process for children

exhibiting problem behaviors, and providing caregivers with additional support they might

desire/require (e.g., parent management training, at-home activities, community resources and

referrals) to successfully make positive parenting changes. These parenting changes are directed

to match the practices utilized in the school setting, including an emphasis on decreasing child

problem behaviors and increasing positive behaviors. Meeting these basic goals may help

facilitate collaboration between school staff and families to help children accomplish difficult

academic- and behavior-related goals.

The three tiers of intervention that exist with the PFS model include a universal, selected,

and individual level of intervention (synonymous with the three tiers of PBIS). All children and

families are served under the universal intervention level. To create a space for families in the

school, a Family Resource Center (FRC) is established as part of PBIS (and PFS) and utilized

explicitly for activities involving caregivers and families (e.g., family outreach activities, family

meetings). The FRC is an area of the school in which families or caregivers can gather, and the

school can provide families with parenting, school, and community resources. A Family

Resource Specialist (FRS) is identified to oversee the use of the FRC, as well as serve as the go-

to person for both school staff and families when questions or concerns arise. Teachers are

encouraged to contact (e.g., phone calls, postcards, e-mails) all families and provide positive

feedback about their child's involvement and interactions in the school setting during the

beginning of the school year. This facilitates positive teacher-family relationships, which are

helpful if problems or concerns about a child's academic or behavioral functioning arise

throughout the year. To further develop these relationships, family outreach activities are designed to provide caregivers with fun opportunities to become involved in their child's school (e.g., family BBQs, school/family carnivals, parenting topic events). At this level, caregivers are also provided with general information regarding common behavioral intervention strategies. For example, family outreach activities could include informational presentations discussing common, child behavior problems and information regarding parenting techniques for addressing those issues. Various sources of information (e.g., behavior modification handouts, parenting pamphlets, referral information) are made available for caregivers in the FRC to promote the use of positive behavioral supports in the home environment.

PFS suggests schools utilize a variety of child screening procedures to ensure children and families receive the most appropriate level of services, which helps aid in identifying children and families who might require support being the universal level. This process includes screeners completed by teachers and caregivers. Caregivers are asked to complete the "School Readiness Check-In" to share information regarding their concerns and desire for additional support regarding their child's school performance or behavior (see Appendix A). Having caregivers complete screeners engages caregiver interest in their child's academic and behavioral school success and allows schools to identify children or families who are requiring supports beyond the universal level early in the school year. Caregivers completing this form have the opportunity to identify specific areas of concern regarding their child's functioning, as well as areas in which they believe their child could benefit from additional support. At the end of the form, caregivers can identify whether or not they would like to be contacted regarding the concerns they have reported for their child. A school staff member is designated to contact

caregivers if caregivers report they have concerns about their child and would like to be

contacted for a more detailed conversation regarding those concerns.

When teacher-, caregiver-, child-, or school-gathered data (e.g., child attendance, grades,

disciplinary referral) suggest a child or family is in need of services beyond the universal level

supports, children/families are transitioned to receiving services under the selected level of

intervention. At this tier of intervention, school staff members are trained to support caregiver

involvement in child intervention and encouraged to invite caregivers to participate as members

of the "student support team." Incorporating families into the intervention efforts includes

holding meetings with families to discuss child concerns, reviewing teaching videos and other

informative handouts related to the concerns with caregivers to facilitate parent skill

development, and utilizing a Check-In/Check-Out (CICO; Dishion et al. 2014) intervention to

maintain communication with caregivers and track child progress. The CICO system of

intervention is designed to facilitate positive communication between school staff and caregivers

regarding their child's behavior at school, academic achievement and school attendance. CICO

provides teachers and caregivers with the opportunity to set specific goals for children in

problem areas and utilize daily incentives for meeting those goals to enhance child behavior

change. This intervention technique can be implemented in the family's home, using at-home

behavior incentives, to expand intervention efforts to a variety of settings and intimately involve

caregivers in the process.

If children are still struggling to demonstrate appropriate behavior at the selected level of

intervention, the family is invited to participate in the individualized level of care, including the

Positive Family Support-Family Check-Up (PFS-FCU) intervention. The PFS-FCU utilizes the

same process as the Family-Check Up (FCU; Dishion et al. 2014) model of intervention, making

it one of the primary, empirically based components of PFS. The FCU intervention model

provides an infrastructure that promotes collaboration between schools and families and utilizes

evidence-based strategies for modifying family management practices (Dishion & Kavanagh,

2003). The primary goal of the intervention is to intervene with high-risk families to help

caregivers change their parenting practices to reduce child problem behavior (Dishion &

Kavanagh, 2003; Dishion & Stormshak, 2007).

  The FCU/PFS-FCU intervention model consists of three sessions focused on providing

supportive and strength-based feedback to caregivers using norm-referenced assessments and

motivational interviewing techniques (Miller & Rollnick, 1991) designed to initiate and engage

families in the change process (Van Ryzin, Stormshak, & Dishion, 2012). The initial meeting

includes a caregiver interview in which the practitioner facilitates a discussion (i.e., "Family

Check-Up Get to Know You Interview") with caregivers regarding their goals, concerns, and

personal motivation for changing parenting practices. This interview accesses information

regarding the caregiver's perceptions of their child's school functioning (e.g., child strengths and

weaknesses) and current family functioning (e.g., family strengths and weaknesses). The family

then completes a questionnaire that gathers more specific information regarding family

information, child experiences, family experiences, and parenting practices. The second session

includes a brief parental assessment including a videotaped family interaction, as well as the

dissemination of an intervention packet to the caregivers, child, and teacher. The final session of

FCU is a feedback session in which motivational interviewing techniques are used to increase

caregiver motivation to change and identifying additional resources for the family as needed,

including a menu of intervention options (Stormshak et al., 2011).

The FCU intervention has been used to effectively reduce problem behaviors, develop adaptive parenting skills, reduce family conflict, and decrease substance use behavior in middle-school children (Stormshak & Dishion, 2009). Dishion et al. (2003) demonstrated that random assignment into FCU program participation improved caregiver monitoring and reduced adolescent substance use in the ninth grade among youth identified as high-risk by sixth grade teachers. Research also demonstrates that caregiver participation in FCU was associated with at-risk children's ability to maintain satisfactory grade point averages and improved school attendance throughout middle school and into high school (Stormshak, Connell, & Dishion, 2009; Stormshak et al., 2010). Fosco et al. (2013) stated that FCU is an "assessment-driven, empirically based conceptualization of family strengths and weaknesses that in turn elicit caregiver motivation and engagement in change processes," with an ultimate goal to "evoke lasting, self-sustained changes for families through brief interventions" (p. 456). The inclusion of FCU as an evidence-based intervention in PFS provides support that PFS has the capacity to demonstrate positive outcomes for children and families that complete the program.

PFS in a Middle School Setting

Research has underscored a developmentally associated increase in child problem behaviors throughout middle school years across a variety of cultural backgrounds (Barrera et al., 1999; Kilgore et al., 2000). Problem behaviors usually begin to escalate around age 13, as children enter middle school and exposure to less supervised peer groups and autonomy associated with puberty increase (Dishion, Capaldi, & Yoerger, 1999; Dishion, French, & Patterson, 1995; Patterson, 1993). Additionally, evidence suggests that caregiver involvement in the school environment tense to decline through middle school years (Chen, 2008; Hill et al., 2004; Hoover-Dempsey et al., 2005; Spera, 2005), even though caregiver involvement in child

education has been identified as an important predictor of positive school outcomes (Deslandes & Cloutier, 2002). Children who struggle with the transition to middle or high school may be at higher risk for developing delinquent behaviors, associating with deviant peer groups, or engaging in substance use behaviors (Sampson & Laub, 1993). These finding suggest that middle school years are an optimal target for parenting and child behavior focused interventions to reduce problematic child behaviors (Dishion & Kavanagh, 2000).

PFS relies on the involvement and participation of caregivers in the invention process. PFS facilitates an atmosphere for caregivers to feel welcomed in their child's school, which helps facilitate a positive relationship between a family and the school. Such positive relationships are especially important for families requiring additional supports to engage in parenting practices that will help their children achieve academic success throughout middle school and high school. Dishion & Kavanagh (2000) suggest the best conditions for building caregiver motivation to participate in intervention is promoting families' ability to self-identify a need for change. When families participate in PFS-FCU, motivational interviewing techniques are utilized to assist families in selecting the most appropriate intervention service for their families from an intervention menu for more intensive services. This process suggests that PFS maximizes the probability that high risk families will engage in PFS during middle school years when intervention efforts are required to address early concerns in various domains of adolescent development (i.e., appropriate behavior, school attendance, and academic achievement).

Since PFS was designed utilizing evidence-based practice components associated with PBIS, this suggests it could be an effective program if schools are able to implement it with fidelity. Importantly, PFS is a comprehensive program that requires a significant allocation of resources (e.g., administrator and faculty time, financial resources, training resources). In high-

needs, low-resourced schools, implementing PFS may include barriers that prevent schools from being able to implement the intervention program with fidelity. An examination of the feasibility of the program could provide schools with information that might identify specific feasibility barriers, help alleviate some of those barriers, and facilitate implementation fidelity.

Feasibility of PFS in a School Setting

As with any other evidence-based practice or program, school systems need to be able to implement PFS with fidelity in order for the intervention to demonstrate effective and sustainable intervention outcomes. High feasibility of PFS in a middle school setting is essential for schools to be able to implement PFS interventions with fidelity. Common problems associated with most child-focused interventions designed in university settings include difficulties with replicating effective outcomes when implemented in 'real world' settings (Dishion & Kavanagh, 2000). In fact, research evidence supporting the effectiveness of child behavioral interventions in 'real world' settings is limited (Weisz, Weiss, Han, Granger, & Morton, 1995). Some of the most common barriers to feasibility of family-focused interventions includes inadequate service delivery, limited school support, expense of services, inability to identify high-risk families, inability to engage high risk families, and inability to measure parenting practices (e.g., caregiver monitoring) in a manner that is sensitive to motivating change (Dishion & Kavanagh, 2000; Forman, Olin, Hoagwood, Crowe, & Saka, 2009; Spoth, Kavanagh, & Dishion, 2002). The design of PFS may have the capacity to overcome these barriers; however, there is no published research to date that has examined the feasibility of the PFS intervention.

Empirically based suggestions for improving the feasibility of intervention and prevention programs include designing such programs to fit within already existing service-

delivery systems (Herman et al., 1996). Designing child interventions to be delivered in a school setting would satisfy this suggestion; however, relying on teachers and school administration to monitor child behavioral problems is an ongoing challenge that requires a significant amount of time. This method of behavioral monitoring often results in the use of exclusionary disciplinary practices (Flannery, Frank, & Kato, 2012), which have limited success and can exacerbate child academic struggles (Arcia, 2007; Maag, 2012). Incorporating caregiver involvement in school-based interventions, particularly those already based on evidence-based practices (i.e., PBIS), would help alleviate some of the monitoring responsibilities placed on school staff and administration providing behavioral intervention. As schools attempt to provide assistance to an increasing number of children with mental health and behavioral difficulties utilizing limited resources, the inclusion of family-focused approaches may be the most effective method for reducing problem behaviors while increasing academic performance (Stormshak et al., 2009). As a family-focused, school-based intervention, PFS satisfies these conditions, which provides evidence that PFS could be feasible in a school setting.

Research also suggests that interventions are more feasible if they are designed to fit within the ecology of the lives of the families and children utilizing the intervention (Dishion et al., 2003). Interventions facilitated within the school setting are accessible to a larger percentage of high-risk children and families, making intervention fidelity most possible and maximizing intervention efforts (Dishion & Kavanagh, 2000). The tools and resources in PFS can assist school staff in identifying, engaging, supporting, and motivating high-risk families to enter the change process. By offering families participating in PFS a menu of intervention options, PFS is designed to fit within the lives of the families and children involved in the intervention. However, regardless of how well fitting an intervention is for a family's lifestyle, family-focused

interventions require adequate participation on the part of the family. If families are not

motivated to change, are not satisfied with various components of the intervention process, or do

not see the value of aspects of the intervention, long-term changes in child and family behavior

are unlikely. These types of family/caregiver attitudes or motivation barriers are program

feasibility issues that will impact the fidelity with which PFS is implemented from the

caregiver/family perspective.

Research has demonstrated that two of the primary contextual factors that could impact

the feasibility of PFS include 1) administrative and teacher support for the program, and 2) cost

of the intervention (Forman et al., 2009). To successfully implement and incorporate PFS into

the existing PBIS school framework, both administrators and teachers need to be motivated to

implement the program with fidelity.   However, if administrators or teachers are ambivalent or

resistant to the use of PFS to address child or family concerns, the intervention program is not

likely to produce positive intervention outcomes because it is unlikely the program will be

implemented with fidelity. The PFS intervention manual recommends pre-implementation

screeners (e.g., school readiness screeners) and workshops to prepare administration and teachers

for the implementation of this program. If there is limited acceptance of the program among

school staff, there will be significant feasibility issues that arise.

By offering intervention services within the school system utilizing a preventive,

proactive, and family-focused approach, PFS attempts to minimize intervention costs. However,

in schools that have already exhausted financial resources, the cost of engaging in PFS may be

difficult to manage. For example, the cost of hosting family-focused activities (e.g., family

BBQs and school carnivals) at the universal intervention level could overwhelm the school's

recreational budget. The salary compensation for staff time utilized to complete PFS tasks (e.g.,

contacting families, attending meetings, and collecting child data) could become difficult for the

school to sustain. Finally, staff training could generate significant costs, especially in schools

that experience high staff turnover rates. In many of the research studies examining the

effectiveness of the FCU model, employees were university partners hired as the FRS. For

schools lacking a university partnership, or in one in which university-filled employee positions

are not sustainable, schools must find the resources to fulfill and pay staff serving that role. The

PFS manual suggests multiple staff members or community volunteers could fulfill this position

to minimize staffing and financial demands, though the impacts of these solutions on program

feasibility are unknown.

In attempt to identify high-risk children and families, PFS utilizes a multi-method

approach including teacher nominations, caregiver/child requests, and school-wide data records.

This maximizes the possibilities of identifying those children and families in need of additional

assistance or supports; however, there may be feasibility issues within the design and

implementation of the service screeners. For instance, the School Readiness Check-In is the

primary measure used to identify and gather informative data from caregivers in need of

additional services. This form allows caregivers to report concerns or need for support on a

variety of child-focused outcomes. It also allows caregivers to identify whether or not they

would like to be contacted by the school, regardless of their report of potential concern on the

child-focused outcomes. Though important from a motivational perspective, if school resources

are limited (e.g., limited number of staff to make phone calls to caregivers), it may not be

feasible for school staff to contact all caregivers that wish to be contacted. This could potentially

create a barrier for identifying high-risk children and families. On the other side of the spectrum,

if caregivers report concerns on child-focused outcomes but mark they do not wish to be

contacted, school staff might not reach out to those families and it is unclear if there would be

potential negative outcomes for not connecting with families who indicate they are in need but

do not indicate they want to be contacted about it. Again, this could impair the ability of school

staff to accurately identify high-risk children and families in need of intervention services and

impact the feasibility of the intervention.

In addition to the initial screener, PFS includes measures of parenting practices in a

manner that may elicit caregiver motivation to change by utilizing norm-referenced assessments

and guidance for delivering family feedback using motivational interviewing skills. When used

effectively, providing positive assessment feedback to families (Sanders & Lawton, 1993)

through the use of motivational interview techniques is conducive to promoting a family's desire

to change parenting practices (Rao, 1999). This includes providing feedback in a sensitive and

warm manner, encouraging the continual development of positive relationships between the

school and families. The incorporation of these skills in the PFS approach to family-focused

intervention demonstrates evidence that PFS could be an effective intervention for changing

maladaptive parenting behaviors. However, all school staff members that provide PFS

intervention services need to be adequately trained in order to complete these intervention

components according to PFS guidelines, including specific PFS intervention strategies and

motivational interview techniques. Again, this could be difficult for schools operating with

limited financial and staff resources and experiencing high staff turnover rates. Schools

experiencing such resource limitations, among other challenges, could experience low feasibility

of the PFS intervention.

Current Study

This study examined the feasibility of a school-family initiative in a rural middle school setting, including the use of the PFS program, where a large proportion (50%) of the student body receives free and reduced lunch (an indicator of socioeconomic status and school need). In addition, the middle school operates with limited resources, including financial and staff resources. Program feasibility was intended to be measured by assessing both the program-related and contextual feasibility factors, such as assessing school administration, school mental health support staff (MHSS), and teachers regarding their attitudes, motivation, and acceptability of PFS implementation; ability of program screeners to identify high-risk children and families; caregiver attitudes, motivation, and satisfaction regarding their involvement in the school-family initiative and PFS activities and interventions; and ability of the school to manage the cost of the intervention. The results of the examination will also be presented to the middle school to inform their efforts regarding the implementation of PFS.

Method

Participants

The first portion of this study included completion of quantitative questionnaires, either online or in paper format. Participants included caregivers ($N = 95$) and school staff ($N = 16$) who were involved in the implementation of a school-family initiative, including use of the PFS program, at a rural middle school in the northwestern United States. Caregivers were recruited at parent-teacher conference and divided into two groups: 1) caregivers who requested to be contacted by the school regarding the school-family initiative (caregiver contact group) and 2) caregivers who declined invitations to be involved in the school-family initiative (caregiver no-contact group). Forty-seven caregivers who requested to be contacted by the school regarding

the school-family initiative completed the questionnaires. The age of these caregivers ranged

from 27 to 60 years (mean age = 42.38, SD = 7.65), and the group identified as 68% female.

Forty-eight caregivers who declined school contact regarding the school-family initiative

complete a separate questionnaire. Demographic information was not collected for this group.

Full demographics information for caregivers is provided in Table 1.

Thirteen teachers and five MHSS completed the online demographics questionnaire,

though only 12 teachers and four MHSS completed the online School-Family Initiative

Questionnaires. The age of teachers ranged from 32 to 56 years (mean age = 42.4, SD = 7.61),

and the group identified as 69% female. The age of MHSS ranged from 28 to 32 years (mean

age = 30, SD = 2) and identified as 80% female. Full demographics information for school staff

is provided in Table 2.

All participants who completed the questionnaires were invited to participate in a follow-

up interview, including administrators who were involved in implementation of the school-

family initiative. Of those invited, school staff interview participants included two

administrators, two MHSS, and two teachers. Fourteen caregivers in the contact group and 13

caregivers in the no-contact group completed interviews. Demographic information was not

collected for participants who completed the qualitative interviews.

Measures

The MHSS, teacher, and caregiver school-family initiative questionnaires (see Appendix

B) that were used in the current study were developed by the primary investigator (PI) using a

content validation approach where items were generated from a review of the existing literature

regarding measures that examine the attitudes, satisfaction, and motivation of school staff and

caregivers involved in school-based, family-focused intervention programs (Lazicki-Puddy,

2007; Kauffman, 2003). The measures referenced to develop the questionnaires for the current study demonstrated acceptable reliability in previous research, with each scale on the established questionnaires demonstrating Cronbach's alpha coefficients ranging from 0.85 to 0.97 (Kauffman, 2003). The items on these measures were modified slightly to reflect the specific services provided by the PFS intervention program and vetted through an expert panel representing areas of clinical psychology, school psychology, counselor education, and implementation science. The original title of these questionnaires included the PFS program name (i.e., *Positive Family Support*); however, the school principal requested that the titles be modified to read *School-Family Initiative* due to concerns that caregivers and school staff would not remember the PFS program name.

The school-family initiative questionnaires were each divided into four scales to reflect four dimension of program feasibility: School Responsibilities, School and Family Partnership, Use of PFS Program, and School and Family Relationship. The School Responsibilities scale was created to measure the respondent's attitudes regarding the responsibilities of a school to engage in and include families in child- and family-focused mental health intervention. It includes 15 items that participants were asked to rate on a 5-point Likert scale (ranging from *strongly disagree* to *strongly agree*) from the perspective of what they believed schools *should* do to collaborate with caregivers. The School and Family Partnership scale was created to measure the respondent's perception of school staff members' abilities and motivation to implement the PFS intervention program. It is comprised of the same 15 items that make up the School Responsibilities scale, but participants were asked to rate the items on this scale from the perspective of what they believed the school *could* do. The Use of PFS Program scale was created to measure the respondent's motivation and involvement in the PFS intervention

program. This scale uses a mix of dichotomous (yes-no) questions and questions with a range of

specified options (e.g., 0-25%, 26-50%, 51-75%, or 76-100%), and the number and types of

questions that comprise this scale vary between each version of the school-family initiative

questionnaire. Again, due to administrative concerns that teachers might not recognize the PFS

program name, the title of this scale was deleted from the teacher version of the questionnaire,

though the questions remained the same. Lastly, the School and Family Relationship scale was

created to measure the individual's satisfaction with or perceived acceptability of the school-

family initiative, which included aspects of the PFS program, in creating school-family

collaborative relationships. This scale is comprised of 11 items that participants were asked to

rate based their experiences with school-family relationships over the current school year.

   School-Family Initiative Caregiver Questionnaire (unpublished measure). To assess

caregiver attitudes, motivation and satisfaction regarding the PFS intervention, the School-

Family Initiative Caregiver Questionnaire was administered to caregivers of children in the

middle school.   The questionnaire consists of 47 items. The Use of PFS Program scale on the

this questionnaire asked caregivers about whether or not they had requested additional supports

from the school or spoke with the school about their children's strengths or needs. The final two

items of this measure include questions asking the respondent to specify the grade level of

his/her child and his/her relationship to the child.

   School-Family Initiative Teacher Questionnaire (unpublished measure). To assess

teacher attitudes, motivation, and perceived acceptability regarding the PFS intervention, the

School-Family Initiative Teacher Questionnaire was administered to teachers in the middle

school. The questionnaire consists 47 items. The Use of PFS Program scale on this

questionnaire asks teachers about whether they attempted to contact or spoke with caregivers of

their students, as well as whether the caregivers they spoke with requested any type of support

from the school for their child or family. The final two items of this questionnaire include

questions asking the respondent to identify which grade level he/she teaches and the number of

children in his/her classroom.

School-Family Initiative Mental Health Support Staff Questionnaire (unpublished

measure). To assess MHSS attitudes, motivation, and perceived acceptability regarding the PFS

intervention, the School-Family Initiative Mental Health Support Staff Questionnaire was

administered to MHSS in the middle school. The questionnaire consisted of 46 items. The Use

of PFS Program scale on this questionnaire asked MHSS about whether they had used the PFS

program and how many caregivers they had contacted or served using particular elements of

PFS. The final item of this measure is an open-ended question asking the respondent to identify

his/her specific role as a MHSS.

Positive Family Support-FCU Readiness Checklist (Dishion et al., 2014). The PFS-FCU

Readiness Checklist (see Appendix A) is a 17-item checklist designed to assess administrator

attitudes, motivation, and acceptability regarding the implementation of PFS; the school's ability

to sustain the cost of implementing the PFS intervention; and the school's ability and willingness

to provide necessary and on-going staff training to implement PFS for the three-to-five-year

training period. The PFS-FCU Readiness Checklist was intended to be completed by a school

administrator involved in PFS implementation.

Demographic Questionnaires (unpublished measures). Demographic questionnaires (see

Appendix B) keyed to the relevant participant role were included to collect demographic

information. Caregivers were asked their age, gender, ethnicity, household income, level of

education, and marital status. Caregivers were also asked the age of their child. School staff

were asked their age, gender, ethnicity, level of education, professional role (including how

many years they have been in that role), and involvement in PBIS training.

Initial Caregiver Questionnaire (unpublished measure). To assess caregiver involvement

in the PFS screening process and program, the Initial Caregiver Questionnaire (see Measures in

Appendix B) was administered to caregivers of children in the middle school. This questionnaire

was developed by generating items that outline possible caregiver responses to the *PFS School*

Readiness Check-In screening tool (Dishion et al., 2014). The resulting questionnaire includes

five items that use a checklist format to measure how the caregiver responded to the items on the

PFS School Readiness Check-In screener.

School-Family Initiative No Contact Caregiver Questionnaire (unpublished

measure). To assess reasons of caregivers who had completed the PFS School Readiness Check-

In, but who indicated that they did not want to be contacted by their child's school, the School-

Family Initiative No Contact Caregiver Questionnaire (see Appendix B) was administered. This

questionnaire was developed by generating items from existing research regarding therapist,

caregiver, and child perspectives of treatment barriers to family-focused, mental health

interventions (Baker-Ericzen, Jenkins, & Haine-Schlagel, 2012). The resulting questionnaire

requests that caregivers read a list of 11 items and check all items that describe why the

respondent indicated he/she did not want to be contacted by his/her child's school. The final item

on the questionnaire provides space for the respondent to generate a list of other reasons (not

listed) that he/she did not want to be contacted by his/her child's school.

Interviews. An interview protocol (see Appendix C), keyed to the relevant participant

role, was administered via telephone. The interview questions were used to assess a number of

dimensions: knowledge of the PFS program, perceptions of the program (e.g., components of the

program that were liked or disliked), perceptions of school staff or caregiver responsiveness within the program, perceptions of child outcomes, and suggestions for improving the program and/or school-home communication.

Procedure

A mixed-method design was used as the primary methodology in the current study, which includes the simultaneous collection of both quantitative and qualitative data. Quantitative data was collected via questionnaires, and qualitative data was collected through telephone interviews. The qualitative data was analyzed to provide an in-depth understanding of how school staff and caregivers responded on the quantitative questionnaires.

First, the target school sent the School Readiness Check-In (see Appendix A) along with beginning-of-year enrollment documentation prior to the start of the school year. This questionnaire allowed caregivers to indicate whether they needed or desired additional school supports among a number of dimensions and whether they would like to be contacted by school staff regarding the supports they requested.

Next, the PI and research team set up a table at the parent-teacher conference nights held during Fall 2014, where caregivers were asked to first complete the *Initial Caregiver Questionnaire* to determine their involvement in the PFS screen process and school-family initiative program. If caregivers reported that they had requested contact from the school regarding additional supports for child academic or behavioral difficulties, caregivers completed an anonymous demographic questionnaire followed by the *School-Family Initiative Caregiver Questionnaire*. If caregivers indicated that they declined invitations to be contacted by the school regarding additional child/family supports, they were asked to complete the brief, anonymous *School-Family Initiative No Contact Caregiver Questionnaire* to assess the reasons

why they did not want to be contacted by the school. Caregivers who were willing to complete

these questionnaires were given the opportunity to enter their name into a drawing for $50. If

caregivers did not wish to complete the questionnaires in person, they were given an information

sheet including instruction for completing the questionnaires online. Additionally, the school

sent an email to all caregivers that included information about the project and a link to complete

the caregiver questionnaires online.

School staff questionnaires were only provided in electronic format, per request from the

school administrator. The PI sent an email to the school principal including information about

the project and a link to the online questionnaires, which included an anonymous demographic

questionnaire followed by another self-report questionnaire keyed to the relevant professional

role (i.e., *School-Family Initiative Mental Health Support Staff Questionnaire* or *School-Family

Initiative Teacher Questionnaire*) regarding their attitudes, acceptability, and motivation

regarding the school-family initiative and PFS program. Teachers and MHSS who completed

the questionnaires were given the opportunity to enter their name into a drawing for $50.

After caregivers and school staff completed the quantitative questionnaires, they were

asked to provide their contact information if they would be willing to participate in a follow-up

telephone interview designed to gain more in depth information regarding their perspectives of

the school-family initiative and PFS program, PFS program tools and resources, and PFS

program feasibility. The PI and two undergraduate research assistants trained by the PI

conducted interviews. Interviews were audiotaped with permission by use of a digital recorder,

and all interviews were transcribed verbatim. The research team attempted to contact 58

caregivers (all caregivers who agreed to be contacted for a follow up interview), and 27

interviews were completed (14 with the caregiver contact group and 13 with the caregiver no-

contact group). Caregiver interviews ranged between approximately 1-11 minutes long and included questions regarding caregiver involvement with the school-family initiative and PFS program, their perceptions on school staff responsiveness within the program, their perceptions of child outcomes/changes, and their perceptions of their relationship with the school (including any suggestions for improving school-family communications or relationships). The research team attempted to contact 11 school staff (all school staff who agreed to be contacted for a follow up interview), and 6 interviews were completed. School staff interviews ranged between approximately 10-23 minutes long and included questions regarding their perceptions on school-family partnerships and relationships, their ability to implement the program (e.g., their ability to contact, communicate with, and collaborate with caregivers), caregivers' responsiveness to the program, and their perceptions of child outcomes. Administrators were asked similar questions, but were also queried regarding the cost-benefit ratio of implementing the program and collective costs of implementing the program (e.g., program training, staff resources, program materials and tools). Individuals who participated in the follow-up interview were be given the opportunity to enter their name into a second drawing for $75.

  Researchers' backgrounds. The PI and undergraduate research assistants who conducted and coded the qualitative interviews are all members of a university research laboratory that conducts research focused on child and family psychology. The PI is a graduate student in a clinical psychology doctoral program, with training in implementation science and the application of mental health interventions within a school setting. The undergraduate research assistants are psychology majors who have completed numerous courses related to abnormal, clinical, and child psychology. These undergraduate research assistants have also received training in implementation science. All researchers had been exposed to the PFS

program prior to data collection, including reading the PFS program manual. The researchers

were asked by the target school to complete this study, and descriptions and aims of the research

project were developed during meetings with school administrators, the school counselor, and

the PI and her faculty research advisor. Additionally, the questionnaires and interview protocols

were designed with input from school administrators. The PI provided the undergraduate

research assistants with a description of the research study, including the reasons why qualitative

data was collected and how it would be used. This information informed the coding process,

which contributed to the use of a partial deductive coding approach. Transparency and

awareness of research aims was important to ensure all researchers understood the primary goals

of the project. Additionally, the use of an integrative team (e.g., school staff, university

researchers, undergraduate research assistants) to define project goals was intended to reduce

research bias by facilitating the development of both complementary and divergent

understanding of the research project.

All researchers identify as white females, ranging in age from 22-27 years. Each

researcher grew up in the state in which this research study took place and have attended schools

with similar demographic and geographical characteristics of the school in which this study took

place. This allowed the researchers to understand school staff and caregivers references to

location specific terminology and services exists within the interview transcripts.

Data Analytic Strategy

Descriptive summary statistics (i.e., frequency, mean, and standard deviation) were

generated for all scales on each school-family initiative questionnaire (i.e., caregiver, teacher,

and MHSS questionnaires). These descriptive statistics were used to examine the attitudes,

motivation, and acceptability (or satisfaction) regarding implementation of the PFS program within the respondents.

Correlation coefficients, using Pearson's *r*, were computed among various scales on the teacher and caregiver questionnaire to examine the relationship between caregiver and teacher perspective of what the school *could* do to enhance school-family collaboration and their satisfaction with school-family relationships. Additionally, one-way ANOVAs were conducted on both caregiver and teacher questionnaires between individual items on the Use of PFS Program scale and the overall mean score on the School and Family Relationship scale to provide insight about the whether specific characteristics of PFS program use impacted respondent satisfaction with school-family relationships. According to Cohen's *d* at an alpha level of 0.05, with a power of 0.80 and the ability to detect a large effect size, 28 participants per group were needed to reach acceptable power (Cohen, 1992). Correlation analyses were only proposed to be conducted using questionnaire data from teachers and caregivers given the small sample size of MHSS in the school. The number of caregivers in the contact group exceeded the requirements of the power analysis, while the number of teachers who completed surveys did not. Despite the potential lack of power, correlation analyses on teacher survey results were still computed based on the exploratory nature of this project.

The PI and two undergraduate research assistants trained by the PI coded verbatim transcribed interview responses using N'Vivo data analytic software. The PI coded all interviews, and each research assistant coded 50% of the interviews. Therefore, two different researchers coded each interview. No specific hypotheses were made about the results of the qualitative data analyses because they were exploratory in nature. Instead, the qualitative interview responses were analyzed into themes using a combined deductive and inductive coding

approach. Original interview questions were created based on feasibility constructs and

treatment barriers identified within the implementation science literature. Once data were

gathered, the interview questions were used as an informal guide in identified coding themes

(i.e., a deductive coding approach). However, emergent themes were also identified as observed

through a careful examination of interview responses (i.e., an inductive coding approach).

Various triangulation procedures were used in attempt to reduce bias in the coding

process and increase the trustworthiness of research findings (Lincoln & Guba, 1985;

Golafshani, 2003). Methods triangulation, which refers to the use of different data collection

methods (i.e., quantitative and qualitative data), was used to examine the consistency of findings.

Triangulation of sources was also used to improve the credibility of the research findings,

including gathering information from different data sources within the same research method

(e.g., collecting interview data from different groups of caregivers and school staff). Finally,

analyst triangulation, use of multiple researchers to review findings, was used throughout the

coding process to serve as a check of selective perception of qualitative data interpretation. Each

researcher independently completed the first round of interview coding to observe emergent

themes. The team then assembled to discuss the themes that emerged and collaboratively created

a coding manual that included definitions of each coding theme. Following this process, each

researcher again independently coded interviews using the coding manual. The team gathered

for three different meetings to review results and discuss coding disagreements. The team

discussed all interview statements that were coded differently by independent researchers and

then made a unified decision regarding which code(s) should be applied to the statements. At

each coding step, progress and results were debriefed with a trained, doctorate-level researcher

who specializes in qualitative data collection.

Results

Quantitative Questionnaires

The internal consistency of the School Responsibilities, School and Family Partnership, and School and Family Relationship scales on each version of the school-family initiative questionnaires was assessed using Cronbach's alpha coefficients. Every scale on each version of the school-family initiative questionnaire demonstrated acceptable reliability, ranging from 0.81 to 0.97 (see Table 3). High reliability coefficients provide some evidence of construct validity of each scale on the questionnaires, and congruence between the quantitative and qualitative findings also offers preliminary evidence for the validity of the questionnaires.

Descriptive summary statistics (i.e., mean and standard deviation) were calculated for the School Responsibility, School and Family Partnership, and School and Family Relationship scales on each version of the school-family initiative questionnaire (see Table 4). Caregivers who completed the questionnaire reported overall high ratings of agreement with items on the School Responsibility scale ($M = 4.17$; $SD = 0.41$), suggesting that caregivers held strong beliefs regarding the responsibilities of the school to offer and engage families in school-based mental health interventions, as well as positive perceptions of the process through which the PFS program promotes the development of school-family collaboration. Caregiver ratings on the School and Family Partnership scale were also high ($M = 4.02$; $SD = 0.56$), which demonstrates that caregivers held overall positive perceptions of school staff members' abilities and motivation to facilitate school-family partnerships in accordance with guidelines provided by the PFS program. However, caregiver ratings on the School and Family Relationships scale were lower than those on the previous scales ($M = 2.84$; $SD = 0.52$). This suggests that caregivers reported satisfaction just below 'neutral' regarding their attitudes toward the school's

implementation of the school-family initiative (and PFS program), including just below 'neutral' perceptions of the quality of relationships caregivers shared with the school.

Results of the school staff reports on the school-family initiative questionnaires revealed high overall ratings on all scales (see Table 4). Similar to caregiver outcomes, high MHSS ratings ($M = 4.15$; $SD = 0.33$) and high teacher ratings ($M = 4.07$; $SD = 0.76$) on the School Responsibilities questionnaire suggested that school staff demonstrated positive attitudes about school-related responsibilities in building school-family partnerships. Additionally, high MHSS staff ratings ($M = 3.85$; $SD = 0.53$) and high teacher ratings ($M = 3.98$; $SD = 0.51$) on the School and Family Partnerships scale suggest that school staff possess high perceived ability and motivation to implement the school-family initiative, including elements of the PFS program. Finally, high ratings on the MHSS ($M = 3.82$; $SD = 0.42$) and teacher ($M = 4.18$; $SD = 0.46$) School and Family Relationships scale suggest that school staff believed they possess positive relationships with caregivers. Notably, these high relationship ratings demonstrate that school staff perceptions of school-family relationships are generally more positive than perceptions of school-family relationships held by caregivers.

For the Use of the PFS Program scale, frequency counts were used to examine caregiver and school staff use of the PFS program. For caregivers who completed the survey, 97.8% ($n = 45$) reported that they had completed the School Readiness Check-In designed to identify children and families in need of additional services to support children's academic and behavioral functioning. Further, 66.7% of caregivers ($n = 30$) reported that they had at some point requested additional supports from the school, 59.1% ($n = 26$) reported that the school had attempted to contact them about receiving additional supports, and 77.3% ($n = 34$) reported that they had actually spoken with someone from the school about their children's strengths or needs

at some point in the current academic year. Thus, some of the caregivers surveyed initiated

contact with the school before waiting for the school to contact them.

Frequency counts were also used to examine school staff implementation of the school-

family initiative and PFS program using the items on the Use of the PFS Program scale. For

teachers who completed the survey, the majority (63.9%; $n = 7$) reported that they attempted to

contact the families of at least 50% of the children in their classroom. However, 54.6% of

teachers ($n = 6$) reported that they actually spoke with less than half of the caregivers whom they

attempted to contact. Despite such low contact rates, 72.7% of teachers ($n = 8$) reported that at

least one of the caregivers they successfully contacted requested support from the school to

address their children's academic or behavioral difficulties. For MHSS who completed the

questionnaire, 75% ($n = 3$) reported that they had used the PFS program in some capacity. All

three of the MHSS who had used the program reported that they had completed the *Positive*

Family Support: Get to Know your Family questionnaire, a major component of FCU provided

within the individualized care service level of the PFS program. The majority of MHSS who had

used the program ($n = 2$) reported that they had attempted to contact 10 or more families who

had requested to be contacted about additional child/family supports on the PFS screener.

However, those MHSS reported that they actually spoke with less than 50% of caregivers who

requested to be contacted.

A correlation analysis was conducted to examine the relationship between the School and

Family Partnership scale (i.e., perception of what schools *should* do with respect to school-

family partnerships) and School and Family Relationship scale (i.e., perception of satisfaction

with or perceived acceptability of the school-family initiative) for the both the caregiver and

teacher questionnaires. As expected, there was a significant correlation between mean ratings on

these two scales on the caregiver questionnaire ($r = .47$, $p = .002$). However results of this

correlation analysis on teacher questionnaires was not significant ($r = .52$, $p = .10$).

Additionally, a correlation was conducted to examine the relationship between the School and

Family Relationships scale on the caregiver questionnaire and this same scale on the teacher

questionnaires. Results of this analysis were also insignificant ($r = -.227$, $p = .59$).

One-way ANOVAs were conducted on both caregiver and teacher questionnaires

between individual items on the Use of PFS Program scale and the overall mean score on the

School and Family Relationship scale to provide insight about the whether specific

characteristics of PFS program use impacted respondent satisfaction with school-family

relationships. Not surprisingly, results of the analysis on caregiver questionnaires showed that

the effect of being contacted by the school about their children's strengths or needs had a

significant impact on improving caregiver ratings on the School and Family Relationship scale

(i.e., perception of satisfaction with or perceived acceptability of the school-family initiative),

$F(1, 41) = 8.64$, $p < .05$. Similarly, results of a one-way ANOVA conducted on teacher

questionnaires revealed that teachers who spoke with more than 50% of caregivers whom they

attempted to contact provided significantly higher ratings on the School and Family

Relationships scale, $F(1, 9) = 9.794$, $p < .05$.

Lastly, frequency counts were computed on questionnaires completed by caregivers in

the no-contact group to provide insight into the reasons why these caregivers declined to be

contacted by the school regarding additional supports for their children and families. Caregivers

were allowed to endorse all reasons that applied to them; therefore, several caregivers endorsed

multiple reasons for requesting no contact. The majority of caregivers (85.4%; $n = 41$) reported

that they refused contact about the school-family initiative because they did not have any

concerns about their children or family at the time they received the School Readiness Check-In

questionnaire. An important percentage of caregivers (25%; $n = 12$) endorsed reasons for

declining contact that were either based on previous negative interactions with the school or

beliefs that the school could not or should not provide the supports they needed or desired. For a

full list of the reasons that caregivers declined contact about the school-family initiative, see

Table 5.

Qualitative Interviews

   Caregiver interviews (contact group). Interviews with caregivers who requested

contact from the school regarding the school-family initiative were conducted to better

understand why caregivers held generally positive perceptions of the school's ability to provide

satisfactory child-family supports. According to descriptions of school-family partnerships

within the literature, caregiver perceptions of school-family initiatives are often influenced by

how caregivers describe the school's responsibilities for providing child-family supports (i.e.,

whether schools have a responsibilities to collaborate with caregivers) or how caregivers

describe their relationship with their children's school (Hornby, 2011). Caregiver interviews

were also explored to better explain why caregivers' perceptions of school-family relationship

were less positive than school staff's perception of school-family relationship.

   An overview of all qualitative themes identified within interviews with the caregiver

contact group can be found in Table 6. The most prominent themes included feedback with

respect to school-family *relationships*, *communication*, *child behavior*, and *academics*. It is

important to note that there is some interconnectedness within coding themes. For example, the

relationships theme is connected to the communication theme, such that the quality of school-

family communication will impact the quality of school-family relationships and vice versa.

However, it was important to separate, define, and analyze each of these themes because they each contribute unique and important qualities to school-family collaboration and partnerships.

   Relationships. Interview segments were coded into the relationships theme when they pertained to the way in which the school and caregivers are connected to, interact with, or are involved with each other, or any description of how the school or caregivers feel or think about each other. Overall, 10 out of 14 caregivers voiced approval and content with the relationship they held with the school. For example, one caregiver said, "I absolutely feel comfortable coming in and asking questions if I have a question or even a concern. I have no problem approaching any of his teachers. They've all been really great about that. We have a really good relationship." However, several other caregivers (4 out of 14 caregivers) commented on difficulties within their relationship with their children's school. For example, one caregiver commented, "Some of the teachers are in some aspect, really kind of, how do you say, disrespectful." Another caregiver reported, "I just don't think they are really that involved, that's all."

   Communication. Interview segments were coded into the communication theme when they pertained to the exchanging of information between two or more parties through various modalities, including both sending and receiving information between school staff and families, between school staff, and within the family unit. Every caregiver interviewed made at least one comment suggesting that they were either happy or felt neutral about the level of communication they had with their children's school. For example, one caregiver said, "The teachers are always really open and they listen." Additionally, another caregiver commented, "That one phone call I got about her doing a great job, they definitely need more of those. The parent and the student feel just outstanding." Caregivers who appeared to feel neutral about their communication with

the school reported that were not concerned about a lack of communication because they

believed that the school would contact them if a problem arose. However, 5 out of 14 caregivers

made comments that suggested they were dissatisfied with some aspect of school-family

communication. For example, one caregiver said, "I never get contacted when she is starting to

slip, ever, I mean ever. And that's what I really wish would happen."

Behavior. Interview segments were coded into the behavior theme when they pertained

to a child's actions, conduct, or responses to a particular situation or stimulus. The majority of

caregivers in the contact group who provided comments coded within the behavior theme (9 out

of 11 caregivers) supported the idea that addressing problematic child behavior in the school

setting should be a collaborative effort. For example, one caregiver reflected, "You know their

check-in/check-out system, we kind of adopted some of the language that [the school] was using

to address some behaviors, and the teachers were on board to adopt the language we were

using…it was really coming together in a real system between the two." Another caregiver who

was asked about her beliefs regarding the school's role in addressing child behavior said, "I

wouldn't say it is necessarily a partnership but, I do think [the school] plays an important role in

assisting with child behavior. Definitively in their communication and connectedness with

parents and families."

Academics. Interview segments were coded into the academic theme when they

pertained to a child's academic performance or role as a student. When asked about the most

successful interactions caregivers had previously experienced with the school regarding their

children's academic performance, most caregivers who provided responses coded within the

academic theme (9 out of 11 caregivers) described supports that the school had offered them to

address their children's academic difficulties, and these caregivers appeared to be happy with the

additional academic supports their children were receiving. Additionally, caregivers (9 out of 11

caregivers) appeared to most appreciate the collaborative approach the school took in helping

them assume a role in their children's academic success. For example, one caregiver said, "The

most helpful things I've talked about with them are ways to keep him learning at home. He is in a

Title class, so you know I've gotten a lot of feedback from them about ways to keep the learning

experience good and to help him learn at home without realizing he's learning stuff."

  Caregiver interviews (no-contact group). Interviews with caregivers who declined

invitations from the school to be involved in the school-family initiative were conducted to better

understand why these caregivers did not want to be contacted by the school. Additionally,

qualitative interviews were also conducted with this sample of caregivers to further investigate

whether they might want to be contacted by the school in the future, including what would make

them want to be in contact with the school at some point in time.

  An overview of all qualitative themes identified within interviews with the caregiver no-

contact group can be found in Table 7. Similar to the contact group, the most prominent themes

included *relationships*, *communication*, and *behavior*. Also, *school responsibilities* and *reasons*

for no contact were additional prominent themes.

  Relationships. Every caregiver in the no-contact group provided at least one positive

comment that suggested they were generally happy and satisfied with their relationship with their

children's school, though two of the caregivers in this group reported that their relationship with

the school was "minimal" because they had no negative reason to be in contact with the school

(i.e., their children were academically performing and behaving well). A caregiver who was

very positive about her relationship with the school said, "I love my child's school. I think they

are an outstanding staff over there. We have been fortunate enough to know a few of them on a

personal level. I feel welcome every time I go there. I feel like there are a lot of students there, but they know whose mom I am. The principal knows me by name and I'm not even there that often. I think they go out of their way to make those personal connections." Other caregivers simply reported that their relationship with the school was "fine" and that they had "no major complaints." One caregiver reported having a negative relationship with the school based on abrupt transitions in administrative staff. He said, "They could be more open and honest with the parents about what's going on and who's changing positions [in administration]. This is the second time this has happened. I would see stuff on the news about it and then all of a sudden you don't hear anything."

  Communication. Overall, caregivers in the no-contact group who commented on school-family communication reported being content with the level of communication they had with the school (12 out of 13 caregivers). When asked about her relationship with her child's school, one caregiver said, "Good. Positive. I think they're doing a really good job. There's a lot of parent communication. There are a lot of opportunities for parent participation in school activities. It seems that they are actively trying to inform parents of resources that are available for their children at the school." In stark contrast, one caregiver reported dissatisfaction with types of communication he received from the school. He said, "I'm only hearing from the school when there is a problem, which really sucks to only hear from them when there's a problem. And therefore [my child] is falling behind and we are not able to catch up before that happens. So yeah, I would like to know his strengths as well. Especially from someone who's not the parent." A large number of caregivers in the no-contact group (7 out of 13 caregivers) reported feeling okay with a lack of communication from the school for reasons discussed within the *reasons for no contact* theme.

Reasons for no contact. Interview segments were coded into the reasons for no contact theme when they pertained to the reasons why caregivers declined to be contacted by the school regarding the school-family initiative or PFS program. This theme also included information about when caregivers in the no-contact group might like to be contacted by the school in the future. Most caregivers who provided a comment that was coded in the *reasons for no contact* theme provided responses that reflected the belief that the caregivers did not need to be contacted by the school because they did not have any concerns about their children (11 out of 12 caregivers). For example, one caregiver directly said, "I don't think I need [the school]." Other caregivers' responses also included the idea that they believed the school would contact them if their children were having any difficulties at school. One caregiver said, "I would hope that if they felt like they had something they needed to reach me about specifically they would know that I would be responsive to an email or something, but I wouldn't want them to just do a blanket because they were being forced to."

Behavior. Caregivers in the no-contact group appeared to have a slightly different view regarding how schools should address problematic child behavior in the school setting.   While caregivers in the contact group mostly reported that they preferred a collaborative effort, caregivers in the no-contact group seemed more likely to support the ideas that either the school should attempt to manage children's behaviors before contacting caregiver (4 out of 11 caregivers), or that the school should simply communicate behavioral problems to the caregivers and allow caregivers to manage their children's behavior (5 out of 11 caregivers). For example, one caregiver said, "I think I feel like the behavior responsibility falls primarily on the parent." However, on the other side of the spectrum, another caregiver said, "I would just expect anytime there was an issue or a problem that they would work with [the child] first and then, if it's

necessary, call me." Two caregivers in the no-contact group did support a collaborative approach, though they were in the minority.

        School Responsibilities. Interview segments were coded into the school responsibilities theme when they pertained to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school. Interestingly, in opposition to the extreme beliefs that most caregivers in the no-contact group held when describing responsibilities of managing children's behavior, most of the caregivers who provided comments within this theme (7 out of 9 caregivers) suggested that schools should play a major role in establishing partnerships with caregivers to support children. For example, one caregiver reported that it was the school's responsibilities to "support the parent." Another caregiver said, "Some of the behavior techniques that people at school use should be shared with the parents if they found something that was a working thing." Lastly, another caregiver noted that the school should "have input and help parents who might not see things that the kids don't show in front of the parents."

        Teacher interviews. Teacher interviews were conducted to better understand why teachers had generally positive perceptions of the school's ability to provide satisfactory child-family supports. This might include information about how teachers describe the school's responsibilities for providing child-family supports, their previous interactions with caregivers (positive or negative), and the type of training they have received or would like to receive to promote their ability to build collaborative relationships with caregivers. These interviews were also conducted to better explain why teachers' perceptions of school-family relationship were more positive than caregivers' perceptions of school-family relationship.

An overview of all qualitative themes identified within interviews with teachers can be found in Table 8. The most prominent themes included *communication*, *behavior*, *relationships*, and *school responsibilities*.

   Communication. When asked about their most and least successful interactions with caregivers, both teacher generally described the modes of communication that they have found to be most effective in communicating with caregiver (e.g., verbal conversations). Beyond these types of responses, one teacher commented, "I think consistency, hearing from somebody repeatedly, whether it's good or bad, is always a better picture than 'oh they did this, this one time,' so was it random, was it an outlier, was it indicative of another problem? So the more consistent you can be on that, the better." Additionally, both teachers interviewed commented on the importance of reaching out to caregivers for positive reasons. One teacher said, "They are called positive postcards…and they are really just a postcard that I write. I do this thing called 'Character of the Week,' and I write a positive character trait on it….and send it home. More often than not parents tell me that its hanging on their fridge, or the kids will come the next day and say thank you so much, that meant a lot. So that's on positive behavior, that really works well."

   Behavior. Both teachers commented on the importance of school-family collaboration when addressing problematic child behaviors. One teacher said, "Schools can set firm limits and allow those natural consequences to come from those boundaries to help parents guide their children to understanding the consequences of their behavior." The other teacher commented, "Having parents understand the universals of our school [would be helpful]. For example, ours are respectful, responsible, and safe behavior. So just being respectful, responsible and safe.

Parents can understand that and support that at home to where it's at home and

school…awesome."

Relationships. Overall, both teachers generally reported that they actively attempt to

connect with and have positive relationships with caregivers. For example, one teacher

explained, "I try to start off the year when their kids are doing something right, especially if it is

a student that has struggled before, just making a couple of phone calls a week saying…'Hey I

have your kid at school and I can tell they are going to be very energetic in the classroom.' Put

something in a positive spin, even if things are not so great, but that positive contact." However,

the other teacher expressed some frustration within her relationships with caregivers due to

caregivers' lack of follow through with providing academic and behavioral supports for their

children at home. She commented, "A parent will volunteer and say 'Okay, we will set aside

some time for homework…they won't use video games until this is done,' or whatever. Then two

weeks later, the kid is like, 'No I don't do homework. I played video games all last night.' So it's

challenging to follow through sometimes…that makes it difficult then to enforce our

expectations at school when the kid knows there is no consequence for their behavior at home."

School responsibilities. Both teachers describe the school as having a responsibility to

initiate, establish, and maintain partnerships with families. One teacher proclaimed, "The school

is a partner. I think that it should offer structured support, interventions, natural consequences,

and behavior instruction." Both teachers also commented that part of their responsibility as a

school staff member included seeking out trainings to enhance their ability to positively interact

with caregivers. One teacher said, "I mean, we always look for great professional development

opportunities, so I think anyone in this building…we are always looking for ways to involve

parents, because the more parent involvement you have, the better on board your child is going

to be, their child is going to be."

   MHSS interviews. Interviews with MHSS were conducted to gain in-depth information

about why MHSS had generally positive perceptions of the school's ability to provide

satisfactory child-family supports. Similar to teachers, it was anticipated that this might included

information about how MHSS describe the school's responsibilities for providing child-family

supports, their previous interactions with caregivers (positive or negative), and the type of

training they have received or would like to receive in how to successfully work with caregivers.

MHSS interviews were also conducted to develop a better understanding of what MHSS think

about the PFS program, including a description about what they like about the program,

challenges associated with using the program, and what they would like to change about the

program to better fit their needs.

   An overview of all qualitative themes identified within interviews with MHSS can be

found in Table 9. The most prominent themes included *school provided supports*, *relationships,*

and *behavior*. Additionally, MHSS were asked to comment specifically on their perspectives of

the PFS program. The primary themes that emerged from their responses included *PFS positive*

aspects and *PFS negative aspects*.

   School provided supports. Interview segments were coded into the school provided

supports theme when they pertained to responding to and supporting children's behavioral,

academic, or social development that are perceived to be the responsibility of the school. When

asked about their most positive interactions with caregivers, both MHSS generally commented

on the supports and resources they were able to provide caregivers. For example, one MHSS

staff described how she was able to collaborate with a family to address their child's difficult

behavior, including providing in-home supports. She said, "We came up with a behavior plan that also involved home so if the student is not compliant or doesn't do their work—there's this point system—and if they don't get a certain amount of points by the end of the day there's a consequence at home… If needed be I would stop by the house on my way home and take the toy with me because the mom said it was sometimes hard to follow through with that kind of stuff." The other MHSS staff shared a similar story when talking about a child who was demonstrating anxiety-related school refusal, "We developed a plan here at school that helped her feel safer, and we wrote a 504 plan. Now she's been successfully in school since mid-February and hasn't missed any time. I feel like that was successful because we worked directly with her and her family and developed a plan that we all thought was beneficial and we were all on the same page."

    Relationships. When MHSS spoke about their relationships with caregivers, they both highlighted the idea that the school can be a great resource for children and families if the caregivers were willing to accept the school's assistance. Therefore, both MHSS seemed to support the beneficial nature of establishing collaborative partnerships with families, though they recognized family willingness to engage in partnerships as an essential component. One MHSS said, "Schools can be pretty helpful, but only if parents feel welcome and want the school's help." The other MHSS highlighted an example of this same concept, suggesting that school-family relationships are sometimes troubled by caregivers' unwillingness to work with the school. She said, "Some hard situations have happened where we have had some pretty aggressive students that have physically hurt other students, and obviously we take that very seriously and there has to be consequences… Then having parents come back and be really defensive and not want to work on the same page with us and playing the blame game… You get

stuck in a loop with those families. It's hard to create any sort of consistent plans when they get

defensive… I don't know how to get through to the families."

      Behavior. Both MHSS highlighted the role the schools can play in helping families

manage children's behavior, though, again, they both emphasized a need for a school-family

collaborative approach. One MHSS said, "I think schools' roles are really important in helping

parents manage the behaviors if the parents want or are open to that help. I guess schools have a

unique role because we do spend a large majority of the day with the kids, and so I think schools

have a powerful kind of position in that we can collaborate well with parents in helping them

manage the behaviors because we also know the kids pretty well." She elaborated by describing

the multitude of resources available to parents through the school's Family Resource Center

(FRC), commenting that the school could "provide a lot of guidance for parents" through the

FRC and school mental health services.

      PFS positive aspects. Interview segments were coded into the PFS positive aspects

theme when they pertained to those aspects of the PFS program that school staff found desirable

in some way (e.g., what they like best about the program). Overall, both MHSS spoke highly of

the PFS program resources. For example, one MHSS said, "I found [the resources] to be really

helpful… It's pretty well laid out and pretty comprehensive, so I didn't have to create something

or dig around. It was just all there." They also complimented the School-Readiness Check-In,

remarking that they appreciated that "the parents were able to check certain areas of concern or

areas where they need support" to help MHSS "reach out and give [children or families] support

early on in the year."

      PFS negative aspects. Interview segments were coded into the PFS negative aspects

theme when they pertained those aspects of the PFS program that school staff found undesirable

in some way (e.g., what they like least about the program). Though both MHSS generally liked

the resources offered by the PFS program, one of the MHSS reported that while the "Getting to

Know Your Family" interview was "in some ways is useful," she also felt that "in some ways it's

just too long." She commented, "I feel like for a lot of the families that I work with who are in

crisis or living in just really, really stressful situations, the whole like, interview process and

scoring system is just a little too overwhelming sometimes."

Importantly, an additional theme, *PFS implementation barriers*, was used to explore

obstacles that prevented the school from being able to use the PFS program with fidelity. While

only one reference to a PFS implementation barriers emerged within the MHSS interview data, it

is important to discuss within the context of this study. When talking about the difficult aspects

of the PFS program, one MHSS staff said, "I guess the part that's hard is that there are so many

initiatives going on in [the school district] right now, so there's just always something 'oh we're

going to do this' and 'now we're going to do this.' Having so many different programs to keep

up with and do with fidelity is really challenging." This quote provides useful insight into the

contextual challenges that the current school may be facing in their attempt to implement the

PFS program.

Administrator interviews. Because administrators did not complete quantitative

questionnaires, interviews with administrators were conducted simply to examine recurrent

themes about school-family partnerships, the PFS program, the fit between PFS and PBIS, and

whether the PFS program met the needs of the children and families being served by the school-

family initiative. Additionally, administrator interviews were analyzed to gather information

about administrator views on the training requirements of PFS, the financial costs associated

with implementing PFS, the time costs associated with implementing PFS, and the cost-benefit

ratio of implementing PFS in their middle school.

An overview of all qualitative themes identified within interviews with administrators

can be found in Table 10. The most prominent themes included *PFS positive aspects*, *PFS*

implementation barriers, *PFS staff training*, and *PFS time costs*. Another important theme that

was less concentrated within the administrator interviews, but was nonetheless important to

include, was the *PFS cost-benefit analysis* theme.

PFS positive aspects. Both administrators who completed the interview had generally

positive things to say about the PFS program. The school principle stated, "We write a goal

every year for parent engagement and the PFS program was a part of our goal for this year… I

saw the Positive Family Support system fitting directly with our goals to positively interface with

families and problem solve with them to ensure their students' success." The other administrator

elaborated, "Part of [the school district's version of PBIS] is that family support and family

outreach, and before we didn't really have any tools for that family out reach. We didn't really

know how to go about it in a way that was systemic. I feel like [PFS] gives us a lot of ideas on a

lot of things to do about family out reach and family support." Both administrators also

commented on the utility of the specific and individualized tools and resources offered by the

PFS program.

PFS implementation barriers. Overall, both administrators reported significant barriers

that prevented the school from being able to implement the PFS program with fidelity, including

barriers that ranged from non-electronic forms to lack of support from community mental health

agencies who were appointed to serve a necessary supervisory role. The school administrator

who played a significant role in making the PFS program available to the target school stated, "I

think that one of the things that was really hard about the implementation and getting it up and running was getting the [contracted] mental health center to do critical supervision around how they work with parents. It seemed like there wasn't a big interest with mental health centers to implement it or do any kind of supervision around it, so that was kind of frustrating." Additionally, the school principle mentioned school system readiness factors that interfered with the successful implementation of PFS. She commented that this was the "first year [the school] had a staff handbook that included expectations for positive family connections." She also commented that staff turnover rates were making it difficult for the school to maintain PFS training requirements. In summary, both administrators believed the PFS program could be a positive program addition to the school, but a range of barriers prevented the school from successfully using the program.

     PFS staff training. Interview segments were coded into the PFS staff training theme when they pertained to the training requirements for implementing the PFS program, including the school's ability to meet those training requirements, whether the school believes they received adequate training in implementing the program, whether the schools believes they can sustain the training requirements. Though the school originally received the necessary training to implement the PFS program, one administrator was displeased with the quality of the initial training. She said, "We did it a webinar type of style [training]…and he didn't do a very good job, so I would switch it to a more local [version] with someone coming in. And making sure I had a really good clinical person that would supervise and encourage people." Additionally, as mentioned in the previous theme, both administrators commented on the difficulty of sustaining necessary training due to staff turnover. An administrator commented, "There is going to be quite a bit of turnover, and I don't think there is any plan to train them. You know that's kind of

the problem is how do we…we started this and then we have the turnover in the therapists, and you don't have the mental health center invested in doing the trainings."

     PFS time costs. Interview segments were coded into the PFS time costs theme when they pertained to staff time required to implement the PFS program, as well as the school's ability to adequately support and sustain these time costs. The two administrators provided a mixed review of the ability of the school to handle the amount of staff time required to implement the PFS program. One administrator said, "Teachers are probably doing a good job. It wasn't a huge, big time commitment [for teachers]… But I really feel like the counselors have so much they do and sometimes they kind of do a lot. Like teachers are in the habit of just sending kids out of class all the time to go see the counselor for anything, and I think if we could stop having that happen so much then have counselors do more proactive things, then that could be better." The other administrator noted that the school required assistance with completing initial caregiver contacts at the beginning of the school year, commenting, "We have accessed additional help at times from either district support or other counselor or social worker support to help make calls and help get those initial contacts made." However, despite the immediate difficult in meeting the time cost demands, the principal said, "I think it's built into our structure, as part of the problem solving student progress part, so we have that structured well…we just need to make sure teachers are dedicating that time." This quote suggests that the time costs associated with PFS might not be an implementation barrier in the foreseeable future.

     PFS cost-benefit analysis. Interview segments were coded into the PFS cost-benefit analysis theme when they pertained to the relationship between the potential benefits and cost of implementing the PFS program. Though both administrators spoke at length about the difficulties they experienced with implementing the PFS program, they both commented that the

benefits of implementing PFS would far outweigh the costs if they could overcome the

previously discussed implementation barriers. The school principal said, "For us the benefit was

tremendous because we didn't have to pay for [PFS] directly out of our budget, so it's just in the

ongoing materials costs and implementation and staff time." The other administrator supported

this idea, commenting, "I don't think the costs are all that much and the benefits are that you

would have long lasting effects for kids. You know you're really helping that. The more you can

get parents to do good parenting, even if it is just a little bit, it can have huge benefits for kids."

Discussion

The current project provides important information regarding the feasibility to implement

a school-family initiative, including use of the PFS program, in a rural middle school setting.

Overall, the fact that the middle school was not able to implement the PFS program in its entirety

suggests that the PFS program is not a feasible intervention within the context of this particular

middle school. Several factors contributed to this observation: 1) the school principal directly

reported that the school has not been able to implement all components of the PFS program with

fidelity, and she therefore 2) declined to complete the PFS-FCU School Readiness Checklist and

3) requested that the title of the questionnaires (now titled school-family initiative questionnaire)

be changed because she did not believe respondents would recognize the PFS program name.

Additionally, qualitative information provided by the teachers, MHSS, and administrators

highlighted several of the barriers that have prevented the school from being able to implement

the PFS program with fidelity.

For the target middle school, a major barrier preventing successful PFS program

implementation included difficulty creating an organizational framework that could support use

of the PFS program. For example, the school principal stated that the first year the school

published an employee handbook was the same year they attempted to implement the PFS

program. Prior to the release of this handbook, there were no written guidelines that outlined

expectations for teachers and MHSS to collaborate and facilitate relationships with families.

This likely complicated school staff receptivity of the PFS program. These types of

organizational difficulties have been examined within the implementation science literature, and

resources have been developed to help schools overcome such barriers. For example, the

Interconnected Systems Framework (ISF) promotes successful implementation of school-based

academic and mental health interventions by assessing both the education and mental health

organizational systems that exists within the school prior to program implementation (Barrett,

Eber, & Weist, 2014). Using this framework, key school staff who have the authority to

reallocate resources come together to examine the roles, functioning, and effectiveness of staff

regarding ability to implement the intervention. This team also examines available funding and

current policy that will either contribute toward or prevent program implementation success. If

the team identifies potential barriers, they problem-solve and work through action steps designed

to improve organizational structures that will facilitate implementing the program. Interviews

conducted within the current project suggest that the school did not engage in this type of pre-

implementation planning. Therefore, recommendations to the school will include use of an

implementation framework, such as ISF, to restructure the school's organizational system to

promote uptake of the PFS program.

An additional implementation barrier that was identified within the qualitative interviews

included a lack of resources and support to encourage PFS program implementation. One MHSS

commented that it was difficult to implement the PFS program because there were too many new

initiatives and programs that the school was being instructed to implement, which made it

difficult for the school to implement any program well. Further, school administrators reported

that the school did not receive community mental health agency support that was essential for

program implementation. Specifically, lack of MHSS supervision regarding use of the PFS

program made it difficult for MHSS to successfully fulfill their roles within the PFS program.

The ISF framework could again be useful to combat these barriers. For example, the ISF

framework suggests that schools should engage in cross-system problem solving to build

symmetry across systems of support before implementing an intervention program. This

includes schools initiating planning with district or community supports (e.g., community mental

health centers) to collaboratively select an acceptable program to implement, as well as identify

the roles and responsibilities that each agency will fulfill during the implementation and

maintenance stages. Recommendations provided to the school will include minimizing the

number of programs the school is attempting to implement at one time, as well as conducting a

cross-system planning with all stakeholders who will be involved in program implementation.

Finally, another difficulties associated with PFS program implementation included

meeting the time requirements associated with program implementation, sustaining staff training

requirements of the program (including addressing turnover and training needs), and

accessing/using the PFS resources. Overall, it appeared that school staff did not have enough

time to implement all aspects of the PFS program in addition to their other job requirements. For

example, it was somewhat difficult for the school to be able to contact every family to initiate

positive communication at the beginning of the year, including an additional phone call to check-

in with caregivers who reported that they had concerns about their child or family on the initial

School Readiness Check-In screener. The principal reported that the school was able to allocate

assistance from district supports (e.g., other school counselors or social workers) to complete this

task, though the other administrator commented that the school would need to remove some of the MHSS's current responsibilities before MHSS could successfully implement all aspects of PFS program. In regard to training requirements, the school indicated that they would benefit from a local trainer who could offer varying levels of continuous training opportunities that were suitable as either maintenance training or initial training for new staff. Indeed, the available research on training models suggest that workshop-based trainings in conjunction with ongoing consultation appear most effective in terms of outcomes and sustainability (Beidas, 2011). Lastly, alterations to PFS forms and resources could improve program feasibility. Many school staff reported that they would like electronic versions of the forms, or simplified forms that included fewer items and could be administer in a more timely fashion. These types of comments relate to the time costs barriers of the PFS program, though they also reflect on the need to make the forms and resources more suitable for a school environment.

    While the school was unable to implement all portions of the PFS program, they were able to use aspects of the PFS program to create a school-family initiative that better fit the capacity, capabilities, and needs of their school and the families they serve. Importantly, there appears to be significant overlap between the school-family initiative as implemented and the PFS program, with several results suggesting that the PFS program could be feasible for this middle school in the future. For example, school staff and caregivers reported attitudes that align with the goals of the PFS program: the school should promote school-family partnerships and collaboration by building positive relationships with caregivers, making the school environment a family-friendly space, gathering information from caregivers about the needs of their child and family, inviting caregivers to be involved in and provide feedback about intervention planning, offering both universal and individualized services to help families engage in their child's

success, and teaching families to use academic and behavioral interventions at home. Additionally, questionnaire results suggest that both school staff and caregivers believed that the school could and were motivated to engage in the previously listed activities, which are major components of program feasibility.

Further, overall school staff and caregiver reports demonstrate satisfaction with the school-family initiative. In fact, results suggested that use of the PFS program was associated with reports of higher quality school-family relationships. This information, along with interview results in general, indicate that use of the PFS program has benefitted the school in a variety of ways: greater capacity to provide satisfactory academic and behavioral supports to children, improved ability to enhance school-family communication and relationships, and greater access to resources that can be helpful in promoting families' ability to foster children's success. However, it is important to recognize that caregivers reported lower satisfaction with school-family relationships than school staff. This suggests that school staff could improve their communications and interactions with caregivers, and the PFS program could be a means of accomplishing this goal. School staff who participated in the qualitative interviews reported a desire to receive more training surrounding their ability to facilitate positive school-family relationships, commenting on both the amount and type of trainings they would like to receive. For example, one teacher commented, "I like the kind of professional development opportunities where we have people come in from outside of our building and tell us the great ideas that have been used at other places—like give us examples, so we don't just read about it and go, uh yeah maybe, I don't get it. We want to have somebody there to say, 'This has been tried at this school, and boy did they have x-amount of success and maybe you should try it too.' So yeah, I like professional development training with guest speakers." Therefore, recommendations provided

to the school will include information about trainings the school could offer to support school

staff's skills in creating and maintaining school-family partnerships, as well as expanding upon

PFS training and tools specifically designed to improve school-family interactions.

Increased focus on enhancing school-family relationships could also improve the

perspectives of caregivers who declined the school's invitation to participate in the school-family

initiative. Though the majority of caregivers in the no-contact group reported that they did not

want to be involved in the school-family initiative because they did not have any concerns about

their child or family, an important percentage of caregivers reported that they declined school-

family partnership opportunities based on passed negative interactions with the school. If the

school could amplify their use of techniques designed to enhance school-family relationships at

the universal level, these caregiver could be exposed to positive school-family interactions that

might increase their willingness to collaborate with the school in the future. Additionally,

several caregivers reported personal reasons for declining school-family contacts that focused on

feeling too busy or overwhelmed to elicit help from the school. Again, if the school is able to

reach out to these caregivers through universal supports, these caregivers might glimpse the

types of support the school is able to offer and decide to seek additional resources from the

school. For example, the school could use some of the suggestions provided by Hornby (2011)

for enhancing school-family partnerships: enhance the channels of communication to promote

positive contacts between caregivers and school staff; increase opportunities for caregivers to

communicate with the school; make the school a welcoming environment by inviting caregivers

to partake in recreational or volunteer activities at the school; conduct parent-teacher meetings in

a way that highlights children's strengths, as well as their needs; provide parent workshops that

address the specific concerns caregivers report; and offer individualized services or support

groups for families in a sensitive and nonjudgmental manner.

Overall, the PFS program appears to be fulfilling a need for the target middle school.

Both administrators interviewed reported that their school strives to promote school-family

relationships, and the school writes goals every year to enhance school-family collaboration.

Administrator reports of the cost-benefit analysis of implementing the PFS program within their

school-family initiative supported continued PFS implementation. They both reported that the

benefits of using the PFS program far outweighed the costs, and they both commented that they

see great utility in problem solving the barriers that have prevented successful program

implementation within their school. Therefore, recommendations provided to the school will

encourage continued PFS implementation within the context of addressing the previously

identified and discussed implementation barriers.

Given the absence of research regarding the PFS intervention program, the current study

contributes to the field by initiated dissemination and implementation (D&I) research examining

the feasibility of PFS as a school-based, family-focused intervention. There are four primary

stages of D&I research: Exploration, Adoption/Preparation, Implementation, and Sustainment

(Landsverk et al., 2012). The Exploration phase examines the initial decision to make an

intervention available within organizations or communities. Given the positive cost-benefit

analysis provided by the middle school, their initial decision to implement the PFS program is

likely well supported. However, the second phase of implementation, the Adoption or

Preparation phase, focuses on examining the formal decision of an organization to implement the

program. Upon examining the results of this study, it would likely have been helpful for the

school to spend more time preparing to implement the PFS program. As previously mentioned,

this could have included using an implementation science framework, such as ISF, and administering school-readiness assessments to analyze the capacity of both the middle school and identified mental health agencies to support and participate in program implementation. The data collected from these types of assessments could have helped the school anticipated, problem-solved, and/or avoid many of the implementation barriers they experienced.

The third phase of D&I research, the Implementation phase, includes examining strategies for improving fidelity of program implementation. This includes the use of feasibility studies to assess compatibility, suitability or practicability of an intervention in a specific setting (Rabin & Brownson, 2012), which was the focus of the current study. Results provide insight into why the target middle school was not able to implement the PFS program with fidelity, and future research should concentrate on examining how to improve PFS program feasibility within a public middle school setting. This could include the school revisiting the Preparation stage to analyze implementation capacity before re-implementing the program, or the school could focus on further adapting the PFS program to better meet the needs of their school and the families they serve. While revisiting the Preparation stage and implementing the PFS program with fidelity could be an ideal outcome because the PFS program includes several evidence-based interventions for enhancing child success, some research suggests that adapting the PFS program could also create positive child outcomes. For example, Pomerantz and colleagues (2007) suggest that school-family partnerships are more likely to be effective, and therefore result in greater positive impact on child achievement, if schools have organized the initiatives themselves rather than implementing an externally developed home-school program. Additionally, Christenson and Sheridan (2001) reported that there is no single "right" set of activities that produce effective school-family collaboration. Instead, these researchers advocate

that every school needs to assess its individual context and needs, and develop collaboration

opportunities that are responsive to the school's unique circumstances. If the school does decide

to adapt the program, several sources offer guidelines that could promote the success of building

school-family collaboration, including *Parent Involvement in Childhood Education: Building*

Effective School-Family Partnership (Hornby, 2011) and *Schools and Families: Creating*

Essential Connections for Learning (Christenson & Sheridan, 2001).

Limitations

The limitations of this study include sample size and sampling procedures. Because the

school-family initiative and PFS program were only implemented in one local middle school, the

sample used in the current study was limited to administrators, MHSS, teachers and caregivers

from that middle school who were willing to participate. The number of caregivers who

completed questionnaires met power analysis requirements, but analyses conducted on teacher

data were underpowered. Additionally, the limited number of caregivers, teachers, MHSS, and

administrators that participated in interviews likely prevented the opportunity to reach saturation

in qualitative data. However, the data collected did provide beneficial insight regarding

implementation of the school-family initiative, which created the opportunity to advise the

school about what seems to be going well with their school-family initiative and which areas of

their initiative could benefit from adaptation.

In terms of sampling procedure, data was obviously only collected from school staff and

caregivers who volunteered to complete questionnaires and participate in interviews. This could

have limited the range of the sample and provided biased results. For example, MHSS or

teachers who are actively implementing PFS and like the program may have been more willing

to complete the PFS measures or participate in the follow-up interview. Additionally, the sample

of caregivers who were willing to participate in the study was limited to caregivers who attended parent-teacher conferences. It is unknown whether there are systematic differences between caregivers who did and did not attend the conferences, but it is possible that those caregivers who did not attend parent-teacher conferences could represent a sample of caregivers who are most in most need of additional support. While it is inevitable that data was only collected from voluntary participants, it is important to note that the results of this study may not represent the perspectives of school staff and caregivers who were for some reason unwilling or unable to participate (e.g., those who may dislike the PFS program or hold negative views or experiences regarding school-family collaboration). However, efforts were made to collect a diverse and inclusive research sample by offering questionnaires in various formats (e.g., paper and electronic) and through various modalities (e.g., parent-teacher conferences, the school website, the email Listserv of all parents of children attending the school). Further, interviews were conducted via phone at times convenient for participants to promote the feasibility of interview participation and completion.

Finally, additional limitations of the current study include reliance on self-report data on measures that were modified for use in this study. Use of 'home grown' measures was an unavoidable limitation of this study because no published research to date examines feasibility of the PFS program and well-established program feasibility measures for PFS do not exist. However, vetting items through a panel of experts and an implementation science research laboratory promoted the face validity of the items, and Cronbach's alpha coefficients (ranging from .81-.97) demonstrated both acceptable reliability on all scales and some evidence of construct validity. Finally, preliminary evidence for the validity of the questionnaires was also provided by the congruence between quantitative and qualities findings. Future research should

include formal psychometric testing of the measures developed for this study. Lastly, this study

did not include measurement of actual behavior beyond self-report by school staff and

caregivers. Although attitudes and perceptions are important to examine feasibility, they are not

a direct measurement of actual behavior and may reflect bias.

Future Directions

Future research should be conducted on the implementation characteristics of the PFS

program. This could focus on the analyzing recommendations provided to the school regarding

PFS implementation, as well as how the school receives and addresses the recommendations that

will be provided. If the school decides to revisit the Preparation stage and retry PFS program

implementation, another feasibility study would be beneficial in understanding whether the

program actually lacks feasibility or simply requires more extensive pre-implementation

planning. If the school decides to continue to use the PFS program in modified form, future

research should begin to document the adaptations that were made and examine program

effectiveness by measuring and monitoring the progress of children and families who complete

the intervention. Whichever route the school takes, future research should also continue to

examine the implementation barriers that could be impacting the implementation of the PFS

program in this middle school.

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PARENTAL CONTRIBUTIONS

SOME **POLICY FORMATION**

e.g. PTA members, school governors,
parent support/advocay groups

MANY **ACTING AS A RESOURCE**

e.g. classroom aides, fund-raising,
supporting other parents

MOST **COLLABORATING WITH TEACHERS**

e.g. home-school reading, maths
and behavior programs

ALL **SHARING INFORMATION ON CHILDREN**

e.g. children's strengths, weaknesses,
likes, dislikes, medical details

ALL **CHANNELS OF COMMUNICATION**

e.g. handbooks, newsletters, telephone
contacts, homework diaries

MOST **LIAISON WITH SCHOOL STAFF**

e.g. home visits, parent-teacher meetings

MANY **PARENT EDUCATION**

e.g. parent workshops

SOME **PARENT SUPPORT**

e.g. counselling, support groups

PARENTAL NEEDS

Figure 1. The Model for Parent Involvement consists of two pyramids connected at the base,
one representing a hierarchy of parents' needs, the other a hierarchy of parents' strengths and
possible contributions. Reprinted from "Parent Involvement in Childhood Education: Building
Effective School-Family Partnerships," by G. Hornby, 2011, p. 33.

Table 1

Caregiver Demographics

		Frequency	*M* (*SD*)
Age		—	42.38 (7.65)
Gender	Woman	32	—
	Man	15	—
Ethnicity	White	35	—
	American Indian/Alaska Native	8	—
	Other	4	—
Education	Less Than High School	2	—
	High School or Some College	19	—
	Associate's or Bachelor's Degree	27	—
	Master's Degree	4	—
Child Grade	6th Grade	15	—
	7th Grade	15	—
	8th Grade	17	—
Marital Status	Single	8	—
	Married	20	—
	Separated or Divorced	19	—
Income		—	33950 (21601)

Table 2

School Staff Demographics

		Teacher		MHSS	
		Frequency	*M* (*SD*)	Frequency	*M* (*SD*)
Age		—	42.40 (7.62)	—	30.00 (2.00)
Gender	Woman	9	—	4	—
	Man	4	—	1	—
Ethnicity	White	13	—	5	—
	American Indian/Alaska Native	—	—	—	—
	Other	—	—	—	—
Education	Bachelor's Degree	10	—	2	—
	Master's Degree	8	—	4	—
	Professional Degree	—		1	—
Grade Taught	6th Grade	2	—	—	—
	7th Grade	2	—	—	—
	8th Grade	5	—	—	—
	All Grade Levels	4	—	—	—
Years in Position		—	9.19 (8.02)	—	1.74 (1.71)

Table 3

School-Family Initiative Survey Reliability Statistics

	School Responsibilities	School & Family Partnership	School & Family Relationships
	α	α	α
Caregivers	.83	.91	.93
Teachers	.97	.91	.87
MHSS	.81	.93	.89

Table 4

School-Family Initiative Questionnaire Results (Mean and Standard Deviations)

Group	School Responsibilities	School & Family Partnership	School & Family Relationships
	M (*SD*)	*M* (*SD*)	*M* (*SD*)
Caregivers	4.17 (.41)	4.02 (.56)	2.84 (.52)
Teachers	4.07 (.76)	3.98 (.51)	4.18 (.46)
MHSS	4.15 (.33)	3.85 (.53)	3.82 (.42)

Table 5

School-Family Initiative No Contact Questionnaire Frequencies

Item	Frequency	Percent
I did not have any concerns about my child or family	41	85.4
Other	8	16.7
I did not believe the school could provide the support my child or family needed	3	6.3
I did not feel like it was the school's job to address my worries about my child or family	3	6.3
I do not have a good relationship with the school and/or school staff member(s)	1	2.1
My child's school has been unsuccessful with meeting my child's needs or dealing with my concerns in the past	1	2.1
I have felt unsupported or disappointed by the school in some way in the past	1	2.1
I felt that I would be blamed for my child' struggles or symptoms (academic, behavioral, social)	1	2.1
I did not have time to discuss my concerns about my child or family with the school	1	2.1
I felt overwhelmed already by other stressful events in my life and did not have the time or energy to participate	1	2.1
I felt like my concerns about my child or family would be ignored by the school or school staff members	0	0
I felt like I would be viewed negatively by the school or staff members if I talked about my concerns about my child or family	0	0

Table 6

Caregiver Qualitative Interview Themes (Contact Group)

Theme	Number of References	Definition	Exemplars
Relationships	52	Contains information pertaining to: 1) the way in which the school and parents are connected to, interact with, or are involved with each other, or any description of how the school or parents feel or think about each other, or 2) relationships within the school system (e.g., between school staff)	"I absolutely feel comfortable coming in and asking questions if I have a question or even a concern. I have no problem approaching any of his teachers. They've all been really great about that. We have a really good relationship." "It's a new relationship and I'm comparing it to their elementary school where they went for kindergarten through fifth grade. It is not a bad relationship; it is just not as close or connected as I am use to. That might just be the way it is in middle school." "Some of the teachers are in some aspect, really kind of, how do you say, disrespectful."
Communication	42	Contains information pertaining to the exchanging of information between two or more parties through various modalities, including both sending and receiving information between school staff and families, between school staff, and within the family unit	"The teachers are always really open and they listen." "That one phone call I got about her doing a great job, they definitely need more of those. The parent and the student feel just outstanding." "The only contact I had was the parent teacher conferences, but no additional contact." "I'm never getting contacted when she is starting to slip, ever, I mean ever. And that's what I really wish would happen."

Behavior	35	Contains information pertaining to a child's actions, conduct, or responses to a particular situation or stimulus	"You know their check-in/check-out system, we kind of adopted some of the language that [the school] was using to address some behaviors, and the teachers were on board to adopt the language we were using…it was really coming together in a real system between the two." "I wouldn't say it is necessarily a partnership but, I do think [the school] plays an important role in assisting with child behavior. Definitively in their communication and connectedness with parents and families." "I have one child who has a tendency to feel overwhelmed. He will struggle in certain areas, and when I brought that up, they were really helpful putting an action plan in place in case he does get frustrated or sad. So I felt that was helpful."
Academics	29	Contains information pertaining to a child's academic performance or role as a student	"The most helpful things I've talked about with them are ways to keep him learning at home. He is in a Title class, so you know I've gotten a lot of feedback from them about ways to keep the learning experience good and to help him learn at home without realizing he's learning stuff." "Generally speaking it might be nice to try things at home. Have some sort of general, or even letting us know what they are working on and…how we can support or be useful." "I would definitely like it if they communicated better, like letting you know that your child's grades are in the process of failing instead of letting you know when she is already failed."
School Provided Supports	28	Contains information pertaining to responding to and supporting children's behavioral, academic, or social	"We'll have one or two issues that we'll want to work on to help them to do better and we'll definitely get strategies that are very specific." "Every time we go to an IEP meeting or a parent teacher conference they, I mean depending on what it is he's coming up short on, they'll

		development that are perceived to be the responsibility of the school	give me a handout or they'll make suggestions." "What I like best is, well they don't try and change anything…They'll offer up advice for certain things I ask for, but they don't pry or anything."
School Responsibilities	10	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"I think they should be you know first kind of be primary reporters to caregivers. Not necessarily you know directly saying what should be done right away, unless it is something that is you know has to do with safety of you know the youth or you know other kids." "I imagine they could direct parents towards resources that help, you know, professional resources that help with those problems and plotting whatever they might be." "Focus on the good, not always the bad."
School Environment	10	Contains information pertaining to the overall school environment, including the physical, emotional, and psychological environment	"I just think that's really great. It feels like a really welcoming environment." "They are relatively safe, they haven't had any problems." "I know there's a lot of bullying that goes on and my son has taken some bullying from some kids. And it wasn't necessarily something that needed to be reported per se, but I think they should be paying more attention to that kind of behavior."
Parent Responsibilities	5	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are	"I feel like your child's behavior is the parent's primary responsibility, more so than the school. I feel like if you aren't doing stuff at home to prevent poor behavior, it's not the teacher's job to parent your child." "If could change anything, I would have more time available to volunteer at the school and just be there more. But honestly the only

	perceived to be the responsibility of caregiving adults	thing that I would change would be my participation as opposed to anything that [the school is] doing."

Table 7

Caregiver Qualitative Interview Themes (No-Contact Group)

Theme (Node)	Number of References	Definition	Exemplars
Relationships	36	Contains information pertaining to: 1) the way in which the school and parents are connected to, interact with, or are involved with each other, or any description of how the school or parents feel or think about each other, or 2) relationships within the school system (e.g., between school staff)	"I love my child's school. I think they are an outstanding staff over there. We have been fortunate enough to know a few of them on a personal level. I feel welcome every time I go there. I feel like there are a lot of students there, but they know whose mom I am. The principal knows me by name and I'm not even there that often. I think they go out of their way to make those personal connections." "[The relationship is] fine. I don't have any complaints per se." "They could be more open and honest with the parents about what's going on and who's changing positions [in administration]. This is the second time this has happened. I would see stuff on the news about it and then all of a sudden you don't hear anything."
Communication	28	Contains information pertaining to the exchanging of information between two or more parties through various modalities, including both sending and receiving information between school staff and families, between school staff, and within the family unit	"Good. Positive. I think they're doing a really good job. There's a lot of parent communication. There are a lot of opportunities for parent participation in school activities. It seems that they are actively trying to inform parents of resources that are available for their children at the school." "I know it's hard to find a format of communicating with parents. Maybe just more personalized communications. You can get on the school website at anytime, but maybe just more one-on-one communication via email. But I know that would be hard with so many kids." "I'm only hearing from the school when there is a problem, which really sucks to only hear from them when there's a problem. And therefore he

			is falling behind and we are not able to catch up before that happens. So yeah, I would like to know his strengths as well. Especially from someone who's not the parent."
Behavior	20	Contains information pertaining to a child's actions, conduct, or responses to a particular situation or stimulus	"I think I feel like the behavior responsibility falls primarily on the parent." "I would just expect anytime there was an issue or a problem that they would work with [the child] first and then, if it's necessary, call me." "When the need arose, I was contacted by a teacher. Which is important because then I can work with the teacher to help my child improve his behavior. Because then the home can be on the same page as the teacher."
School Responsibilities	14	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"I guess as far as keeping other kids safe, I think that would be their major role." "I guess since they are with the kids all the time it's a good idea for the school to have input and help parents who might not see things that the kids don't show in front of the parents." "Umm…basically support the parent."
Reasons for No Contact	13	Contains information pertaining to the reasons why parents declined to be contacted by the school regarding the school-family initiative or PFS program, which also included information about when they might like to be	"I would hope that if they felt like they had something they needed to reach me about specifically they would know that I would be responsive to an email or something, but I wouldn't want them to just do a blanket because they were being forced to." "The teachers are great at shooting out an email if they need to. So I feel like I wouldn't need them to specifically. It's a lot of work for teachers to contact every single parent." "I don't think I need them."

		contacted by the school in the future	
Parent Responsibilities	11	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of parents or other caretaking adults	"I wish I had more time to go over there and participate because they do a great job of letting us know all of the things that are available or when they need help for things. I'm just too busy to go help with that unfortunately." "[The school] should not be the main ones trying to do caregiving. I know sometimes it ends up being that way, but I think that's the family's role first." "I know that I am in obligation to call the school if I have any concerns."
Academics	10	Contains information pertaining to a child's academic performance or role as a student	"They all seem very willing to work with my child because he does need a little extra help." "I like that they have extra activities after school either to catch up or to bring their grades up." "I am struggling right now. I feel like I am playing catch up. I don't understand a lot of what is being taught in the school because it's totally different from when I was growing up, so now I don't know how to help him. It's not just the technical stuff that they are learning, but also he is failing his classes and all this other stuff is going on. I am doing everything I know, and I'm only hearing from the school when there is a problem."
School Provided Supports	6	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the	"It seems that they are actively trying to inform parents of resources that are available for their children at the school." "I know they have that portal, and it's convenient if you're on the computer and have a computer. But it's not always convenient to be on the portal all the time. I really never use the portal."

		responsibility of the school	
School Environment	4	Contains information pertaining to the overall school environment, including the physical, emotional, and psychological environment	"I feel welcome every time I go there." "I love that they are active and they protect our children, like they are not able to leave campus. At first I was freaked out that there was security on staff, but it actually gives me comfort."

Table 8

Teacher Qualitative Interview Themes

Theme	Number of References	Definition	Exemplars
Communication	22	Contains information pertaining to the exchanging of information between two or more parties through various modalities, including both sending and receiving information between school staff and families, between school staff, and within the family unit	"They are called positive postcards…and they are really just a postcard that I write. I do this thing call 'Character of the Week,' and I write a positive character trait on it….and send it home. More often than not parents tell me that its hanging on their fridge, or the kids will come the next day and say thank you so much, that meant a lot. So that's on positive behavior, that really works well." "I think consistency, hearing from somebody repeatedly, whether it's good or bad, is always a better picture than "oh they did this, this one time" so was it random, was it an outlier, was it indicative of another problem, so the more consistent you can be on that the better." "When [parents] come to school angry, but only knowing one side of the story, then that's sometimes very difficult cause then we get attacked and it is just a really tough way to start out a conversation or problem solving."
Behavior	8	Contains information pertaining to a child's actions, conduct, or responses to a particular situation or stimulus	"Schools can set firm limits and allow those natural consequences to come from those boundaries to help parents guide their children to understanding the consequences of their behavior." "Having parents understand the universals of our school. For example ours are respectful, responsible, safe behavior. So just being respectful, responsible, and safe. Parents can understand that and support that at home to where it's at home and school…awesome."

Relationships	6	Contains information pertaining to: 1) the way in which the school and parents are connected to, interact with, or are involved with each other, or any description of how the school or parents feel or think about each other, or 2) relationships within the school system (e.g., between school staff)	"I have had success with building relationships with phone calls or interactions with parents at school and community events, like our open house or our spring showcase. Parents who come and help chaperone field trips, I think those are really successful, or help out with barbeques or field trips or whatever else." "I try to start off the year when their kids are doing something right, especially if it is a student that has struggled before, just making a couple of phone calls a week saying…'Hey I have your kid at school and I can tell they are going to be very energetic in the classroom." Put something in a positive spin, even if things are not so great, but that positive contact."
Academics	6	Contains information pertaining to a child's academic performance or role as a student	"I like to let parents know if the kid is missing something, if I have academic concerns, like really poor, poor writing skills or capitalization. I want to know if something happened in elementary school that would have, you know, created a huge gap in very fundamental skill level areas." "[I] expect [parents] to check their students grade or make their student check their grade online…There are very few parents that follow that. It's very easy but there are very few that follow it."
School Responsibilities	5	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"The school is a partner, I think that it should offer structured support, interventions, natural consequences, and behavior instruction."

PFS Staff Training	5	Contains information pertaining to the training requirements for implementing the PFS program, including the school's ability to meet those training requirements, whether the school believes they received adequate training in implementing the program, whether the schools believes they can sustain the training requirements	"I mean, we always look for great professional development opportunities, so I think anyone in this building. We are always looking for ways to involve parents, because the more parent involvement you have, the better on board your child is going to be, their child is going to be." "Maybe how to help brainstorm motivation for teenagers, at school and at home." "I like the kind of professional development opportunities where we have people come in from outside of our building and tell us the great ideas that have been bright at other places and model that behavior. Like give us examples, so we don't just read about it and go, uh yeah maybe, I don't get it. To where we have somebody there and they say, 'This has been tried at this school, and boy did they have x-amount of success and maybe you should try it too.' So yeah, professional development training with guest speakers."
Parent Responsibilities	3	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of parents or other caretaking adults	"I have had a few meetings where the parents and the teacher of the student, and the student, and the principle or the counselor will come in and we talk a lot about how we can provide more structure, and how we can make a student more successful. A parent will volunteer and say 'Okay, we will set aside some time for homework…they won't use video games until this is done,' or whatever. Then two weeks later, the kid is like, 'No I don't do homework. I played video games all last night.' So it's challenging to follow through sometimes…that makes it difficult then to enforce our expectations at school when the kid knows there is no consequence for their behavior at home."
PFS Suggested Changes	2	Contains information pertaining to any suggestion that school staff members have regarding elements of	"If we had like a list of great website links, you know that are awesome." "[More information about] parents involvement, just like you are asking me."

		the PFS program that they believe should be modified, added, or deleted	
School Provided Supports	1	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"Schools can also offer parenting classes in the evenings or at lunch time, things like Love and Logic, teenagers and homework, curfews, or sleep and dietary guidelines. I think schools can provide parents with those resources."

Table 9

Mental Health Support Staff Qualitative Interview Themes

Theme (Node)	Number of References	Definition	Exemplars
School Provided Supports	12	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"We came up with a behavior plan that also involved home so if the student is not compliant or doesn't do their work—there's this point system—and if they don't get a certain amount of points by the end of the day there's a consequence at home… If needed be I would stop by the house on my way home and take the toy with me because the mom said it was sometimes hard to follow through with that kind of stuff."
Relationships	10	Contains information pertaining to: 1) the way in which the school and parents are connected to, interact with, or are involved with each other, or any description of how the school or parents feel or think about each other, or 2) relationships within the school system (e.g., between school staff)	"School can be pretty helpful, but only if parents feel welcome and want the schools help." "Some hard situations have happened where we have had some pretty aggressive students that have physically hurt other students, and obviously we take that very seriously and there has to be consequences… Then having parents come back and be really defensive and not want to work on the same page with us and playing the blame game… You get stuck in a loop with those families. It's hard to create any sort of consistent plans when they get defensive… I don't know how to get through to the families."

			"I think schools' roles are really important in helping parents manage the behaviors if the parents want or are open to that help? I guess schools have a unique role because we do spend a large majority of the day with the kids, and so I think schools have a powerful kind of position in that we can collaborate well with parents in helping them manage the behaviors because we also know the kids pretty well."
Behavior	10	Contains information pertaining to a child's actions, conduct, or responses to a particular situation or stimulus	"Her mom and dad, mom more so than dad, have just been really involved in her care and so I feel like they are always open and on board with any intervention we try. They were really open to the behavior plan and were happy to be a part of that. And I feel like the behavior plan has been successful because the kid knows that mom and dad are involved and on board with the plan, and there's a component that involves them. So if she goes to detention and is disruptive in detention, we call home and mom or dad comes and picks her up and takes her home right away. And so she knows there's that consistency between school and home, and that has really helped her to behave at school."
			"Our Family Resource Centers are a really great resource for parents to get not only basic needs met, but as a tool for managing behaviors at home and helping out with, yeah, parenting skills and that kind of stuff. I feel like schools could, through the Family Resource Center and CSCT and through mental health, could provide a lot of guidance for parents in that way."

Academics	8	Contains information pertaining to a child's academic performance or role as a student	"This year I have brought the family in, starting in I think October, for weekly sessions with the parents. We just talked about the home dynamic and how they could change their communication with the kid, and how to give him positive praise and how to relearn how to communicate with him in a positive way. And I feel like as a result of that and changing his schedule and getting him on an IEP and a bunch of different interventions that we've done, he's been able to get his grades up and be more successful academically. And I feel like a large part of that is due to the change in the way his parents are communicating with him." "We use data to decide what classes to offer and when to offer them and what curriculums to use. Each grade level has seven periods and so there are lots of classes. There's a lot of knowledge surrounding that, so giving that info to parents really helps drive our academic support here."
PFS Positive Aspects	8	Contains information pertaining to those aspects of the PFS program that school staff find desirable in some way (e.g., what they like best about the program)	"I like that there are concrete resources that I can use." "I found [the resources] to be really helpful… It's pretty well laid out and pretty comprehensive, so I didn't have to create something or dig around. It was just all there." "It's very comprehensive and detailed, and that's good in one way because I feel like it can really pinpoint the main issues in a family system and apply resources to those issues."
PFS Negative Aspects	4	Contains information pertaining to those aspects of the PFS program that school staff find undesirable in some way (e.g., what they like least about the program)	"I did the whole comprehensive interview process with one family and I feel like it kind of, it was just too much for them and it felt very, kind of disconnected. It didn't feel right. I don't know how to describe it, but it just felt a lot less personal, a lot more academic than rapport building and relationship building and that kind of thing." "I feel like for a lot of the families that I work with who are in crisis or living in just really, really stressful situations, the whole like, interview

			process and scoring system is just a little too overwhelming sometimes."
PFS Suggested Changes	4	Contains information pertaining to any suggestion that school staff members have regarding elements of the PFS program that they believe should be modified, added, or deleted	"I think it would be nice to have a training video or a model where someone went through each step of the program with a family to see how each step of the process was implemented. Yeah, I think that would maybe be helpful." "The whole initial interview I think in some ways is useful, but in some ways it's just too long… Maybe just making it shorter, I guess? If that was possible. To get the same amount of information, or not the same amount, but just to get the very pertinent information about what the family identifies as their strengths and needs but making it in a shorter or easier format." "I don't know if I would change it."
School Responsibilities	3	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"We deal with…classroom management and the consequences that you know happen from that, but I feel like we're really trying to move to a more proactive place where we are looking at data constantly in our different tiers of intervention groups and then deciding on different interventions and proactive strategies that we can problem-solve with individual students, but also bringing their families into that."
Communication	2	Contains information pertaining to the exchanging of information between two or more parties through various modalities, including both sending and receiving information between school staff	"We'll have kids, as well as their parents, come in to our weekly Kid Talk meeting to problem-solve. And it's not just behavior, but a lot of times it related to certain behaviors and working through that and problem-solving it at school… Our hope is that those skills we are developing here will transfer to their outside life at home and help them become more successful."

		and families, between school staff, and within the family unit	
PFS Staff Training	2	Contains information pertaining to the training requirements for implementing the PFS program, including the school's ability to meet those training requirements, whether the school believes they received adequate training in implementing the program, whether the schools believes they can sustain the training requirements	"We did a lot of video consults…and he was really helpful and really good." "I didn't receive a training."
PFS Implementation Barriers	1	Contains information pertaining to barriers that are preventing the school from being able to implement the PFS program as desired, or as prescribed by the manual	"I guess the part that's hard is that there are so many initiatives going on in [the school district] right now, so there's just always something 'oh we're going to do this' and 'now we're going to do this' so having so many different programs to keep up with and do with fidelity is really challenging."
PFS Ability to Identify Need	1	Contains information pertaining to the PFS program's ability to identify children and families who could benefit from additional	"I really liked the forms we sent home…and the parents were able to check certain areas of concern or areas where they need support. For the parents who were asking for additional support, it was nice because I could take those forms and call the parents, reach out, and give them support early on in the year."

school supports related
child academic
performance, behavior,
and school attendance

Table 10

Administrator Qualitative Interview Themes

Theme (Node)	Number of References	Definition	Exemplars
PFS Positive Aspects	20	Contains information pertaining to those aspects of the PFS program that school staff find desirable in some way (e.g., what they like best about the program)	"I saw the Positive Family Support system fitting directly with our goals to positively interface with families and problem solve with them to ensure their students success." "I really liked a lot of the materials and tools. I thought those were really good." "Part of MBI is that family support and family outreach, and before we didn't really have any tools for that family out reach. We didn't really know how to go about it in a way that was systemic. I feel like [PFS] gives us a lot of ideas on a lot of things to do about family out reach and family support."
PFS Implementation Barriers	16	Contains information pertaining to barriers that are preventing the school from being able to implement the PFS program as desired, or as prescribed by the manual	"I think that one of the things that was really hard about the implementation and getting it up and running was getting the mental health center to do critical supervision around how they work with parents. It seemed like there wasn't a big interest with mental health centers to implement it or do any kind of supervision around it so that was kind of frustrating." "I underestimated when I started this was that it was adding work in a sense that, cause you're doing more work with parents, so you might get to spend more time with them but you're not looking or talking about the work that the counselors will have to stop doing cause the counselors end up doing a lot of work directly with the parents when you're doing the family check-ups and what not. So I think really being careful about looking at what kinds of things you want to ask the counselors not to do, and having that administrator saying, 'I don't want you doing this any

			more,' supporting them in that and when they add this on to their plates."
PFS Staff Training	12	Contains information pertaining to the training requirements for implementing the PFS program, including the school's ability to meet those training requirements, whether the school believes they received adequate training in implementing the program, whether the schools believes they can sustain the training requirements	"We did it a webinar type of style…and he didn't do a very good job, so I would switch it to a more local with someone coming in. And making sure I had a really good clinical person that would supervise and encourage people."

"I think we could do a better job [with training]. Plus we have had new staff over the past 2 years so we, I, need to seriously consider what that looks like for the fall to be more thorough."

"There is going to be quite a bit of turnover, and I don't think there is any plan to train them. You know that's kind of the problem is how do we…we started this and then we have the turnover in the therapists, and you don't have the mental health center invested in doing the trainings."

"What I think would be great is if every week to do an hour of clinical supervision or every two weeks an hour to two hours of clinical supervision. And include some of that with Positive Family Support with some of the counselors and our CSCT staff and have really good clinical supervision. I just don't see that happening." |
| PFS Time Costs | 10 | Contains information pertaining to staff time required to implement the PFS program, as well as the school's ability to adequately support and sustain these time costs | "Teachers are probably doing a good job. It wasn't a huge big time commitment [for teachers]… But I really feel like the counselors have so much they do and sometimes they kind of do a lot. Like teachers are in the habit of just sending kids out of class all the time to go see the counselor for anything, and I think if we could stop having that happen so much then have counselors do more proactive things, then that could be better."

"We have accessed additional help at times from either district support or other counselor or social worker support to help make calls and help get those initial contacts made." |

			"I think it's built into our structure, as part of the problem solving student progress part, so we have that structured well…we just need to make sure teachers are dedicating that time."
School Provided Supports	10	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"Really working on sitting down with the parents, helping them figure out ways [to support their children's success]. When I did the PFS Family Checkup, I felt like it had a lot of really good tools there for parents to try at home that they found easy." "For the kids that the parents identify that might need a little support there are just some tools that the teacher can give them on setting up home work routines or getting bedtime and morning routines."
PFS Suggested Changes	9	Contains information pertaining to any suggestion that school staff members have regarding elements of the PFS program that they believe should be modified, added, or deleted	"I think what we would like to see changed is the simplification, and the streamlining of the system and forms…so it's not so labor-intensive, so we can incorporate technological ways to contact parents instead of paper forms and that sort of thing."
Relationships	6	Contains information pertaining to: 1) the way in which the school and parents are connected to, interact with, or are involved with each other, or any description of how the school or parents feel or think about each other, or 2) relationships within the school system (e.g.,	"We write a goal every year for parent's engagement and the PFS program was a part of our goal for this year." "All parents should be welcomed into the school and feel like their voice is important." "I really want to streamline our system so we are interacting intentionally and positively with parents, and listening to their needs and their perceptions of their students needs, and really including them in the problem solving process. I think PFS has some great tools for that and we just need to get better at connecting resources with specific situations."

		between school staff)	
School Responsibilities	6	Contains information pertaining to responding to and supporting children's behavioral, academic, or social development that are perceived to be the responsibility of the school	"Helping parents manage their behavior at home because if you are using the same language, and if they are able to help them do their homework, and kids are coming to school feeling successful and supported, they will do better in school."
PFS Negative Aspects	5	Contains information pertaining to those aspects of the PFS program that school staff find undesirable in some way (e.g., what they like least about the program)	"Not all of the forms and resources are very efficient and they take out, some of them take a lot of time, so staff members are reluctant to enact them."
PFS Ability to Identify Need	5	Contains information pertaining to the PFS program's ability to identify children and families who could benefit from additional school supports related child academic performance, behavior, and school attendance	"The [School Readiness Check-In] that we did get a return rate on, I think, the parents were very sincere and I think they were definitely willing to share concerns with us and open to problem solving how to meet the needs of their student."
PFS Cost-Benefit Analysis	5	Contains information pertaining the relationship between the potential benefits and cost of implementing	"For us the benefit was tremendous because we didn't have to pay for [PFS] directly out of our budget, so it's just in the ongoing materials costs and implementation and staff time." "I don't think the costs are all that much and the benefits are that you

	the PFS program.		would have long lasting affects for kids. You know you're really helping that. The more you can get parents to do, good parenting, even if it is just a little bit, it can have huge benefits for kids."
Communication	4	Contains information pertaining to the exchanging of information between two or more parties through various modalities, including both sending and receiving information between school staff and families, between school staff, and within the family unit	"All parents should get positive cards home from their teachers at least three to four times a year. All parents should be welcomed into the school and feel like their voice is important." "I really liked how [PFS] helped teachers learn how to talk to parents differently."
Behavior	4	Contains information pertaining to a child's actions, conduct, or responses to a particular situation or stimulus	"Well I think the role of the school is that, ultimately we want kids to be successful, so I don't think it is our role necessarily to help them manage their behavior at home but notice there is link between how they are at home. The more we work together, gives parent tools, and collaborate with parents, the more successful we will have the kids be." "[The school] should be a support, a professional and informed support to help provide, or connect, parents and family to relevant services and resources."

Appendix A

Measures:

Published PFS Questionnaires (2012)

Positive Family Support-FCU ™ Readiness Checklist

District: _____ County: _____ School: _____

Person(s) completing checklist: _____

	Readiness Activities -Recommended Timeline 1-3 months.	Status: Achieved In Progress/Planning Not Started		
	Date checklist completed:	/ /	/ /	/ /
Leadership	1. A Positive Behavior Support Team is functioning.			
	2. PBIS Team is meeting at least once per month (preferably twice) to analyze and problem-solve school wide data and continue to build faculty consensus and norms through on-going PBIS updates. * **List dates, location, times here:**			
	3. The entire PBIS School Team has agreed to support PFS-FCU implementation to criteria.			
S	4. School has allocated funding from their district and /or school to support PBIS and PFS-FCU. Including at least a .5 FTE to work with parents. *Identify **funding source(s) and who are the family liaisons:**			
Visibility	5. The school faculty and staff have participated in an awareness presentation on PFS-FCU. *Indicate date and presenter name(s):			
	6. Majority of your faculty, staff, and administration are interested in implementing culturally responsive School-wide PBIS combined with tiered PFS-FCU. **Have assessed by vote.**			
Political Support	7. Principal commits to PFS-FCU and is aware that PFS-FCU is a 3-5 year process that may require ongoing training, technical support and/or revisions of the school's SIP and PBIS/PFS-FCU plans. In addition, Principal in her/his leadership roles agrees to good communication with implementation team (e.g., answering E-mails, phone calls, actively problem solving implementation barriers). School is willing to be certified as a PFS-FCU Family Friendly School. *Sign here:			
	8. Following training and plan development, the Principal agrees to provide an announcement/letter to faculty and staff regarding the importance of the PBIS/PFS plan (Letter should contain the following elements: importance of family engagement, need for good implementation, accurate data collection, use of family engagement and collaboration strategies and tools, dissemination of family resources as outlined in the plan).			
	9. A School Improvement or RtI Plan exists or is planned as part of implementation that includes school-wide family engagement and collaboration as one of the top five goals. *Attach plan.			
Training	10. Principal or AP who is responsible for making decisions regarding problem behaviors will be an active member of the PFS sub-team component of the PBIS Team and agrees to attend all days of PFS trainings and all school team meetings. *List participating administrator name and title here: . Identify back-up administrator who will attend if the participating administrator is not available.			
	11. All identified PFS Team members agree to attend the entire PFS training *signatures on p3			
	12. Following trainings, team members agree to engage in additional work as needed to prepare for implementation of PFS-FCU in the school. *signatures on p3			
Coaching	13. A PFS supervisor/coach has been identified to provide additional support to the PFS-FCU Team and to attend all School Team training days and follow-up Supervisor/coach consultation sessions. * Identify Supervisor/Coach(es) and list name(s) on p. 3.			

Evaluation	14. Baseline PFS fidelity forms including Fam-set are completed. ***Attach completed documents.**			
	15. Principal agrees to add PFS Parent Screener to registration packet, collect CI/CO student numbers, CI/CO parent collaboration data, and Family Check-Up numbers and enter it into a data system capable of generating summaries regarding school-wide patterns of family engagement that can be disaggregated by ethnicity and IEP status. ***Identify data system on School Profile and the individual(s) responsible for compiling data.**			
	16. Principal agrees to allocate and schedule data entry time to ensure that data will be accurate and current.			
	17. School agrees to collect evaluation information on PFS-FCU implementation and outcomes using the mid-year PFS implementation feedback triangle form and late spring/end of year Fam-set interview form and submitted to PFS supervisor/coach **by first week of Feb and last week of school.** Reports will be available to the PFS team via the PFS Supervisor/ Coach. ***Principal signs here:**			

School Readiness Check-In
Welcome to the new school year!
We're checking in with you to learn about your
student's strengths and needs for support at school.
By answering these questions,
you can help us start the year off right!

Please rate your student in the following areas:	Doing Great ☺	Some Concern ☹	Serious Concern ☹	Need Support?
Cooperating with adults				☐
Behaving well at school				☐
Getting grades that are appropriate for his/her skills				☐
Having good relationships with other students				☐
Following classroom rules				☐
Focusing and staying on task in class				☐
Completing homework and assignments on time				☐
Showing up on time to school or other activities				☐
Avoiding tasks that seem difficult or challenging				☐
Spending time with students who break school rules				☐
Getting depressed, anxious, or irritable				☐
Getting easily distracted by other kids				☐
Needing structure and supervision to stay on task and behave well				☐
Liking attending school				☐

Our school now has a **Family Resource Center** as well as **Family Support Team** that is able to help provide additional support for students and their parents!

Would you like to be contacted by someone about additional support available through our school? ☐ Yes ☐ No

Student Name: _____ Email: _____
Parent Name: _____ Phone: _____

Grade: 6   7   8
Advisory Teacher: _____

U33

Appendix B

Measures:

Unpublished Questionnaires

School-Family Initiative – Caregiver Demographics Questionnaire

1. What is your current age? _____

2. What is your student's current age? _____

3. How would define your gender?
   - ☐ Woman
   - ☐ Man
   - ☐ Transgender
   - ☐ Gender neutral
   - ☐ Option not listed: Please describe _____

4. What is your ethnic or racial group? *(You may check more than one)*
   - ☐ American Indian/Alaska Native
   - ☐ Asian
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ White, non-Hispanic or Latino
   - ☐ Other: _____

5. What is your household income from all sources—work, social security, etc.?
   - ☐ I / we receive $ _____ every _____ (week, two weeks, month, or year)
   - ☐ Don't know

6. How many people are supported by your household income? _____

7. What is the highest level of education you have complete?
   - ☐ Less than High School
   - ☐ High School/GED
   - ☐ Some College
   - ☐ 2 Years of College (Associate's Degree)
   - ☐ 4 Years of College (Bachelor's Degree)
   - ☐ Master's Degree
   - ☐ Doctoral Degree
   - ☐ Professional Degree (MD/JD)

8. What is your current marital status?
   - ☐ Single, Never Married
   - ☐ Married
   - ☐ Separated
   - ☐ Divorced
   - ☐ Widowed

School-Family Initiative – Teacher Demographics Questionnaire

1. What is your current age in years? _____

2. How would define your gender?
    - ☐ Woman
    - ☐ Man
    - ☐ Transgender
    - ☐ Gender neutral
    - ☐ Option not listed: Please describe _____

3. What is your ethnic or racial group? *(You may check more than one)*
    - ☐ American Indian/Alaska Native
    - ☐ Asian
    - ☐ Native Hawaiian or Other Pacific Islander
    - ☐ Black or African American
    - ☐ Hispanic or Latino
    - ☐ White, non-Hispanic or Latino
    - ☐ Option not listed: Please describe _____

4. What grade level do you teach? _____

5. How long have you been in your current position? _____ years _____ months

6. Please describe your education. Check all that apply and list the focus of the degree.

    - ☐ Associate's Degree (2 years) in _____

    - ☐ Bachelor's Degree (4 years) in _____

    - ☐ Master's Degree in _____

    - ☐ Doctoral Degree in _____

    - ☐ Professional Degree (MD/JD) in _____

7. Please list any trainings you have received in PBIS/MBI:

    _____

    _____

    _____

    _____

    _____

    _____

School-Family Initiative – Mental Health Support Staff Demographics Questionnaire
1.   What is your current age in years? _____

2.   How would define your gender?
    ☐ Woman
    ☐ Man
    ☐ Transgender
    ☐ Gender neutral
    ☐ Option not listed: Please describe _____

3.   What is your ethnic or racial group? *(You may check more than one)*
    ☐ American Indian/Alaska Native
    ☐ Asian
    ☐ Native Hawaiian or Other Pacific Islander
    ☐ Black or African American
    ☐ Hispanic or Latino
    ☐ White, non-Hispanic or Latino
    ☐ Option not listed: Please describe _____

4.   What is your professional title in the school? _____
5.   How long have you been in your current position? _____ years _____ months

6.   Please describe your education. Check all that apply and list the focus of the degree.
 	
    ☐ Associate's Degree (2 years) in _____
 	
    ☐ Bachelor's Degree (4 years) in _____
 	
    ☐ Master's Degree in _____
 	
    ☐ Doctoral Degree in _____
 	
    ☐ Professional Degree (MD/JD) in _____

7.   Please list any trainings you have received in PBIS/MBI: _____ _____ _____ _____ _____ _____

School-Family Initiative – Initial Caregiver Questionnaire

1. Did you complete the PFS School Readiness Check-In?
   - ☐ Yes
   - ☐ No
   - ☐ I don't remember

If you answer "Yes" to Question 1, please complete Questions 2 and 3.

2. Did you report any academic, behavioral, or social concerns for your child?
   - ☐ Yes
   - ☐ No
   - ☐ I don't remember

3. Did you report that either yourself or your child was in need of additional support for any of the academic, behavioral, or social concerns you had for your child?
   - ☐ Yes
   - ☐ No
   - ☐ I don't remember

4. Did you report that you *would* like to be contacted by someone from your child's school about additional supports available through the school?
   - ☐ Yes
   - ☐ No
   - ☐ I don't remember

If you answered "No" to Question 4, please complete Question 5.

5. Would you be willing to complete a brief, anonymous checklist about why you did not want to be contacted by your child's school about additional supports available through the school?
   - ☐ Yes
   - ☐ No

Thank you for your time and effort!

School-Family Initiative – No Contact
Please check the items that describe why you indicated that you *did not* want to be contacted about additional supports available through your child's school.   **Please check all that apply.**
☐ I did not have any concerns about my child or family
☐ I did not believe the school could provide the support my child or family needed
☐ I do not have a good relationship with the school and/or school staff member(s)
☐ My child's school has been unsuccessful with meeting my child's needs or dealing with my concerns in the past
☐ I have felt unsupported or disappointed by the school in some way in the past
☐ I felt like I would be viewed negatively by the school or staff members if I talked about my concerns about my child or family
☐ I felt that I would be blamed for my child's struggles or symptoms (academic, behavioral, social)
☐ I felt like my concerns about my child or family would be ignored by the school or school staff members
☐ I did not have time to discuss my concerns about my child or family with the school
☐ I felt overwhelmed already by other stressful events in my life and did not have the time or energy to participate
☐ I did not feel like it was the school's job to address my worries about my child or family
☐ Other (Please list all other reasons that you *did not* want to be contacted):   _____   _____   _____   _____   _____   _____
Thank you for your time and effort!

School-Family Initiative – Caregiver Questionnaire

School Responsibilities
Please circle the answer that you believe best describes your <u>beliefs</u>:

Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree
1--------------------2--------------------3--------------------4--------------------5

Schools should:

1	Contact every family to say something positive about their student	1	2	3	4	5
2	Have fun activities for family to help parents feel welcome in the school (example: BBQs, carnivals)	1	2	3	4	5
3	Ask parents to complete an annual survey about concerns parents have for their student (example: grades, problem behaviors)	1	2	3	4	5
4	Contact parents who report concerns for their student on the survey to ask more questions about those concerns	1	2	3	4	5
5	Help families by offering them information and workshops about parenting	1	2	3	4	5
6	Use different ways to recognize students and families needing extra support (example: teacher suggestions, parent/student requests, student grades)	1	2	3	4	5
7	Train teachers and mental health staff to use interventions that have shown to work well through scientific research	1	2	3	4	5
8	Give parents information about how to help their child do well at school, including both grades and behavior	1	2	3	4	5
9	Help parents giving them suggestions about how to use positive behavior supports techniques at home (example: rewarding good behaviors)	1	2	3	4	5
10	Offer one-on-one help for children that are struggling (example: missing school, not finishing homework, getting low grades, having problem behaviors)	1	2	3	4	5
11	Include parents when trying to change child problem behaviors	1	2	3	4	5
12	Include parents as members of their child's "Student Support Team" and allow parents to make decision about how to change their child's behavior	1	2	3	4	5
13	Contact parents every day or week about their child's schoolwork and behavior (e.g., Check-In/Check-Out System)	1	2	3	4	5
14	Gather information about parenting and help parents change unhelpful parenting techniques	1	2	3	4	5
15	Offer parents different options for changing child behavior and allow parents to choose the option they like best	1	2	3	4	5

School-Family Initiative – Caregiver Questionnaire

School and Family Partnership

Please circle the answer that you believe best describes your <u>child's school's ability</u> to complete the following:

Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree
1--------------------2--------------------3--------------------4--------------------5

My child's school can:

16	Contact every family to say something positive about their student	1	2	3	4	5
17	Help parents feel welcome in the school by having fun activities for families (example: BBQs, carnivals)	1	2	3	4	5
18	Give parents an annual survey about concerns parents have for their students (example: grades, problem behavior)	1	2	3	4	5
19	Contact parents who report concerns for their student on the survey to ask more questions about those concerns	1	2	3	4	5
20	Help families by offering them information and workshops about parenting	1	2	3	4	5
21	Recognize students and families in need of extra from the school	1	2	3	4	5
22	Train teachers and mental health staff to use interventions that have shown to work well through scientific research	1	2	3	4	5
23	Give parents information about how to help their child do well at school, including both grades and behavior	1	2	3	4	5
24	Help parents giving them suggestions about how to use positive behavior supports techniques at home (example: rewarding good behaviors)	1	2	3	4	5
25	Offer one-on-one help for children that are struggling (example: missing school, not finishing homework, getting low grades, having problem behaviors)	1	2	3	4	5
26	Include parents when trying to change child problem behaviors	1	2	3	4	5
27	Include parents as members of their child's "Student Support Team" and allow parents to make decision about how to change their child's behavior	1	2	3	4	5
28	Contact parents every day or week about their child's schoolwork and behavior (e.g., Check-In/Check-Out System)	1	2	3	4	5
29	Gather information about parenting and help parents change unhelpful parenting techniques	1	2	3	4	5
30	Offer parents different options for changing child behavior and allow parents to choose the option they like best	1	2	3	4	5

School-Family Initiative – Caregiver Questionnaire

Use of Positive Family Support (PFS) Program

31	Did you complete the PFS School Readiness Check-In worksheet?	Yes	No
	Please answer the following questions about your interactions with your child's school in general:		
32	Have you every requested support or wanted to be contacted by the school about your child's strengths or needs?	Yes	No
33	Did the school contact you about your child's strengths or needs?	Yes	No
34	Did you actually speak with someone from the school about your child's strengths or needs?	Yes	No
	If you answered yes to _ANY_ of the above questions (31-34), please answer the following:		

School and Family Relationships

Please circle the answer that you believe best describes how you feel about your relationship with the school or mental health staff with whom you have spoke:

Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree
1---------------------2--------------------3---------------------4---------------------5

I felt like my child's school:

35	Understood the problems that my child and/or family are experiencing	1	2	3	4	5
36	Took my concerns about my child and/or the services seriously	1	2	3	4	5
37	Listened to my ideas about how to best manage my child's behavior	1	2	3	4	5
38	Gave me information and parenting techniques that lowered my concerns about my child and/or family	1	2	3	4	5
39	Helped me get information about other services that could help my child and/or family	1	2	3	4	5
40	Was honest with me about the help they gave my child	1	2	3	4	5
41	Was easy to reach when I had questions or needed help	1	2	3	4	5
42	Was committed to helping my child and family	1	2	3	4	5
43	Focused on my child's strengths and my family's strengths	1	2	3	4	5
44	Helped me want to change unhelpful parenting techniques	1	2	3	4	5
45	Had a good relationship with my child and family	1	2	3	4	5

Please answer the following questions:

46	What grade is your child in?	6th	7th	8th
47	What is your relationship to the child? (e.g., mom, grandparent, etc.)	_____		

Thank you for your time and effort!

School-Family Initiative – Teacher Questionnaire					
School Responsibilities *Please circle the answer that you believe best describes your <u>beliefs</u>:*					
		Strongly Disagree Disagree Uncertain Agree Strongly Agree 1--------------------2--------------------3--------------------4--------------------5				
Schools should:					
1	Contact every family to provide positive feedback about their student	1	2	3	4	5
2	Coordinate and provide recreational activities for parents and students to help parents feel welcome in the school environment	1	2	3	4	5
3	Conduct an annual survey of parents to identify academic and behavioral concerns parents have for their students	1	2	3	4	5
4	Contact parents who endorse academic and/or behavioral concerns for their student on the annual survey to gather more information regarding those concerns	1	2	3	4	5
5	Assist families by providing general information and workshops on parenting practices that address common parental concerns	1	2	3	4	5
6	Use various methods to identify students and families in need of support beyond the universal level of intervention (e.g., teacher nominations, parent/student requests, and school data review)	1	2	3	4	5
7	Provide training for teachers and school mental health support staff to implement evidence-based interventions in the school setting	1	2	3	4	5
8	Provide parents with specific information about how to help their child succeed in the school environment, both academically and behaviorally	1	2	3	4	5
9	Assist parents by making suggestions for home conditions and practices that utilize positive behavior supports	1	2	3	4	5
10	Offer individualized intervention for children who are struggling with school attendance, coursework completion, passing grades, and disruptive or deviant behaviors	1	2	3	4	5
11	Work with parents to implement intervention efforts targeted at changing child problem behaviors (e.g., child school attendance, homework completion, disruptive behaviors)	1	2	3	4	5
12	Involve parents in their child's "Student Support Team" as equal partners and decision makers	1	2	3	4	5
13	Communicate with parents on a daily or weekly basis regarding child academic success and behavior	1	2	3	4	5
14	Gather information about parenting practices and assist parents in changing unhelpful parenting practices	1	2	3	4	5
15	Offer parents multiple intervention options and allow parents to select the option they like best	1	2	3	4	5

School-Family Initiative – Teacher Questionnaire					
School and Family Partnership *Please circle the answer that you believe best describes your <u>ability</u> to engage in or complete the following:*					
	Strongly Disagree Disagree Uncertain Agree Strongly Agree 1--------------------2--------------------3--------------------4--------------------5				
I believe I can:					
16	Assist in contacting parents to provide positive feedback regarding their student	1	2	3	4	5
17	Make efforts to help parents feel welcome in the school environment (e.g., coordinating family outreach activities, encouraging parents to use information/resources in the FRC)	1	2	3	4	5
18	Assist in conducting an annual survey of parents to identify academic and behavioral concerns parents have for their students	1	2	3	4	5
19	Contact parents who endorse academic and/or behavioral concerns for their student to gather more information regarding those concerns	1	2	3	4	5
20	Assist families by helping provide general information and workshops on parenting practices that address common parental concerns	1	2	3	4	5
21	Provide feedback and recommendations to help identify students and families in need of support beyond universal level the of interventions	1	2	3	4	5
22	Attend training to learn how to implement evidence-based interventions in the school setting	1	2	3	4	5
23	Help provide parents with specific, individualized information about how to help their child succeed in the school environment, both academically and behaviorally	1	2	3	4	5
24	Assist parents by making suggestions for home conditions and practices that utilize positive behavior supports	1	2	3	4	5
25	Offer individualized intervention for children that are struggling with school attendance, coursework completion, passing grades, and disruptive or deviant behaviors	1	2	3	4	5
26	Work with parents to implement intervention efforts targeted at changing child problem behavior (e.g., child school attendance, homework completion, disruptive behaviors)	1	2	3	4	5
27	Involve parents in their child's "Student Support Team" as equal partners and decision makers	1	2	3	4	5
28	Communicate with parents on a daily or weekly basis regarding child academic success and behavior (e.g., Check-In/Check-Out System)	1	2	3	4	5
29	Gather information about parenting practices and assist parents in changing unhelpful parenting practices	1	2	3	4	5
30	Be flexible to implement whichever intervention options the parent select to be used with their child and family	1	2	3	4	5

School-Family Initiative – Teacher Questionnaire

Please answer the following questions about your interactions with parents:

31	What percentage of your students' parents have you attempted to contact this school year?	0-25%	26-50%	51-75%	76-100%
32	What percentage of parents did you actually speak with?	0-25%	26-50%	51-75%	76-100%
33	Have any of these parents requested support from the school for their child or family for any reason (e.g., academic, behavioral)?	Yes		No	

School and Family Relationship

Please circle the answer that you believe best describes <u>how you feel about your relationship</u> with parents <u>with whom you have spoken during the current school year</u>:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	1--------------------2--------------------3--------------------4--------------------5				

I felt like I:

35	Understood the problems that the students and/or families are experiencing	1	2	3	4	5
36	Took parents' concerns about their child and/or the services seriously	1	2	3	4	5
37	Respected parents' own ideas about how to best manage their child's behavior	1	2	3	4	5
38	Supported them by offering useful information and parental practice techniques for addressing their concerns about their child's behavior	1	2	3	4	5
39	Helped parents get specific and individualized information about other resources and services for the child and/or family	1	2	3	4	5
40	Was honest with parents about their child's intervention and progress	1	2	3	4	5
41	Was easy to reach when they had questions or needed help	1	2	3	4	5
42	Was committed to helping their student and family	1	2	3	4	5
43	Focused on their child's strengths and their family's strengths	1	2	3	4	5
44	Helped parents find the motivation to change unhelpful parenting practices	1	2	3	4	5
45	Had a good relationship with parents	1	2	3	4	5

Please answer the following question:

46	What grade level do you teach?	6th	7th	8th
47	How many children are in your classroom?	_____		

Thank you for your time and effort!

School-Family Initiative – Mental Health Support Staff Questionnaire					
School Responsibilities _Please circle the answer that you believe best describes your <u>beliefs</u>:_					
	Strongly Disagree Disagree Uncertain Agree Strongly Agree 1--------------------2--------------------3--------------------4--------------------5				
Schools should:					
1	Contact every family to provide positive feedback about their student	1 2 3 4 5			
2	Coordinate and provide recreational activities for parents and students to help parents feel welcome in the school environment	1 2 3 4 5			
3	Conduct an annual survey of parents to identify academic and behavioral concerns parents have for their students	1 2 3 4 5			
4	Contact parents who endorse academic and/or behavioral concerns for their student on the annual survey to gather more information regarding those concerns	1 2 3 4 5			
5	Assist families by providing general information and workshops on parenting practices that address common parental concerns	1 2 3 4 5			
6	Use various methods to identify students and families in need of support beyond the universal level of intervention (e.g., teacher nominations, parent/student requests, and school data review)	1 2 3 4 5			
7	Provide training for teachers and school mental health support staff to implement evidence-based interventions in the school setting	1 2 3 4 5			
8	Provide parents with specific information about how to help their child succeed in the school environment, both academically and behaviorally	1 2 3 4 5			
9	Assist parents by making suggestions for home conditions and practices that utilize positive behavior supports	1 2 3 4 5			
10	Offer individualized intervention for children who are struggling with school attendance, coursework completion, passing grades, and disruptive or deviant behaviors	1 2 3 4 5			
11	Work with parents to implement intervention efforts targeted at changing child problem behaviors (e.g., child school attendance, homework completion, disruptive behaviors)	1 2 3 4 5			
12	Involve parents in their child's "Student Support Team" as equal partners and decision makers	1 2 3 4 5			
13	Communicate with parents on a daily or weekly basis regarding child academic success and behavior	1 2 3 4 5			
14	Gather information about parenting practices and assist parents in changing unhelpful parenting practices	1 2 3 4 5			
15	Offer parents multiple intervention options and allow parents to select the option they like best	1 2 3 4 5			

	School-Family Initiative – Mental Health Support Staff Questionnaire					
	School and Family Partnership *Please circle the answer that you believe best describes your <u>ability</u> to engage in or complete the following:*					
	Strongly Disagree Disagree Uncertain Agree Strongly Agree 1--------------------2--------------------3--------------------4--------------------5					
I believe I can:						
16	Assist in contacting parents to provide positive feedback regarding their student	1	2	3	4	5
17	Make efforts to help parents feel welcome in the school environment (e.g., coordinating family outreach activities, encouraging parents to use information/resources in the FRC)	1	2	3	4	5
18	Assist in conducting an annual survey of parents to identify academic and behavioral concerns parents have for their students	1	2	3	4	5
19	Contact parents who endorse academic and/or behavioral concerns for their student to gather more information regarding those concerns	1	2	3	4	5
20	Assist families by helping provide general information and workshops on parenting practices that address common parental concerns	1	2	3	4	5
21	Provide feedback and recommendations to help identify students and families in need of support beyond universal level the of interventions	1	2	3	4	5
22	Attend training to learn how to implement evidence-based interventions in the school setting	1	2	3	4	5
23	Help provide parents with specific, individualized information about how to help their child succeed in the school environment, both academically and behaviorally	1	2	3	4	5
24	Assist parents by making suggestions for home conditions and practices that utilize positive behavior supports	1	2	3	4	5
25	Offer individualized intervention for children that are struggling with school attendance, coursework completion, passing grades, and disruptive or deviant behaviors	1	2	3	4	5
26	Work with parents to implement intervention efforts targeted at changing child problem behavior (e.g., child school attendance, homework completion, disruptive behaviors)	1	2	3	4	5
27	Involve parents in their child's "Student Support Team" as equal partners and decision makers	1	2	3	4	5
28	Communicate with parents on a daily or weekly basis regarding child academic success and behavior (e.g., Check-In/Check-Out System)	1	2	3	4	5
29	Gather information about parenting practices and assist parents in changing unhelpful parenting practices	1	2	3	4	5
30	Be flexible to implement whichever intervention options the parent select to be used with their child and family	1	2	3	4	5

	School-Family Initiative – Mental Health Support Staff Questionnaire				
	Use of Positive Family Supports (PFS) Program *Please circle the answer that best describes your involvement in the PFS program at your school:*				
31	Have you used the Positive Family Supports (PFS) Program?	Yes		No	
	If yes, please answer questions 32-45:				
32	How many parents did you attempt to contact using the School Readiness Check-In worksheet?	1-2	3-5	6-9	10 or more
33	What percentage of parents did you actually speak with?	0-25%	26-50%	51-75%	76-100%
34	Have you conducted the PFS "Getting to Know Your Family" questionnaire?	Yes		No	
	School and Family Relationship *Please circle the answer that you believe best describes how you feel about your relationship with parents who you attempted to contact:*				
	Strongly Disagree Disagree Uncertain Agree Strongly Agree 1--------------------2--------------------3--------------------4--------------------5				
	I felt like I:				
35	Understood the problems that the students and/or families are experiencing	1 2 3 4 5			
36	Took parents' concerns about their child and/or the services seriously	1 2 3 4 5			
37	Respected parents' own ideas about how to best manage their child's behavior	1 2 3 4 5			
38	Supported them by offering useful information and parental practice techniques for addressing their concerns about their child's behavior	1 2 3 4 5			
39	Helped parents get specific and individualized information about other resources and services for the child and/or family	1 2 3 4 5			
40	Was honest with parents about their child's intervention and progress	1 2 3 4 5			
41	Was easy to reach when they had questions or needed help	1 2 3 4 5			
42	Was committed to helping their student and family	1 2 3 4 5			
43	Focused on their child's strengths and their family's strengths	1 2 3 4 5			
44	Helped parents find the motivation to change unhelpful parenting practices	1 2 3 4 5			
45	Had a good relationship with parents	1 2 3 4 5			
	Please answer the following question:				
46	What is your title as a school mental health support staff member?	_____			
	Thank you for your time and effort!				

Appendix C

Measures:

Unpublished Interview Protocols

School-Family Supports Caregiver Interview
Guided Interview Protocol

<u>Beginning of Focus Group Script</u>:
Thank you for making some time to speak with me about your experiences with your child's school. This interview will take about 15 to 20 minutes. I will be asking you different questions to learn more about how you feel and what you think about your child's school, the school's role in helping to manage child behavior. The information I gather from this interview will help to inform possible changes and training with school staff, as well as how the school interacts with caregivers in the future.

The information that you provide during the interview will be kept confidential. That is, I will make sure that I do not link your name with any information I share through publications, presentations, or to the school. I will also be audiotaping and taking notes to make an accurate record of what is said, but this recording will be used for making sure I accurately capture what you are telling me and when the research is done the recording will be destroyed. There is no right or wrong answer to the questions that I will ask you; the important thing is that you share your honest thoughts and opinions.

Do you have any questions about how we will be spending the next 15 to 20 minutes?

<u>Main Guiding Questions</u>:
1. What do you think the role of the school should be in helping caregivers manage children's behaviors?

2. On your survey from Parent-Teacher Conferences you checked that you [WERE] or [WERE NOT] contacted by the school about your child's strengths or needs.
    a. *If they say they WERE contacted, say:*
        i. Were you in contact with the school regarding your child's academic performance, behavior, or both?
        ii. Tell me about the most helpful things you have talked about with the school.
        iii. Tell me about the least helpful things you have talked about with the school.
    b. *If they say they WERE NOT contacted, say:*
        i. In the future would you like to be contacted by the school about your child's strengths or needs <u>and</u> why or why not?

3. Please describe your relationship with your child's school.
    a. What do you like best about your relationship with your child's school?
    b. What would you like to change about your relationship with your child's school?

<u>Ending the interview:</u>
Thank you again for taking the time to participate in this important research. As you know, your name will be added to a raffle for a $75. When these interviews are completed, if your name is drawn you will be immediately contacted and arrangements will be made to get the money to you. Do you have any questions before we end? Thank you.

School-Family Supports Teacher Interview
Guided Interview Protocol

Beginning of Focus Group Script:
Thank you for making some time to speak with me about your experiences with your students' parents. This interview will take about 15 to 20 minutes. I will be asking you different questions to learn more about how you feel and what you think about the school's role in helping to manage child behavior, your experiences with parents, and your experiences, if any, with the Positive Family Supports program. The information I gather from this interview will help to inform possible changes and training for school staff, as well as help with how your school interacts with caregivers in the future.

The information that you provide during the interview will be kept confidential. That is, I will make sure that I do not link your name with any information I share through publications, presentations, or to the school. Your employment will not be affected by your participation. I will also be audiotaping and taking notes to make an accurate record of what is said, but this recording will be used for making sure I accurately capture what you are telling me *only* and when the research is done the recording will be destroyed. There is no right or wrong answer to the questions that I will ask you; the important thing is that you share your honest thoughts and opinions.

Do you have any questions about how we will be spending the next 15 to 20 minutes?

Main Guiding Questions:
1. What do you think the role of the school should be in helping parents or guardians manage children's behaviors?
2. Tell me about your most successful interactions with your students' parents or guardians regarding their child's academic performance.
3. Tell me about your least successful interactions with your students' parents or guardians regarding their child's academic performance.
4. Tell me about your most successful interactions with your students' parents or guardians regarding their child's behavior.
5. Tell me about your least successful interactions with your students' parents or guardians regarding their child's behavior.
6. On your survey about School-Family Supports, you indicated that you have attempted to contact [STATE PERCENTAGE] of parents of students in your classroom.
   a. *If they reported greater than 0%, say:*
      i. *What are some of the reasons you have contacted parents?*
      ii. *What did you like best about speaking to or working with your students' parents?*
      iii. *What makes it challenging to speak to or work with your students' parents?*
      iv. *Would you like additional information or training focused on working with parents?*
         1. *If yes, what kind of additional information or training would you like?*
   b. *If they say they have attempted to contact 0%, say:*
      i. *Are there any specific reasons why you have not spoken to or worked with parents during the current school year?*
      ii. *Would you like additional information or training focused on working with parents?*
         1. *If yes, what kind of additional information or training would you like?*

Ending the interview:
Thank you again for taking the time to participate in this important research. As you know, your name will be added to a raffle for a $75. When these interviews are completed, if your name is drawn you will be immediately contacted and arrangements will be made to get the money to you. Do you have any questions before we end? Thank you.

PFS Mental Health Support Staff Interview
Guided Interview Protocol

Beginning of Focus Group Script:
Thank you for making some time to speak with me about your experiences with the Positive Family
Supports program and your students' parents. This interview will take about 15 to 20 minutes. I will be
asking you different questions to learn more about how you feel and what you think about the school's
role in helping to manage child behavior, your experiences with parents, and your experiences with the
Positive Family Supports program. The information I gather from this interview will help to inform
possible changes and training in PSF as well as how your school interacts with caregivers in the future.

The information that you provide during the interview will be kept confidential. That is, I will make sure
that I do not link your name with any information I share through publications, presentations, or to the
school. Your employment will not be affected by your participation. I will also be audiotaping and taking
notes to make an accurate record of what is said, but this recording will be used for making sure I
accurately capture what you are telling me *only* and when the research is done the recording will be
destroyed. There is no right or wrong answer to the questions that I will ask you; the important thing is
that you share your honest thoughts and opinions.

Do you have any questions about how we will be spending the next 15 to 20 minutes?

Interview Warm-Up:
"First, what is your role as a mental health support staff, and how would you define your role?"

Main Guiding Questions:
1. What do you think the role of the school should be in helping parents or guardians manage
   children's behaviors?
2. Tell me about your best interactions with your students' parents or guardians regarding their
   child's academic performance.
3. Tell me about your worst interactions with your students' parents or guardians regarding their
   child's academic performance.
4. Tell me about your best interactions with your students' parents or guardians regarding their
   child's behavior.
5. Tell me about your worst interactions with your students' parents or guardians regarding their
   child's behavior.
6. On the survey you completed, you checked that you [HAD]/[HAD NOT] used the Positive
   Family Supports program…
   a. *If they say they HAD, say*
      i. What do you like best about the program?
      ii. What do you like least about the program?
      iii. What would you change about the training in PSF?
      iv. What would you change about the PSF program materials or tools?
   b. *If they say they HAD NOT*, *say*
      i. What do you know about the Positive Family Supports program?
         1. *If they don't know anything, say [*PROVIDE BRIEF DECSCRIPTION
            OF THE PROGRAM]
      ii. Is this a program you would like to be trained to do?

Ending the interview:
Thank you again for taking the time to participate in this important research. As you know, your name
will be added to a raffle for a $75. When these interviews are completed, if your name is drawn you will
be immediately contacted and arrangements will be made to get the money to you. Do you have any
questions before we end? Thank you.

PFS Administrator Interview
Guided Interview Protocol

<u>Beginning of Focus Group Script</u>:
Thank you for making some time to speak with me about your experiences with the Positive Family Supports program and implementation efforts in your school. This interview will take about 1 hour. I will be asking you different questions to learn more about how you feel and what you think about the school's role in helping to manage child behavior and your experiences with the Positive Family Supports program. The information I gather from this interview will help to inform possible changes and training in PSF as well as how your school interacts with caregivers in the future.

The information that you provide during the interview will be kept confidential. That is, I will make sure that I do not link your name with any information I share through publications, presentations, or to the school. Your employment will not be affected by your participation. I will also be audiotaping and taking notes to make an accurate record of what is said, but this recording will be used for making sure I accurately capture what you are telling me *only* and when the research is done the recording will be destroyed. There is no right or wrong answer to the questions that I will ask you; the important thing is that you share your honest thoughts and opinions.

Do you have any questions about how we will be spending the next 20 to 30 minutes?

<u>Interview Warm-Up</u>:
"First, how would you define your role as a principal *(or insert appropriate administrator role)*?

<u>Main Guiding Questions</u>:

School and Family Partnership
1. **What do you think the role of the school should be in helping parents or guardians manage children's behaviors?**

Perceptions of PFS Program
2. **Describe your experience with the Positive Family Support program.**

   Probe questions if needed:
   a. What do you like best about the program?
   b. What do you like least about the program?
   c. What would you change about the training in PFS?
   d. What would you change about the PFS program materials or tools?

3. **Tell me about how PFS works with the MBI/PBIS framework in your school.**

   Probe questions if needed:
   a. Tell me about the MBI/PBIS framework in place at your school.
   b. Is the implementation of PFS integrating with the MBI/PBIS framework existent within your school?
   c. Is the collaborative implementation of MBI/PBIS and PFS providing your school, students and families with more benefits than simply implementing MBI/PBIS alone? Please explain.

4. **Do you believe the PFS program is meeting the needs of your students and families? Please explain.**

   Probe question if needed:
   a. Do you believe the PFS screening techniques are able to identify the children and families in need of services beyond the universal level of intervention?

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PFS Administrator Interview
Guided Interview Protocol

Training for PFS
5.   **Tell me about how your school is managing the staff training requirements for implementing the PFS program.**

   Probe questions if needed:
   a.   Do you feel you and your staff were properly trained to implement PFS? Please explain.
   b.   How are your and your staff members' questions or needs for continual training regarding PFS implementation being met?
   c.   Do you feel like your school is able to sustain PFS training efforts, including being able to train new staff in PFS? Please explain.
   d.   Has your school experienced significant staff turnover rates that have made it difficult for your school to sustain an amply trained staff in regard to implementing the PFS program? Please explain.

Financial Cost of PFS Program Implementation
6.   **Tell me about how your school is managing the financial cost of implementing the PFS program.**

   Probe questions if needed:
   a.   What are the financial costs associated with implementing the PFS program?
   b.   Does your school have the financial resources to adequately support these program implementation costs? Please explain.
   c.   Do you anticipate your school being able to sustain the ability to adequately support the financial costs associated with implementing the PFS program within the next 5 years? Please explain.

Time Costs of PFS Program Implementation
7.   **Tell me about how your school is managing the time costs associated with implementation of the PFS program.**

   Probe questions if needed:
   a.   On average, how much time do your school staff members devote to implementing the PFS program per week?
   b.   Do you feel like your staff is able to effectively implement the PFS program in the number of hours they are able to devote to PFS implementation per week?
   c.   Do you anticipate your school staff being able to sustain the ability to devote the necessary number of hours to effectively implement the PFS program?

Cost-Benefit PFS Implementation Ratio
8.   **Describe your thoughts about the relationships between the potential benefits and costs of implementing the PFS program in your school.**

   Probe questions if needed:
   a.   What are the potential benefits of continuing to implement the PFS program in your school?
   b.   Do the potential benefits of implementing the PFS program outweigh the costs associated with implementing the program? Please explain.

Ending the interview:
Thank you again for taking the time to participate in this important research. As you know, your name will be added to a raffle for $75. When these interviews are completed, if your name is drawn you will be immediately contacted and arrangements will be made to get the money to you. Do you have any questions before we end? Thank you.

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