

DOCUMENT RESUME

ED 340 493

PS 020 208

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TITLE Experimental Evaluation of a Preventative Home-School Partnership Program for At-Risk Elementary-Aged Children.

PUB DATE Apr 91
NOTE 13p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Seattle, WA, April 18-20, 1991).

PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Academic Achievement; Behavior Problems; Delivery Systems; Dropout Prevention; *Early Childhood Education; *Emotional Problems; Grade 1; Grade 2; *High Risk Students; *Home Visits; Intervention; Kindergarten Children; Models; Parent Education; Parent Participation; Parent School Relationship; *Parent Teacher Cooperation; Preschool Children; Program Effectiveness; Public Schools

IDENTIFIERS *Integrated Services

ABSTRACT This paper describes the evaluation of a service delivery model for public school children, in preschool through the second grade, who were at risk for educational failure due to emotional problems. The project involved the design of a formal procedure to foster collaborative efforts between home and school to respond to children's behavior problems. It was hoped that responses to children's problems early in their school careers would prevent the negative spiral that leads to dropout. Interventions based on eco-behavioral principles were used by home visitors who worked in consultation with clinicians. A primary goal of all treatment plans was to enhance parent-teacher communication. Children in the experimental group (n=34) showed overall improvement, as judged by parents, and decreases in targeted problems, as reported by teachers and parents. The program decreased the number of children placed in special education. There were indications that improved communication between home and school was related to academic improvement. The protocol provides a possible consultation model for early intervention for behavior disorders. (Author/GLR)

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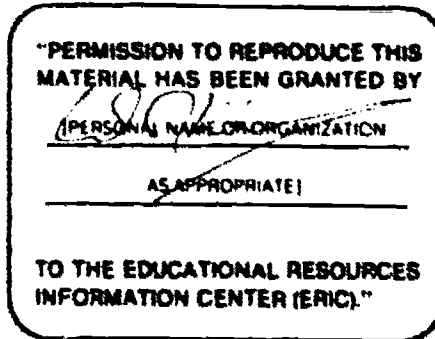
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EXPERIMENTAL EVALUATION OF A PREVENTATIVE HOME-SCHOOL PARTNERSHIP PROGRAM FOR AT-RISK ELEMENTARY-AGED CHILDREN

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April 1991
Presented as a poster at the biannual convention of the Society for Research in child Development in Seattle, WA.

PS 020208

Abstract

There is a shortage of mental health strategies for children with behavior disorders which incorporate both home and school influences. To address this need, a service delivery model was evaluated for public school children (Pre-K through G2) at risk for educational failure due to emotional problems. Interventions based on eco-behavioral principles were delivered by home-visitors in consultation with clinicians. A primary goal of all treatment plans was to enhance parent-teacher communication. Children in the experimental group ($N = 34$) showed overall improvement (as judged by parents) and decreases in targeted problems (as reported by teachers and parents), relative to control students ($N = 15$). The program decreased the number of children placed in special education. There was indication that better communication between home and school related to academic improvement. The protocol provides a possible consultation model of early intervention for behavior disorders and demonstrates how clinical services can be integrated with systems-wide dropout prevention efforts.

Introduction

Much of the formal empirical work on the treatment of behavior problems in children is conducted in clinical settings. These children will typically be attending school, and yet there are few treatment models that are school based and that involve the critical social ecologies of young children. Behavior therapy has contributed to the development of classroom management strategies, however these do not resolve the significant developmental and family problems experienced by many children. Similarly, parent training has been widely advocated in behavior therapy, and yet numerous recent studies have shown that parents' own personal, social and economic difficulties interfere with effective parenting. In educational circles, home-school partnerships have been championed as a major strategy for school reform, parental involvement, and the reduction of school failure. The present project involved designing a formal procedure to foster home-school collaboration in the context of responding to children's behavior problems. By responding to children's problems early in their school careers, it was hoped to prevent the negative spiral that leads to school dropout.

Method

Setting

Four public elementary schools participated, three serving the experimental group and one the control students. They represented the building with the most significant social problems in the district: poor attendance, low income neighborhoods, lower scores on standardized achievement tests.

Participants

The student participants were referred by teachers or parents on the basis of one or more of the following criteria:

- (1) Delays in reading
- (2) General academic difficulties (e.g., been retained or placed into a transitional year program)
- (3) Behavior problems (e.g., consistently being disruptive in class)
- (4) Social and emotional difficulties (e.g., does not interact well with other children)
- (5) Absenteeism

The final sample contained 49 families, 34 in the experimental group and 15 in the control.

Procedure

The intervention designed to encourage home-school communication was implemented by two home-visitors.

The home visitors for the experimental schools were randomly assigned responsibility for a certain number of referrals from each school. One home visitor was African-American, the other white; both knew the district well. They gathered all data and implemented the procedure as described and carried out no more than six home visits, on each occasion targeting a specific area of concern, monitoring progress on previous recommendations, and obtaining verbal feedback that parents and teachers were implementing change. They provided whatever facilitation they could to ensure that parent and teacher had at least one interaction. All visits began in the Fall semester and were completed before the end of the school year.

The control school was selected as one with similar demographic characteristics to the experimental schools. A third home-visitor was designated for the control school because a case load of over 20 families was as much as a part-time home visitor could be expected to manage. This individual, conducted scheduled home visits corresponding to the first and last home visits for the experimental schools. She also gathered, through monthly phone contacts, the same information as was obtained for the experimental participants. She listened to parental concerns and gave them very general advice about stimulating their children's cognitive development and the importance of working with the school, but did not provide any formal intervention suggestions.

The Home-Visitor Protocol

(a) We did not attempt to serve as a substitute for traditional mental health services. (b) The procedures could potentially be incorporated into the regular school system at minimal cost, and (c) utilized as much as possible the resources available to most public school systems. (d) The children were not identified and labelled as "patients" and (e) the interventions took place in the natural contexts of home and school.

After children were referred by either teachers or parents, the home-visitor met with the teacher and parent independently to obtain clarification of the areas of concern. The interviews were designed to elicit a functional analysis of the referral complaints and to observe the setting factors in the environment that might be contributing to the problem. A diagnostic profile was then developed in which all identified problems were placed into a hypothesized causal model of influence. Potential areas of change were developed from the model and translated into a series of treatment goals for the subsequent intervention plan. All interventions contained four elements considered essential components of behavior therapy with children (for details, see Evans, 1989): (a) ecological change (to modify eliciting and setting events); (b) manipulation of consequences; (c) teaching more adaptive alternatives; and (d) teaching longer-term, preventive (usually cognitive) strategies.

Intervention plans were explained to teachers and parents during classroom or home visits. Home visits were scheduled at the parents' convenience and sometimes occurred in neighbor's

homes, local diners, or other non-stressful settings. The home-visitor always spent time encouraging the parent to introduce simple household activities that foster cognitive and academic development. Within the guidelines of the treatment plan, parents and teachers were able to specify their own solutions, but very specific suggestions were provided for handling the most urgent behaviors. A standard emphasis of each intervention was to elicit direct contact between home and school. This might involve an appointment by the parent at the school, written notes, telephone contact, or the teacher visiting the parents' home. In cases where there had been a history of conflict between home and school, mediational techniques were used.

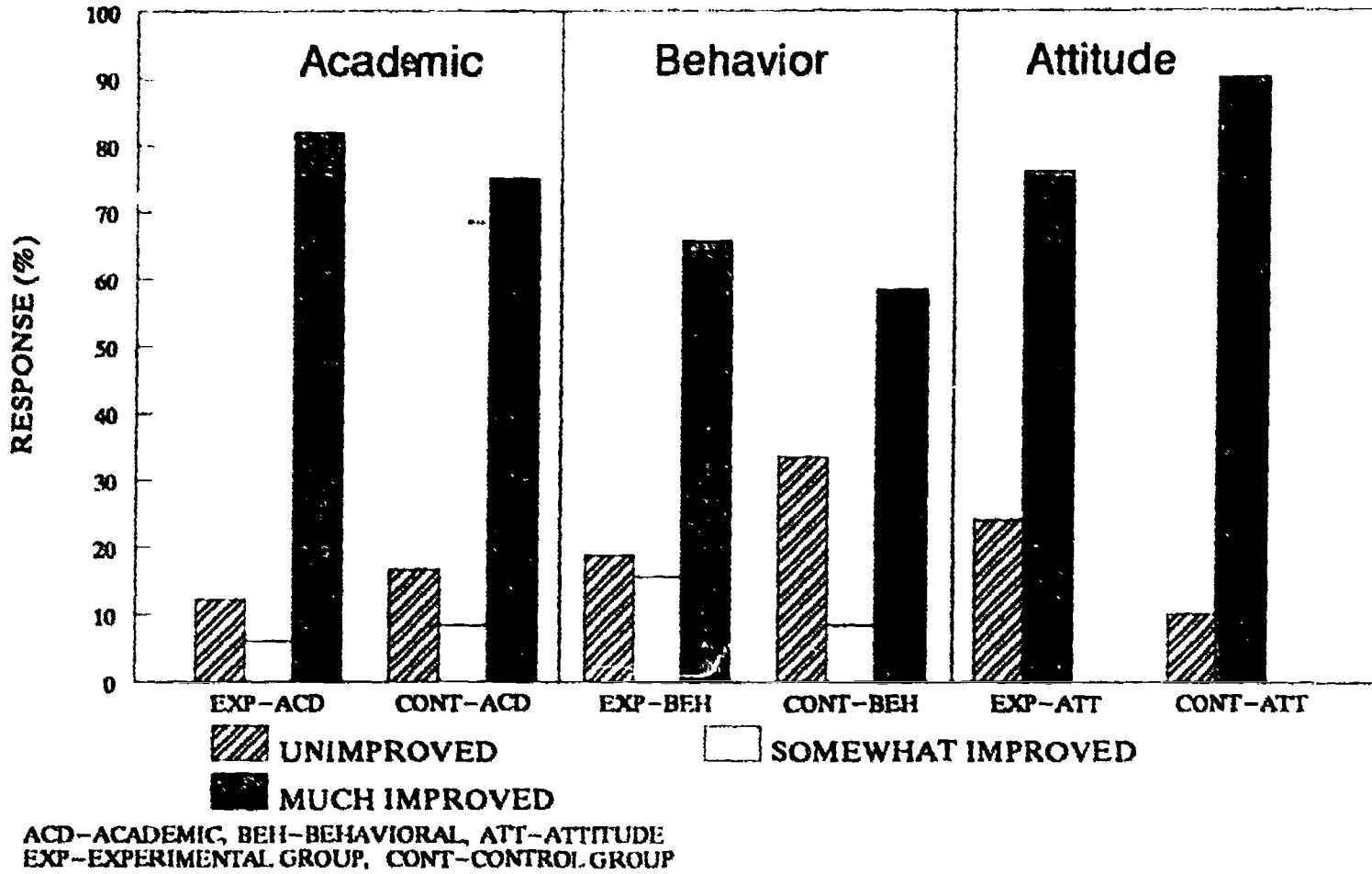
Towards the end of the required six visits the home visitors would propose general problem solving strategies for the parents to continue once the home visits ceased. For the teachers these plans also involved more general educative interventions, including curricular and attitudinal change, encouraging positive acceptance of the student and understanding his or her problems.

The home visitors were responsible for obtaining informed consent to participate in the project, gathering all data from the families, and keeping the consultants informed of new or unusual problems. Involvement in the project did not prevent the school or the family from seeking other help or educational services to which the student might be entitled.

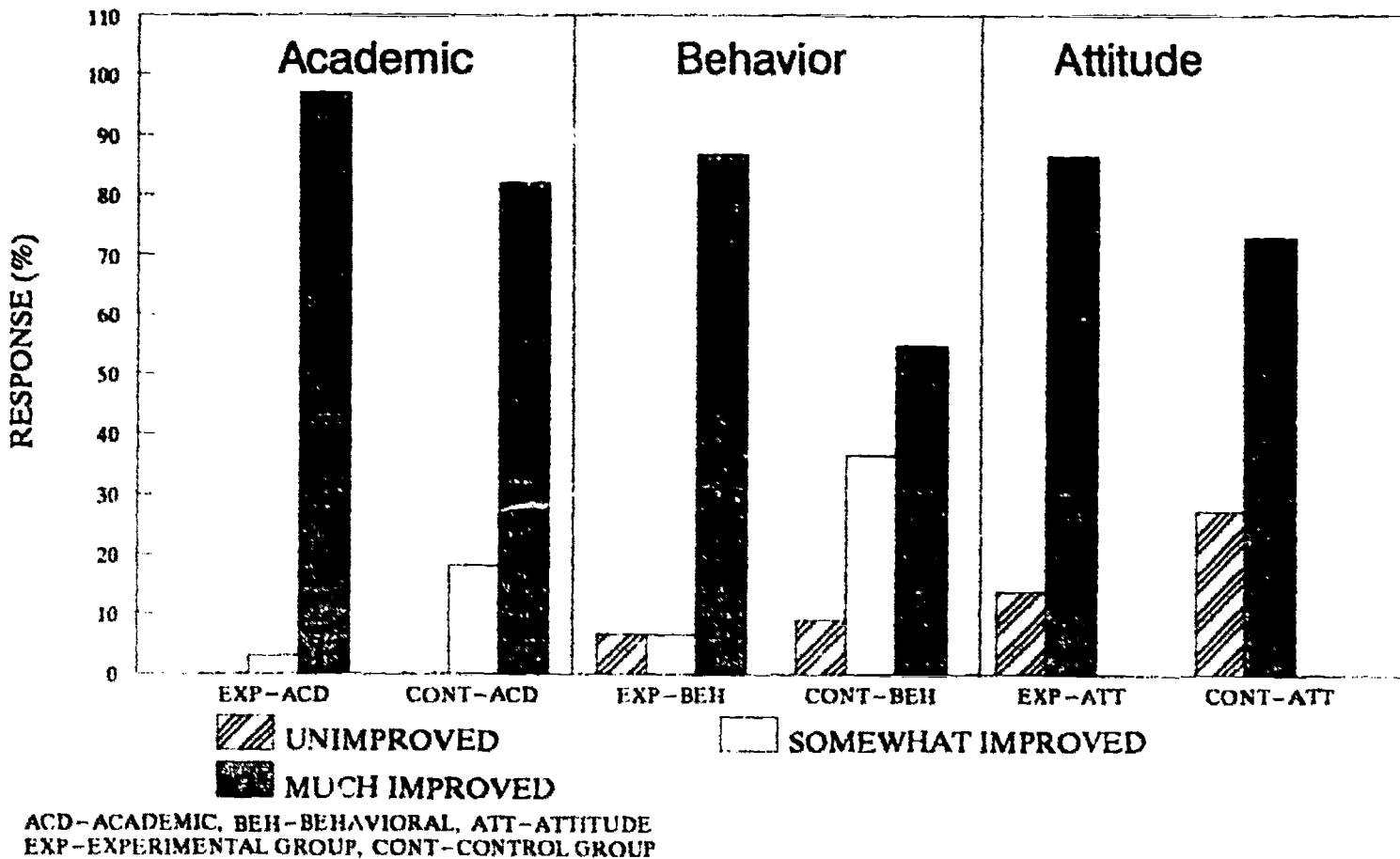
IMPROVEMENT IN ACADEMIC, BEHAVIORAL, AND ATTITUDINAL AREAS

Teachers did not rate the experimental group as significantly more improved than the controls; parents in the experimental group did rate their children as more improved than did parents in the control group.

TEACHER RATINGS

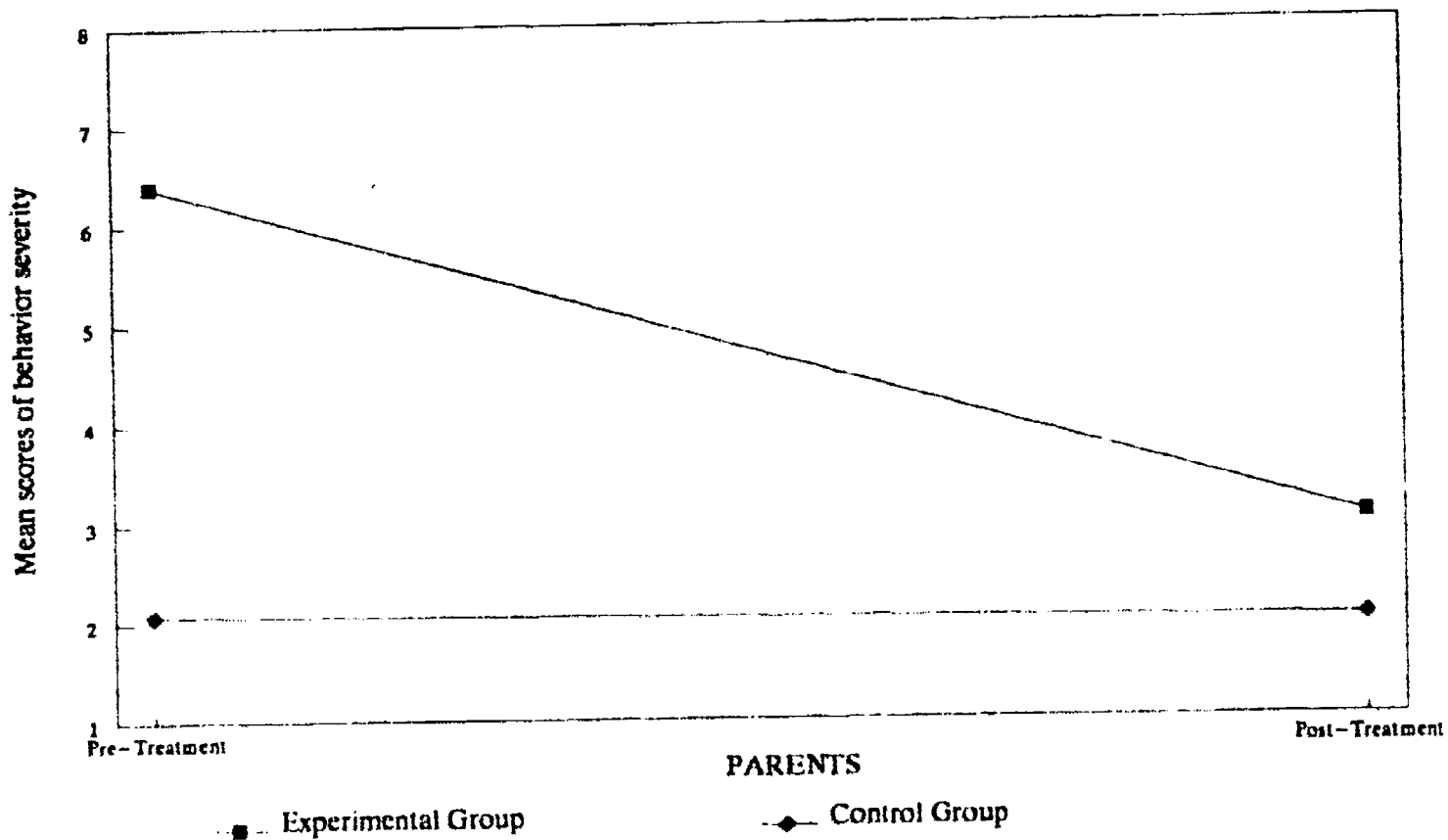
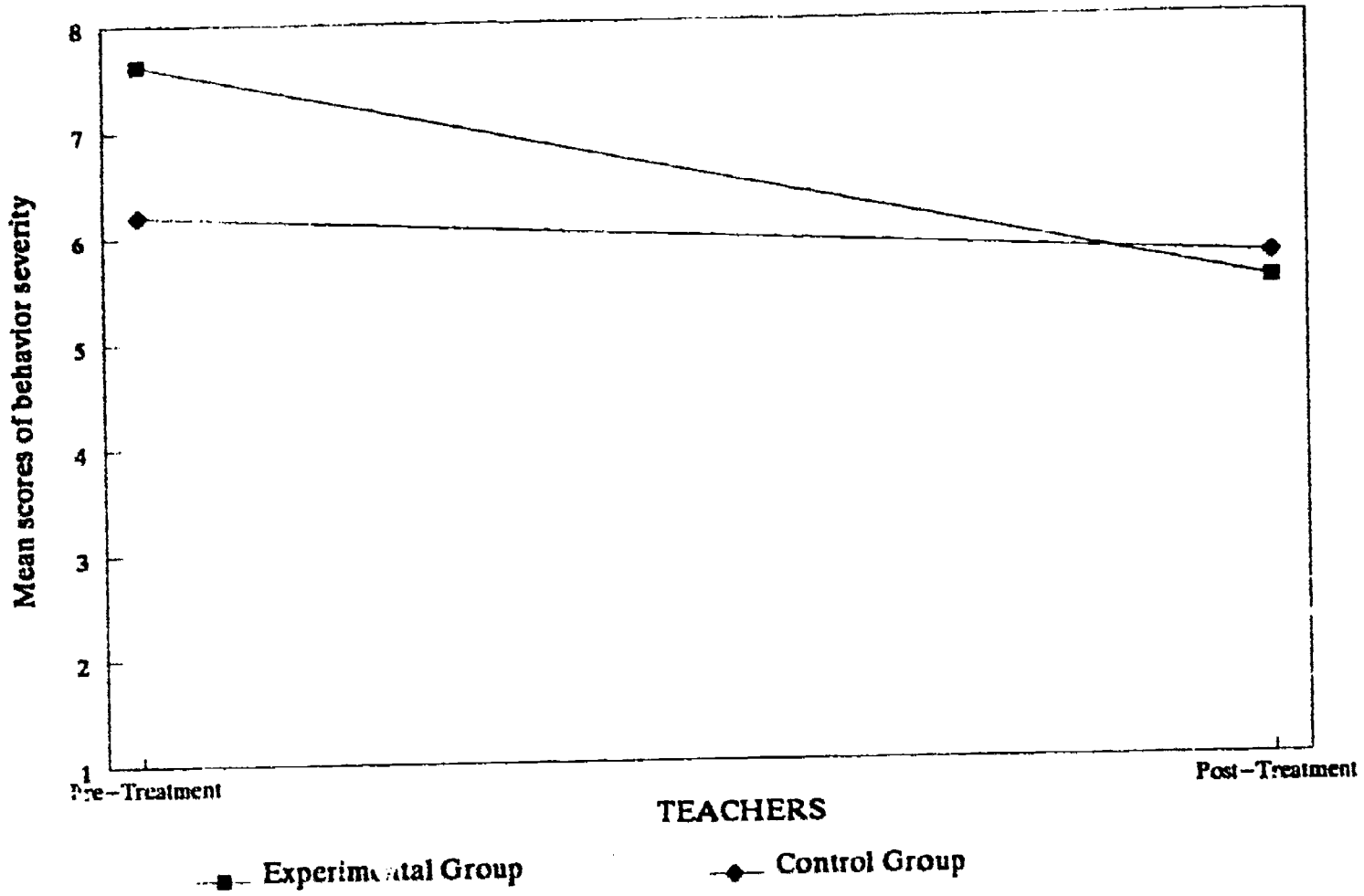


PARENT RATINGS



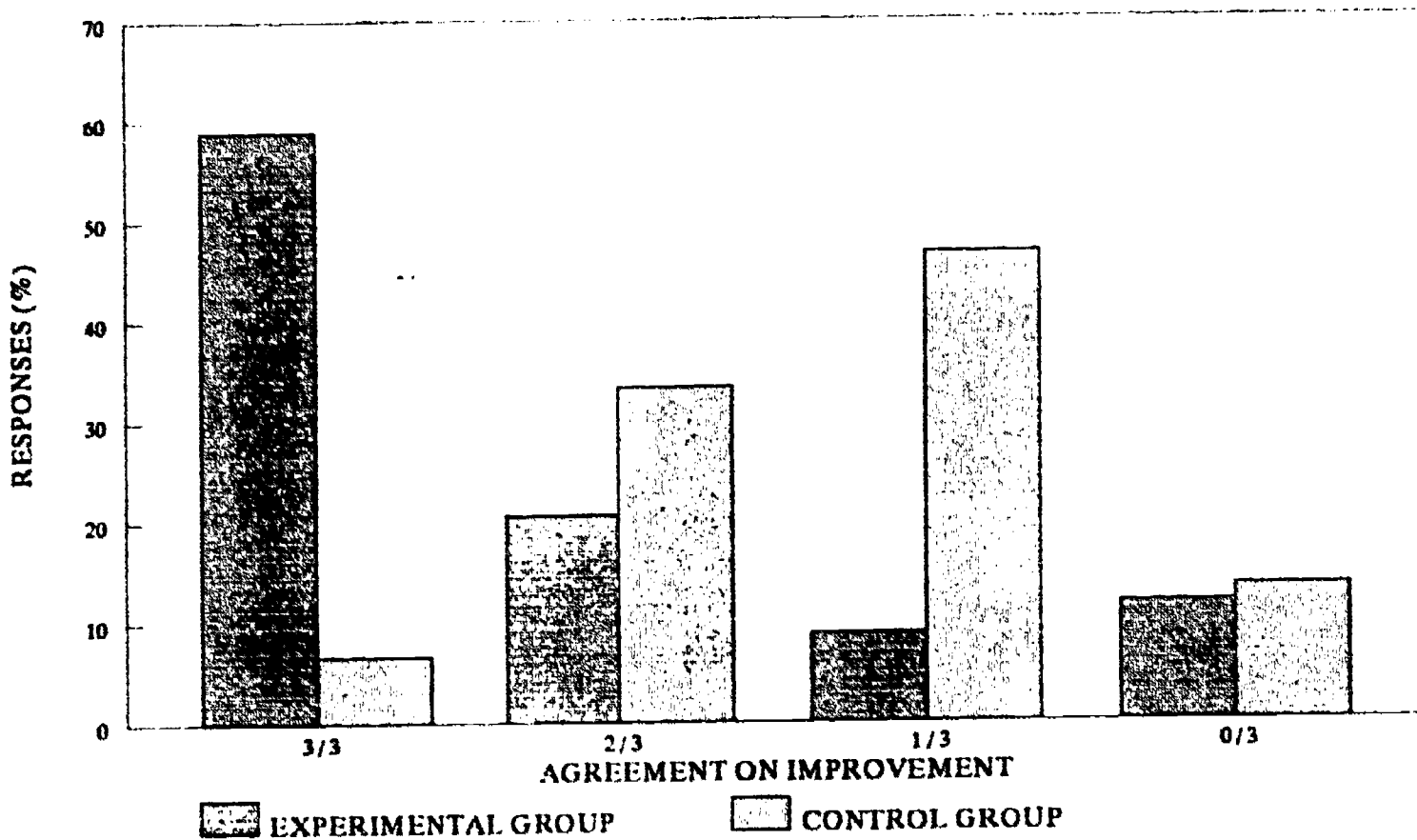
BEHAVIOR SEVERITY RATINGS

Both parents and teachers reported improvement in the severity ratings of the specific behavior problems identified. However, the control parents did not consider these children's problem behaviors to be severe in the first place.



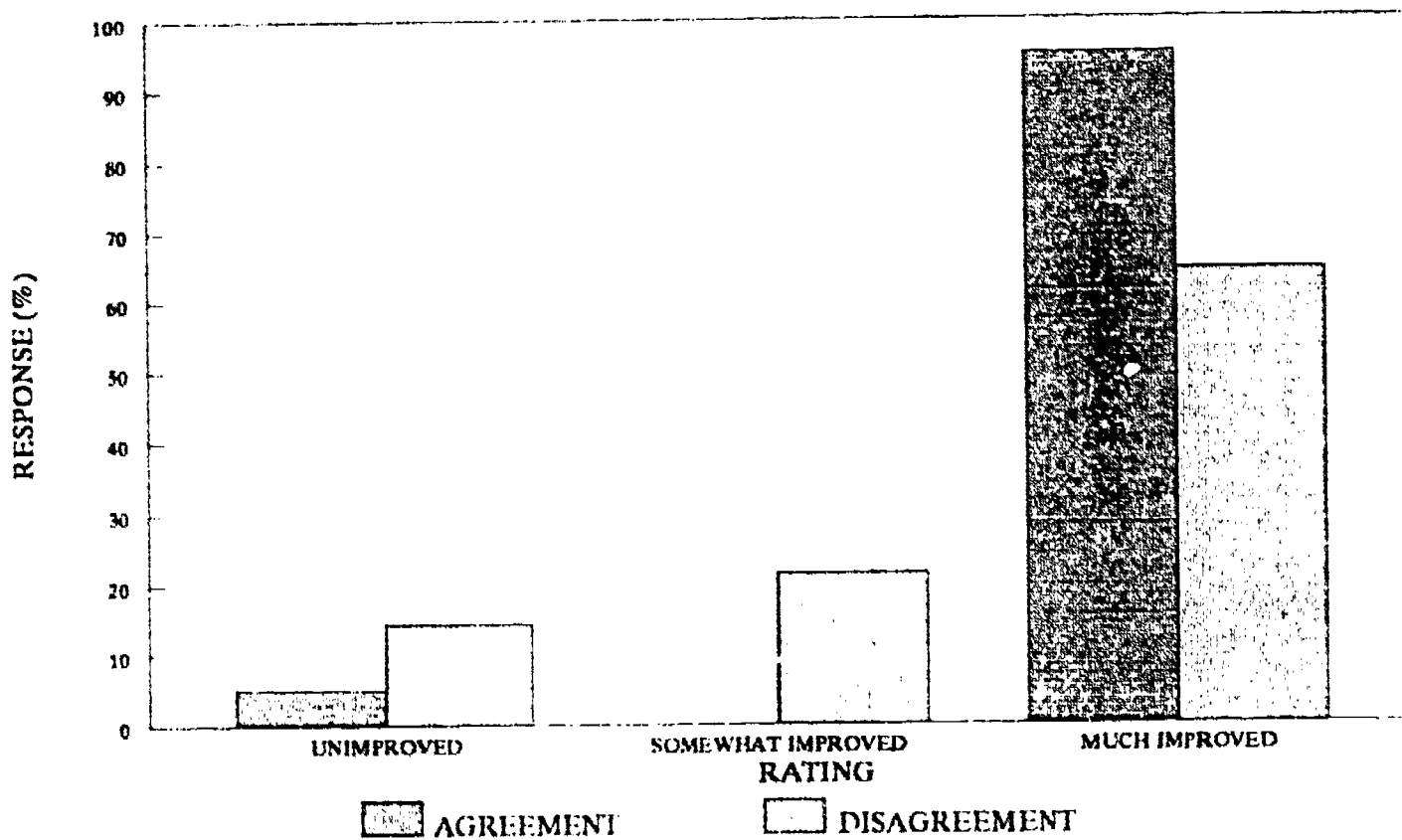
HOME - SCHOOL COMMUNICATION

There was good agreement (by parent, teacher, and home - visitor) that home - school communication improved for the experimental group



ACADEMIC WORK IMPROVED

For those children where there was agreement regarding good communication, academic work was related as significantly improved.



Conclusions

The students referred had many of the characteristics that are considered predictive of future school-related problems: most were boys, most live with a single parent or in a foster family, and there were many more children from ethnic minority backgrounds than would be expected by district demographics. These children often had the very severe behavior problems that would be found in specialized mental health treatment facilities. Given this, the project's success in reducing special education referral, increasing attendance, and improving teacher and parental perceptions, can be considered a positive outcome, particularly as the intervention was relatively low cost and one replicable by public school districts. There was some evidence to suggest that improved communication between home and school did mediate this positive effect. While constructive collaboration between home and school is difficult to achieve, this project did strengthen our belief that teachers ability to understand and respect the family circumstances of their pupils still needs significant development. A weakness of the results is that they are based on subjective impressions, although report card data ("grades") showed significant improvement for the experimental students versus the controls. It is too early to know if this strategy really can provide a prevention approach to school dropout, however it seems to have some promise as an ecologically valid procedure for reaching children and families placed at risk.

Who Are We?

IAN M. EVANS is Professor and Director of Clinical Training at SUNY/Binghamton. He is a Co-director of the Center for Developmental Psychobiology and conducts two dropout prevention projects funded by the state of New York. He is broadly interested in the theoretical bases of behavioral assessment and therapy, and his clinical focus is on children with disabilities.

LINDA ENGLER is a doctoral student in clinical psychology at SUNY/Binghamton. She is currently on her pre-doctoral internship at the University of Florida Medical School in Gainesville. Her research interests are on social relationships in young children (especially acceptance and rejection) and in pediatric psychology.

AKIKO OKIFUJI is completing her MA degree in the clinical program. Her research interests are in behavioral medicine/pediatric psychology and she has recently finished a study of taste aversion. She is at present the graduate research assistant for the Binghamton School Partnership Program and assists the home-visitors to design interventions for home and school.

The Binghamton School Partnerships Project is a state-funded project involving a partnership between SUNY/Binghamton and the Binghamton City School District, now in its fifth year. For further information, a copy of this paper, or a list of behavioral reports, please write to us at:

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