

## Moving Towards Meaningful and Significant Family Partnerships in Education

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**Abstract**

Partnerships with families in education settings should emphasize their roles as active and engaged co-equal partners. However, common practices in schools are to involve families at school-based events and share information with them about their child's education in a manner that does not promote two-way interactions. The purpose of this paper is to describe relevant background on family-school connections; approaches to promote academic performance and mental and behavioral health; and a framework to organize family partnerships that supports all youth across a continuum of support intensity. A theory of change is presented that depicts the impact of family partnerships on proximal and distal outcomes. Future directions for investigating effective approaches for family partnerships are described.

*Keywords:* child behavior, family engagement, family partnerships, home–school collaboration

### **Moving Towards Meaningful and Significant Family Partnerships in Education**

Many youth with mental health concerns do not receive treatment, and those who do receive treatment often do not receive effective services (Merikangas et al., 2011). In the absence of effective treatment, mental health concerns in adolescence can lead to significant problems later in life, having serious implications for public health (Dishion, Forgatch, Chamberlain, & Pelham, 2016). Developmental changes from early childhood to adolescence, and structural changes of schools from kindergarten to high school, require coordination and partnerships between families and educators to promote mental health and reduce the risk of later mental health concerns (Garbacz, Herman, Thompson, & Reinke, 2017). Family-school partnerships promote active, engaged roles for families and educators as co-equal partners (Christenson & Sheridan, 2001).

### **Developmental Transitions from Early Childhood to Adolescence**

Key transitions—such as the kindergarten transition and the transition to middle school—are particularly important periods for intervention (Eccles, 1999; Rimm-Kaufman & Pianta, 2005). In early childhood settings, parents are often in frequent contact with their child's service providers. In comparison, as children transition to kindergarten, expectations for emotion regulation and learning increase while at the same time parents have less frequent contact with their child's kindergarten teacher (Rimm-Kaufman & Pianta, 2005). Changes continue throughout elementary school as expectations for learning, social behavior, and emotion regulation continue to increase; yet, parents and teachers coordinate less and many parents are involved in fewer educational activities (Garbacz, McDowall, Schaughency, Sheridan, & Welch, 2010). Less coordination between teachers and parents as a child transitions into elementary school is reflected across countries (Izzo, Weissberg, Kasprow, & Fendrich, 1999) and

differentially impacts minoritized communities (Mapp & Kuttner, 2013), causing concern for equitable work in family engagement practices.

The transition to middle school is another important period. In contrast to elementary school, youth in middle school must navigate many more teachers, complex peer social networks, and changes in parent and teacher coordination about their education and behavior (Eccles, 1993). During the middle school period, serious emotional and behavior concerns can increase, which can pose challenges for parents, teachers, and youth (Dishion et al., 2016). For example, parents of youth who engage in high risk behavior often disengage from monitoring their children and from participating in their child's education (Patterson & Dishion, 1986). Parents may find it too challenging or aversive to engage with their child who is exhibiting high risk behavior; in turn, deviant peer relationships have significant influence, which can amplify high risk behavior (Patterson & Dishion, 1986). Parental disengagement can then lead youth to distance themselves from their parents, while increasing connections with peer groups, who might reinforce high risk behavior (Patterson & Dishion, 1985). Despite the importance of strong family-school partnerships during this developmental period, pre-teachers across Belgium, the Netherlands, the U.S. report a lack of preparation to engage in partnerships with families (Thompson, Willemse, Mutton, Burn, & de Bruïne, 2018) and in many cases do not endorse family-school partnerships as relevant for their professional roles (Willemse et al., 2017).

A developmental cascade model is useful to explain the progression of mental health concerns from childhood to adolescence (Masten & Cicchetti, 2010). Behavior problems and deficits in self-regulation in childhood can be reinforced through poor family management, inadequate school-based support, and early peer clustering. For example, students who present with behavior concerns tend to affiliate with peers who exhibit similar behavior concerns. Peer

interactions among students with behavior concerns (i.e., deviant peer clustering) tend to reinforce each other's problem behavior, which can amplify the severity and frequency of problem behavior (Garbacz, Zerr, Dishion, Seeley, & Stormshak, 2018). Thus, as children progress through school, inadequate family management, poor home-school coordination, and deviant peer clustering can escalate antisocial behavior and contribute to internalizing problems, that can lead to drug use, conduct problems, and other high risk behavior (Dodge, Greenberg, Malone, & the Conduct Problems Prevention Research Group, 2008). The developmental cascade from behavior and self-regulation concerns in childhood to high risk behavior in adolescence can undermine academic achievement and contribute to significant problems later in life. The early adolescent developmental period and the transition to middle school offer an opportunity to intervene with positive and proactive home-school support to promote mental health (Dishion et al., 2016).

Positive and proactive support includes several key elements. First, there is an emphasis on strengths. Parents and teachers can foster a child's strengths by setting clear expectations and providing praise and positive attention when youth follow expectations (Sheridan & Kratochwill, 2008). When youth are practicing new approaches to build skills, such as relaxation techniques to reduce anxiety, parents can collaborate with other stakeholders to reinforce use of the techniques and be a support when questions arise (Weist et al., 2018). Second, parents collaborate with school personnel and other service providers to monitor their child's mental health. Such monitoring approaches can identify concerns early on and facilitate intervention immediately, rather than waiting to intervene when concerns reach critical levels (Garbacz, Zerr, et al., 2018). Third, parents, school personnel, and mental health providers collaborate to implement systems across home, school, and community settings to promote youth mental health

for all. These collaborative arrangements can occur in the context of school-based teams that include interconnected stakeholders across relevant systems (e.g., home, school, community; Splett et al., 2017). In interconnected home-school-community teams, families are included as partners who share responsibility for mental health promotion (Garbacz et al., 2017). One example of a collaborative home-school practice in action is school-based support to parents in positive parenting. Positive parenting can provide parents the knowledge and skills to engage adaptively with their child to prevent disengagement during adolescence and facilitate home-to-school planning (Dishion et al., 2016).

### **Family Partnerships across Development towards Adolescence**

Relationships between families and schools begin as soon as children enter school and continue as children progress through school (Christenson & Sheridan, 2001). However, these relationships may look different at different developmental stages and for families of different backgrounds. In early childhood and pre-kindergarten programs, parents report a desire for relationships with school personnel that are collaborative and cooperative; parents want to be actively sought out for feedback about support for their child across home and school (Knopf & Swick, 2007; Swick & Hooks, 2005). As children proceed through elementary school, evidence suggests that the quantity and quality of parent-teacher partnering activities may decrease. For example, Izzo et al. (1999) followed a sample of kindergarteners through third grade and found that teacher-reported number of contacts with parents, quality of interactions with parents, and parent participation in school activities all declined over time. Cultural differences between parents and teachers further amplify these difficulties. Teachers report feeling challenged by engaging families within the school, especially families who are minoritized (Mapp & Kuttner, 2013). Additionally, parents from diverse linguistic and sociodemographic backgrounds face

barriers to engaging with school personnel, such as not feeling safe or welcomed at school, linguistic differences, transportation difficulties, or lack of child care as well (Turney & Kao, 2009). Changes in family-school connections across the elementary school years and abrupt changes in school structure when children transition to middle school, such as an increased number of teachers that students interact with daily and larger class sizes, positions middle school as uniquely challenging for the family-school partnership (Garbacz, Zerr, et al., 2018).

**Partnerships in adolescence.** The transition to middle school includes notable changes in classroom contexts and peer social networks that make it difficult for teachers and families to form relationships (Eccles, 1993). Middle school teachers interact with more students than their elementary school counterparts; thus, middle school teachers are often not able to connect with all parents at the same level as an elementary-school teacher (Hill, 2015). Parents of middle school students often report that teachers do not communicate proactively, with communication most commonly occurring when problems arise (Garbacz, Zerr, et al., 2018). Epstein & Dauber (1991) reported that relative to elementary schools, at the middle school level: (a) parents were less likely to volunteer at school, (b) schools were less likely to have programs in place to support parents' involvement in children's learning activities at home and to hold workshops to support parents, and (c) schools were less likely to involve parents in school decisions. This decline in communication and connection comes precisely at a time when parents need it most; parents of middle school students need information about how to support their adolescents, how to navigate school and mental health services, and who they can consult with about educational and career goals (Hill, 2015).

### **Research Support for Family Partnerships**

Research indicates that enhancing family-school partnerships promotes positive academic and behavioral outcomes for youth across age ranges (Cox, 2005). In elementary school, quality of parent-teacher interactions predicts socioemotional adjustment and lower student absences (Izzo et al., 1999). In adolescence, youth of families who engage in family-centered interventions at school report less substance use and lower rates of antisocial behavior relative to their peers whose families are not engaged in family-centered support (Stormshak et al., 2011). Family educational support in adolescence is also associated with positive youth peer group affiliation (Garbacz, Zerr, et al., 2018). Family-school partnerships in secondary settings include many similar features to partnerships during elementary school, such as home-school communication and coordinated intervention plans; however, during adolescence, there is an increased emphasis on support for academic socialization (Hill & Tyson, 2009), home-to-school planning (Sheridan & Kratochwill), and home-based parent monitoring (Dishion et al., 2016).

Evidence suggests that in the context of family-school partnerships, home-school communication and parent-teacher relationships are particularly important (Cox, 2005). Building from strong parent-teacher relationships, two-way communication allows for communication to start from any source and flow in a back-and-forth manner (Sheridan et al., 2012). Although consistent two-way communication between families and schools is an empirically-validated approach to strengthen family-school connections and promote positive outcomes for students (Sheridan et al., 2012), schools continue to predominantly rely on one-way communication (e.g., newsletters, websites; Garbacz, McIntosh, Vatland, Minch, & Eagle, 2018), which may not be available in all languages spoken by parents of the student body. Barrier-laden efforts, such as family participation at school-based events, are also often utilized. One-way communication presumes that by giving families information about the school's



approach to educating and supporting students, families can better support the school's efforts at home. Unidirectional efforts, however, do not allow for a dialogue between families and educators, and thus can undermine collaboration (Strickland-Cohen & Kyzar, in press). For example, Kjøbli and Ogden (2012) found that a brief parent training program delivered in primary care settings in Norway resulted in parent reports of improved social competence and lower levels of conduct problems and anxiety/depression, but no significant changes in teacher-reported behaviors. These and other findings support an ecological theory of change in which family-school partnerships strengthen home and school systems and increase the likelihood that these systems are supportive of students' development, and social, emotional, behavioral and academic functioning (Garbacz et al., 2017).

### **Common Approaches to Family Involvement in Education**

Schools use many different approaches to engage families in their child's education (Garbacz, McIntosh, et al., 2018). Many of these approaches require families to visit or attend scheduled events at the school building, typically during the school day (Mapp & Hong, 2010). However, participation in these school-based events is often challenging for families (Baker, Wise, Kelley, & Skiba, 2016), especially when youth are in secondary school (Boonk Hieronymus, Gijsselaers, Ritzen, & Brand-Gruwel, 2018; Castro et al., 2015). These challenges become more complex when considering the negative experiences of parents and with U.S. Immigration and Customs Enforcement (ICE) raids, making families fearful of gathering in public spaces such as schools. An alternative to relying on parent involvement in school events, evidence underscores the importance of schools (a) supporting parents in enhancing parent-child relationships in which educational expectations are discussed (Boonk et al., 2018), (b)

promoting positive home-school communication, and (c) building parent trust in teachers and the school (Castro et al., 2015; Wilder, 2014).

A key avenue to enhance home-school coordination is asking families what supports they might need to effectively engage with their child at home about educational activities and expectations (Fantuzzo, Tighe, & Childs, 2000). For example, teachers can ask families for input on the school's academic and behavioral expectations and discuss families' ideas about strategies teachers can use at school and strategies families can use at home to support student learning. In this way, parents and teachers are collaboratively discussing expectations and supporting each other's efforts to reinforce similar skills and child learning in a coordinated fashion (Jeynes, 2012).

To strengthen home-school communication, it can be helpful to obtain family input on communication preferences (Fantuzzo et al., 2000), learn about cultural backgrounds of families in the school, and consider students' learning needs. These approaches allow educators to tailor communication so it targets family preferences and needs (Strickland-Cohen & Kyzar, in press). Obtaining and using family preferences for communication, including the method, frequency, and content, allows educators to co-develop strategies *with* families and communicates respect by acknowledging families as equal partners in the process of educating youth. Ultimately, co-created approaches to developing family-school partnerships may reduce barriers for families and educators to develop positive relationships (Dubroja, O'Connor, & McKenzie, 2016). Research suggests that obtaining families' input (e.g., communication preferences, needs, goals) and using those data to inform outreach and partnership efforts may be key to improving family engagement (Dubroja et al., 2016) and promoting positive outcomes for students (Strickland-Cohen & Kyzar, in press). Indeed, using data about family preferences allows educators to

“...make data-based decisions and to become their own architects of an effective and humane school” (Dishion, 2011, pg. 595).

Systemic, data-based approaches to family-school partnerships integrated within existing school structures are increasingly emphasized as best practices (Minch, Kincaid, Tremaine, & Thomas, 2017) due to their emphasis on practical, useable approaches that can be implemented by educators in schools. As capacity for data-based decision-making with families in the context of schoolwide systems continues to grow, efforts to engage and partner with families should follow suit. Developing systems that support collaborative data analysis between school staff and families equips schools to continuously regenerate initiatives, tailor strategies based on family culture, and improve cross-setting congruent implementation of evidence-based practices (Dishion et al., 2016).

### **Best Practices for Collaborating with Families**

Research findings suggest the importance of collaborating with families in systems-level approaches across a continuum of support intensity. Such an approach includes collaborating with families and community stakeholders in a school-based three-tiered prevention framework (see Weist, Garbacz, Lane, & Kincaid, 2017) that embeds culturally sensitive practices and allows for variation in cross-cultural expectations (Baumann, Domenech Rodríguez, Amador, Forgatch, & Parra-Cardona, 2014). Aligning and integrating family-school partnerships within a three-tiered framework emphasizes practical strategies that focus on pragmatic assessments, an action planning process that links assessment data to intervention strategies, and feasible monitoring approaches (Weist et al., 2017). A three-tiered framework is rooted in community health and was organized for education environments in the 1990s (Walker et al., 1996). This framework includes support for youth across a continuum of universal, targeted, and individual

support intensity. At Tier 1, universal support is provided to all youth regardless of need. For youth with ongoing concerns, Tier 2 supports are added to Tier 1 supports. At Tier 2, targeted support includes a higher intensity of support. At Tier 3, individualized supports are added to Tier 1 and Tier 2 support, that includes tailored assessment, intervention, and evaluation for youth and their families. Within this multi-tiered system of support (MTSS), indicators of wellness are embedded to promote adaptive development and address concerns (Suldo & Shaffer, 2008). Figure 1 depicts an ecological theory of change that positions family-school partnership practices across a continuum of support intensity and the impact of these practices on proximal and distal outcomes for families, schools, and youth.

As depicted in Figure 1, family-school partnership practices are embedded within all other school systems and practices. The logic underlying such an approach suggests that systems and practices at Tier 1 facilitate implementation of Tier 2 and Tier 3 systems and practices. Together, the tiered family-school partnership systems and practices add value to schooling and enhance outcomes for children, youth, and families (Dishion et al., 2011). To promote adoption and implementation of tiered family-school partnership strategies, district-level support that includes release time, training and coaching for school teams and teachers, support for linking culturally sensitive practices and building trusting, family-school relationships are pivotal supports (Garbacz et al., 2017). An initial infusion of funds will likely be useful to support family-school partnership initiatives (Minch et al., 2017). However, once family-based strategies have been adopted and implemented, evidence indicates that children will experience better outcomes than if they only received support from school (Crowley et al., 2014). Thus, any infusion of cost should acknowledge the value added and note that family-based programs provide more economic benefit than cost (Lee et al., 2012).

**Tier 1 support.** Tier 1 support refers to the integrated academic, behavioral, and social-emotional (mental health) curriculum and instruction provided to all students. Formative and summative data are used to assess the effectiveness of universal supports (Sugai & Horner, 1999). One essential Tier 1 approach is systematic use of screening measures, collected two to three times per year, to proactively identify students who may need Tier 2 or Tier 3 support. Common screening approaches used in schools include measures that assess students' academic, and social, emotional and behavioral functioning. For example, AIMSweb includes a suite of academic screening tools (Shinn, 2004; Shinn & Shinn, 2002). The Systematic Screening for Behavior Disorders offers an approach to screening for externalizing and internalizing risk within a multistage process (Walker, Severson, & Feil, 2014). The Behavior Assessment Scale for Children, Third Edition Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2015), includes screeners for parents and teachers to report on students' social, emotional, and behavioral functioning. A dual factor approach to mental health suggests that screening measures should provide indicators of student wellness and quality of life in addition to illness (Suldo & Shaffer, 2008). Use of wellness and quality of life screeners may identify students not identified with traditional screening measures, that typically identify externalizing or pathological risk factors (Dowdy et al., 2015) and do not adequately capture internalizing risk factors. Although students experiencing subclinical levels of problems benefit from supportive, effective environments, youth are often not identified or referred to services until needs reach more intensive levels (Burns et al., 2004). Left untreated, youth with subclinical concerns—in the form of low quality of life or wellness—can develop serious concerns, that are difficult to treat (Ferguson & Woodward, 2002).

The existing research on measures of quality of life and wellness in youth offer psychometrically sound tools that are efficient and effective for use within school-based tiered systems of support. These measures include the Brief Multidimensional Student Life Satisfaction Scale (BMSLSS; Seligson, Huebner, & Valois, 2003), a 6-item measure of student life satisfaction, and the Student Life Satisfaction Scale (SLSS: Huebner, 1991), a 7-item measure of student life satisfaction, both validated for use with youth between 8 and 18. The Social Emotional Health Survey (SEHS) is a 36-item measure of positive psychological indicators of well-being validated for use with secondary youth (Furlong, You, Renshaw, Smith, & O'Malley, 2013). The BMSLSS, SLSS and SEHS are beneficial to identify student needs at Tier 1, and to identify tailored supports at Tier 1, 2 and 3 to promote youth wellbeing (Dowdy et al., 2015).

The dual factor model of mental health promotion has evolved significantly in the past decade with emphasis on student strengths including gratitude, emotion regulation, community-building, and positive affirmations and relationships (Suldo, 2016). Research findings suggest the importance of family and community stakeholder engagement in the design and delivery of universal support; two-way communication between families and educators; and school-based support for positive parenting at home (Dubroja et al., 2016). Family and community stakeholder engagement on schoolwide teams as co-equal partners increases the likelihood that school systems and practices will align with family culture and goals (Christenson & Sheridan, 2001). Two-way communication also provides a platform for coordination of planning between families and school staff, and can assist in addressing early problems before they worsen (Christenson & Sheridan, 2001). Research findings suggest that promoting parenting skills, working with parents to establish congruence across home and school, and improving home-to-school planning can enhance parent-child relationships, parent wellbeing, and strengthen the home-school connection

(Dubroja et al., 2016; Vella-Brodrick, Rickard, & Chin, 2014). For example, schools can promote families' understanding of wellness and describe strategies to cultivate their own wellness and that of their family (Dubroja et al., 2016). Similarly, parent education programs can promote strategies such as mindfulness, positive parenting, and coordinating discussions and activities among families and youth focused on wellness topics (e.g., parent education programs can provide families with topics such as gratitude and activities such as gratitude journaling that families and youth can engage in together; Dishion et al., 2016; Dubroja et al., 2016).

**Tier 2 support.** Targeted support at Tier 2 is added to Tier 1 support for youth with ongoing concerns. Common approaches for targeted support include group-based skills training and individualized approaches that require few resources. Group-based skills training can support youth with anxiety, depression, and externalizing behavior concerns by building skills in the areas of problem solving, relaxation, and cognitive restructuring (Briesch, Sanetti, & Briesch, 2010). It is important to include families as collaborators when enrolling students in group trainings. Group leaders can collaborate with families prior to implementation to identify modifications to address family and youth strengths and needs. In addition, home-school links can be incorporated so families are involved in prompting and reinforcing skills use at home. Finally, families and group facilitators can collaborate in progress monitoring to determine progress towards addressing shared goals. Group-based approaches can be effective in promoting specific skills (Briesch et al., 2010), but often require modification to fit within a typical school environment. School-based practitioners will likely require external support to implement the program (Garbacz, et al., 2016).

Targeted support can also include individual behavior change plans, such as Check-in/Check-out (CICO). The CICO process starts by identifying specific target behaviors to

improve, creating a behavior report card, and identifying a system to acknowledge meeting behavior targets (Crone, Hawken, & Horner, 2010). Implementation of CICO includes checking-in with a student at the beginning of period, monitoring behavior targets during the period, and checking-out with a student at the end of the period to discuss the extent to which behavior targets were met, provide specific praise, and acknowledge appropriate behavior (Crone et al., 2010). Frequent progress monitoring provides feedback about the adequacy of the intervention. Students with externalizing behavior concerns may benefit from the dense schedule of reinforcement aligned with school-wide behavior expectations (Crone et al., 2010). Students with internalizing concerns could receive skill-building support as well as frequent reinforcement in the classroom based on use of skills (Weist et al., 2018). Families can be included as collaborators in the CICO process by defining the process at the outset as promoting family-school partnerships and improving youth behavior at home and school (Dishion, 2011). Families are then included as collaborators throughout the process, providing reinforcement at home, facilitating home to school support, and engaging in progress monitoring.

**Tier 3 support.** Support for youth at Tier 3 includes tailored assessment, intervention, and ongoing monitoring for individual youth. Tier 3 support is most effectively implemented within the context of a schoolwide MTSS framework so the universal and targeted supports can be leveraged to improve implementation at Tier 3. For example, establishing two-way communication at Tier 1 can enhance coordination of support plans at Tier 3. One family-school partnership intervention that can be used at Tier 3 to provide tailored intervention and ongoing monitoring is Conjoint Behavioral Consultation (CBC; Sheridan & Kratochwill, 2008).

CBC is a strengths-based, positive approach grounded in the behavioral problem-solving model. Parents, educators, and a behavioral consultant collaborate as a team to identify and



address target behaviors using a data-based decision-making process. Specifically, the team identifies strengths and areas of concern, develops home and school support plans that leverage strengths and address concerns, promotes cross-setting implementation of support plans, and uses data to monitor progress toward parent and educator goals. The CBC process facilitates identification of tailored, culturally sensitive practices that parents implement at home and teachers implement at school (Garbacz et al., 2016).

Results from empirical investigations of CBC indicate that CBC improves child adaptive skills and reduces behavioral concerns (Garbacz et al., 2016; Sheridan et al., 2012). In addition, CBC strengthens the parent-teacher relationship, builds parent and teacher problem-solving competencies, and promotes home-school communication (Sheridan et al., 2012). In the context of CBC, improvements in the parent-teacher relationship are particularly important for promoting positive outcomes for children (Sheridan et al., 2012). Parents, students, teachers, and school administrators report a need for CBC during middle school and findings from a usability test of CBC in middle school suggest participation in CBC improves parent and teacher report of student internalizing and externalizing problems, and strengthens the parent-teacher relationship (Garbacz, 2019). Although CBC is a Tier 3 process, schoolwide systems at Tier 1 and 2 can emphasize strengthening family-school relationships through two-way communication and including families as active, co-equal partners in school decisions (Garbacz, McIntosh, et al., 2018). In fact, findings suggest CBC implemented in middle school should be well-aligned with other school systems and engage multiple school personnel in coordinated support for students (Garbacz, 2019). Finally, it is important to note that school-based support for parents may need to look different in different cultural contexts, and explicit attention must be given to the cultural adaptation and implementation process (Baumann et al., 2014).

### **Moving Away from Stigmatizing Language**

A critical theme in enhancing family partnerships in MTSS in schools is to recognize and attempt to minimize the use of stigmatizing language. This is highly challenging since labeling is entrenched in youth-serving systems including education and mental health (Hinshaw, 2005). Further, there is evidence that these labels, in many cases do not help improve programs and services for children and youth, and may in fact, be associated with damage to them. For example, findings from the National Stigma Study - Children conducted in 2002 (Pescosolido et al., 2008) underscored that in general, people hold negative attitudes toward children and youth with mental health conditions, and these attitudes contribute to social distancing from them (Martin, Pescosolido, Olafsdottir, & McLeod, 2007).

In addition, perceived stigma toward them or their child is a prominent barrier for parents seeking mental health services (Gulliver, Griffiths, & Christensen, 2010). Compounding this problem is “self-stigmatization,” in which people, including children and adolescents are embarrassed about their condition, believe that negative stereotypes apply to them, and have associated self-esteem concerns (Corrigan, Watson, & Barr, 2006; Moses, 2010). Further, this self-stigmatization is associated with perceived fears of rejection and of being devalued by others (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001). Self-stigmatization can also be associated with educators and school personnel not respecting boundaries of privacy and respect for the student (i.e., talking about the student’s mental health challenges in front of the student’s peers or other school personnel and without the student consenting to such a discussion).

Recognizing the negative impact of this labeling, Walker et al. (2010) conducted a survey of over 1400 stakeholders, including youth, families, education and mental health staff on the term “emotional disturbance.” Findings indicated overwhelming dissatisfaction with this term

and concern for its negative impact on children. Instead, terms such as “emotional challenges,” “emotional/behavioral problems,” and “emotional disability” were offered as better alternatives. Findings from this study helped legislation in Maryland (the Student Stigma Act), get passed that ended up with emotional disability replacing emotional disturbance in the state educational system.

Recently, the last author of this article and colleagues (Weist et al., in press a) conducted a study on the term “psychopathology” which youth aged 18-25 and as in the Walker et al. (2010) study, documented notable dissatisfaction with the term. In fact, students who had experienced mental health services were particularly unlikely to endorse the term. Qualitative analysis of the term underscored concerns such as including “psycho,” “psychopath,” and “pathology” in one word, and associating it with “serial killers” and “cushioned-room crazy.”

These findings underscore that as efforts to improve family partnerships and leadership in education advance, a critical focus should be on both reducing labeling, and on assisting in reformulating student challenges with an emphasis on strengths. For example, Weist et al. (in press-b) developed a protocol for use within a university psychology services center – the Comprehensive Strength- and Evidence-Based Case Reformulation process to be used when students presented to the center with multiple or one seriously stigmatizing label (e.g., Borderline Personality Disorder, Bi-Polar Disorder, Conduct Disorder). This program emphasizes a new evaluation focusing on student strengths, patterns of functioning and a new case formulation that whenever possible, does not include pejorative labeling. The new evaluation is then emphasized to the student and family, and with their permission shared with educational staff to assist in moving them away from conscious or unconscious actions that were stigmatizing the student. The goal is for the student and family to embrace a more positive identity of the student, and in

turn having school staff move toward a more empathic and supportive position in relation to the student and his/her functioning.

### **Conclusion**

Family-school partnerships promote active, engaged roles for families and educators as co-equal partners. Although approaches to support youth across home and school shift over time and developmental periods, family-school partnerships remain important. An MTSS framework organizes family partnerships at Tier 1, Tier 2, and Tier 3 to provide a continuum of support intensity for youth. It is also imperative that non-stigmatizing language is used to eliminate stigma in seeking and receiving mental health services. Future research should target approaches to build the capacity of school faculty and families to engage in authentic partnerships focused on cultivating of family and student strengths and indicators of wellness. Such studies should investigate the dynamic ways in which families are involved in their children's lives over time and acknowledge the range of ways families support their children.

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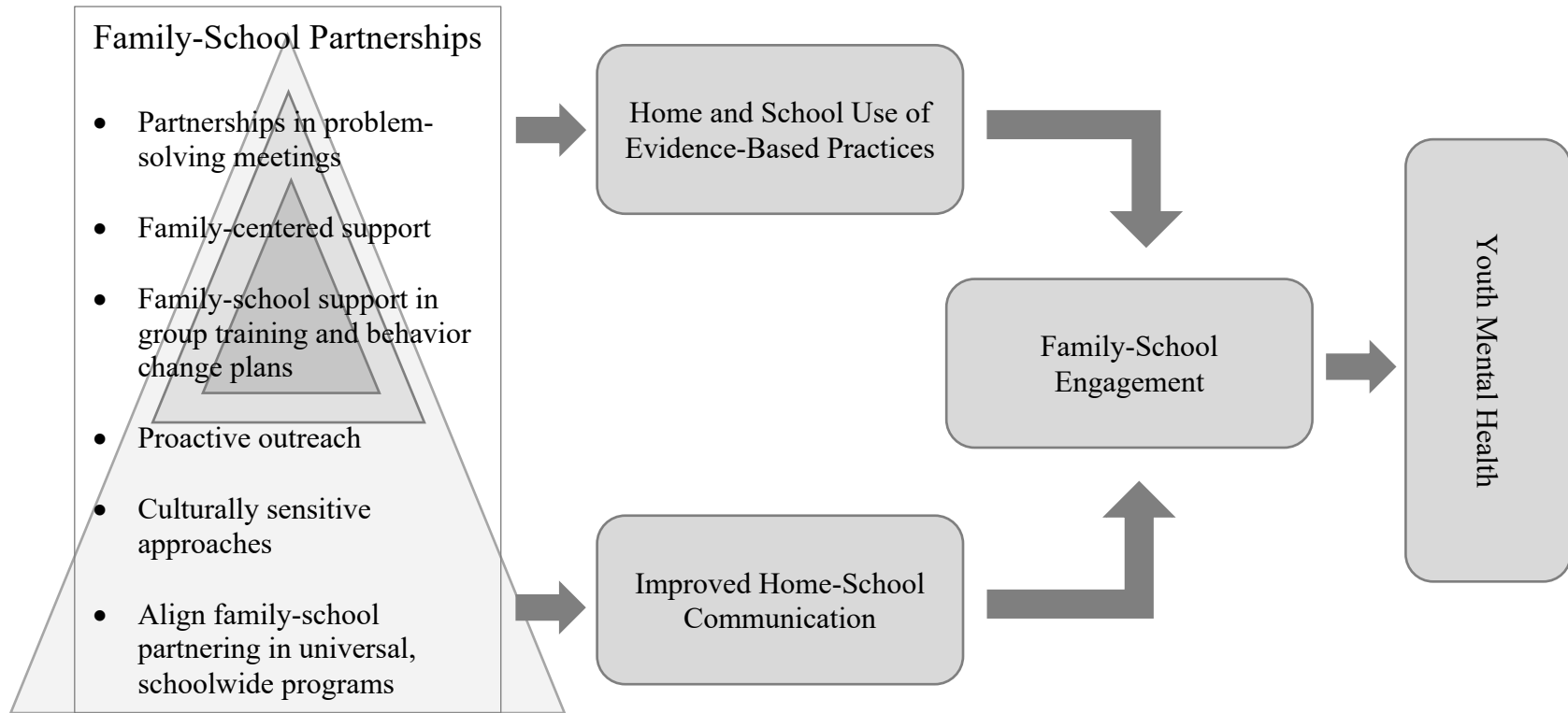
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*Figure 1.* Ecological theory of change that depicts proximal and distal impacts on youth mental health. Family-school partnership approaches are embedded in a school-based multitiered continuum of support intensity based on youth needs. Family-school partnership approaches within a multitiered framework lead to home and school coordinated use of evidence-based practices and improvements in home-school communications, which enhance family-school engagement (e.g., cross setting congruence, parent-teacher joining) and impact youth mental health.