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Parent Connectors: A Parent-to-Parent Support Program Feasible for Rural Settings

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Abstract

Supporting the needs of youth with emotional and behavioral disorders (EBD) and their families can be challenging in rural settings. Implementing strategies that take into account for and address barriers in rural settings is important. One strategy to improve outcomes for both students with EBD and their families in rural settings is providing parental support. Parent Connectors is a phone-based parent-to-parent support program designed to improve parental engagement in their child's education and mental health services. Parent Connectors is described in detail along with preliminary outcomes and implications for rural communities.

Keywords

parent support, students with emotional and behavioral disorders, application for rural schools

Youth identified with emotional and behavioral disorders (EBD) are more likely than other student disability groups to experience poor educational outcomes (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). Finding methods to support students with EBD is critical to improve upon and change the trajectory of academic and behavioral outcomes. One method for improving outcomes for students with EBD is to utilize strategies for improving parental involvement in their child's educational experience and mental health services (Hoagwood et al., 2010). Both the No Child Left Behind Act of 2001 (NCLB; 2002) and the Individuals With Disabilities Education Act (IDEA; 2004) stress the importance of parental involvement to improve educational outcomes for students.

The effectiveness of parental involvement in improving academic outcomes has been supported by an extensive empirical base including several meta-analyses synthesizing the results of more than 100 studies and producing findings that include moderate to large effect sizes (Fan & Chen, 2001; Hill & Tyson, 2009; Jeynes, 2005, 2007). Highlights from this broad area of work have found that higher levels of parental involvement in school corresponded with significantly higher achievement for urban elementary students, as demonstrated by an overall effect size of .85 for student grades and an effect size .37 for standardized tests across 41 studies that meet inclusion criteria (Jeynes, 2005). Likewise, a meta-analysis with 52 studies of urban secondary students found that parental involvement had an effect size of .40 on student grades and .47 on student standardized tests (Jeynes, 2007).

In addition, authors of other meta-analyses have reported more nuanced findings, with specific types of parental involvement being more significantly related to student academic outcomes. For example, Fan and Chen (2001) reported that parents with high aspirations for their child's educational accomplishments had a stronger relationship with academic achievement than the construct of parental supervision at home (e.g., supervising the time spent at home doing homework, watching TV). Furthermore, Hill and Tyson (2009) conducted a meta-analysis of 50 studies with middle school students and found a positive relationship between parental involvement and student academic achievement. Similar to other researchers, when looking at specific domains, Hill and Tyson found that academic socialization (e.g., parental academic and employment aspirations for their child, discussing learning strategies with their child, and making plans for their child's future) was more strongly related to student academic achievement in comparison with home-based or school-based parental involvement. Likewise, the researchers found that parental help with homework for middle school students was predictive of a negative relationship with student academic achievement.

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Findings from the National Longitudinal Transition Study–2 (NLTS-2) and Special Education Elementary Longitudinal Study (SEELS) indicate that compared with peers who either have other disabilities or no disabilities, students with EBD are the least likely to have families who are involved in their education (Blackorby & Wagner, 2014; Wagner et al., 2005; Wagner, Newman, & Cameto, 2004). Furthermore, schools have not adequately addressed this challenge, as less than one quarter of schools offer support or parent groups to families of students with disabilities (Wagner et al., 2005; Wagner et al., 2006). Recently, the interest in support for families of youth who have EBD has expanded and initial reviews of the research have been conducted (Hoagwood et al., 2010).

As Hoagwood et al. (2010) discussed, there are three main approaches to family-based services: clinician-led services, family-led services (peer-to-peer support), and team-led services. In Hoagwood and colleagues'(2010) review, they found strong empirical support for the clinician-led family interventions in improving family outcomes, largely as more experimental studies have been conducted in this area compared with the relatively few research studies on peer-to-peer interventions. One particular peer support intervention with promising empirical evidence provides peer support to parents of middle school students receiving special education services for emotional and behavioral needs. Researchers conducting pilot studies of this intervention have found improvements in parental efficacy with school and mental health services, increased days in school, and increases in mental health services minutes received in school (Kutash, Duchnowski, Green, & Ferron, 2011, 2013).

Challenges Faced by Rural Schools in Supporting Students With EBD

School personnel in rural school settings face particular challenges when supporting students with EBD. For example, there is often difficulty securing teachers who are highly qualified, and special education teachers trained in working with students with EBD (Berry, Petrin, Gravelle, & Farmer, 2011; Mitchem, Kossar, & Ludlow, 2006). There are also difficulties with serving students with EBD in smaller rural communities, as often one of the only options is to be served within inclusive settings, with special education teachers providing services within the general education classroom, although many students often require more intensive supports (Jung & Bradley, 2006).

There are additional challenges when working with parents of students with disabilities who attend rural school settings. For example, when compared with schools in urban and suburban areas, special educators in rural schools reported communicating less often with parents (Jung & Bradley, 2006). Furthermore, limited access to resources may limit the schools' ability to foster and maintain collaborative relationships with parents (Ingalls, Hammond, Dupoux, & Baeza, 2006; Trussell,

Hammond, & Ingalls, 2008). However, families report a desire to be more involved with schools, and teachers report that they would like more training on how to work with families (Berry et al., 2011; Blitz, Kida, Gresham, & Bronstein, 2013).

In a recent study, researchers conducted interviews with rural special education administrators to better understand the needs of youth with EBD and their families, barriers faced in rural communities, and available school and community resources (Huscroft-D'Angelo, Duppong Hurley, & January, 2018). Participants indicated that the needs of students with EBD do not differ significantly from youth in urban or suburban settings. However, it was reported that some characteristics are likely unique to many of the rural settings including high rates of parental substance abuse and poverty in localized regions. When asked about available school resources or supports, approximately 70% of participants reported that mental health services were available within the school building and 39% indicated that these services are written into the student's Individualized Education Program (IEP). With respect to parent support, 85% of participants reported that schools do not provide direct parental support in the schools. Nearly all of the respondents (84.6%) stated that mental health services were available in the community, although many reported access barriers which exist for families in need of mental health support (Huscroft-D'Angelo et al., 2018). This included distance, financial means, time, waitlists, and stigma. Furthermore, participants reported that a phone-based parenting support program would be supported by school districts and feasible for families to engage in (Huscroft-D'Angelo et al., 2018). Participants also conveyed the importance of trust, confidentiality, relationship building, and being open to other means of communication (i.e., Skype, FaceTime, face-to-face) for parents of students with EBD in rural settings.

Taking into account the challenges rural schools face for supporting students with EBD, their families, and providing supports that minimize barriers for improving outcomes, one promising practice is Parent Connectors (Kutash et al., 2011, 2013). Parent Connectors is a parent-to-parent support intervention, where more experienced parents of a child with EBD (i.e., peer parents) provide weekly calls to a current parent of a child with EBD. The goals of the calls are to provide emotional support to reduce feelings of stigma and blame; to improve parental attitudes toward services provided for their child, such as perceived benefits for working with schools and community mental health services to help their child with EBD; to provide information support, such as support on the IEP process; and finally, to provide instrumental support such as help accessing specific family services. The use of phones to deliver parent-to-parent support allows the intervention to be feasibly delivered across a large geographic region, reducing obstacles such as transportation and scheduling as well as potentially reducing feelings of stigma. Parent Connectors was developed and evaluated through two grants awarded by the Department of Education Institute of Education Sciences
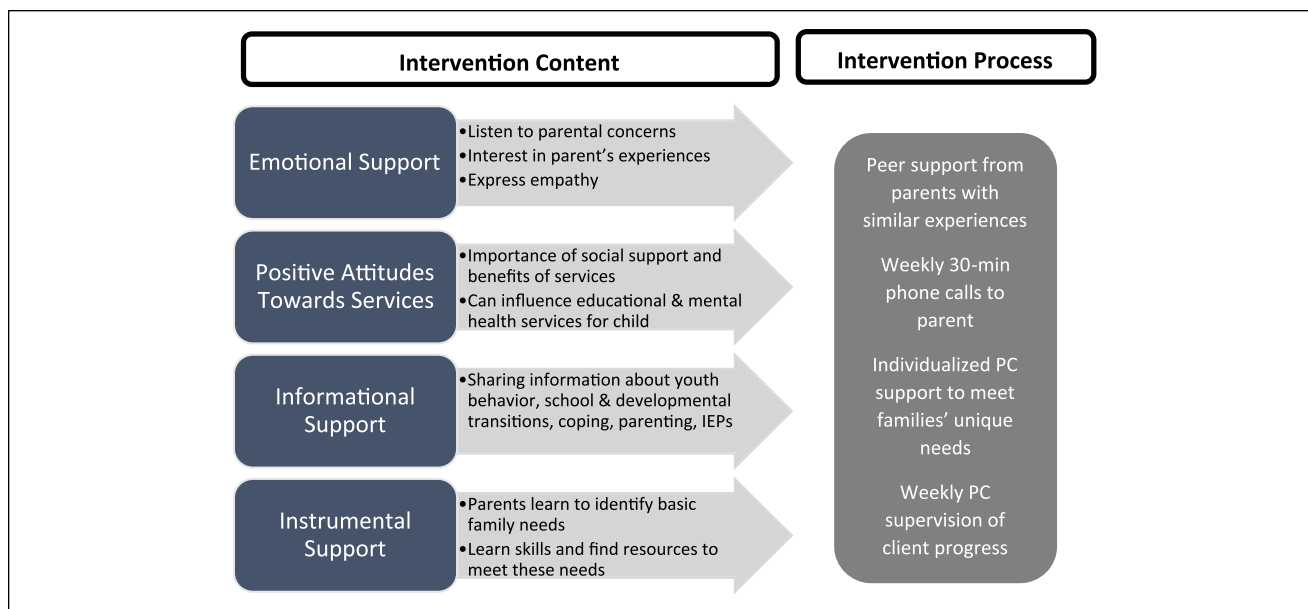
Figure 1. Parent Connectors core components.
Note. IEP = Individualized Education Program; PC = Parent Connector.

(IES) and a current grant from IES to conduct a large trial on the effectiveness of the intervention.

Parent Connector Components

Each of the core components of Parent Connectors is linked to the Double ABCX Theory (McCubbin & Patterson, 1983) or the Theory of Planned Behavior models (Ajzen, 1991). The Double ABCX model draws on physiological and psychological concepts of stress and research on family stress, coping, and adaptation. Family stressors consist of present and past events that impact family life. The Theory of Planned Behavior proposes that the extent to which an individual is willing to engage in a behavior is predicted by the person's attitudes toward the benefit of engaging in the behavior, the social norms and pressures surrounding the behavior, and the person's perceived behavioral control over performing the behavior. Both of these perspectives are incorporated in the Parent Connectors intervention. The objective of the Parent Connectors program is to train peers of parents of children with EBD, called Parent Connectors (PCs), to provide support, information, and skill-building through weekly telephone contact. The four core components delivered over a school year are (a) providing emotional support, (b) promotion of benefits of actions and positive expectations, (c) providing information, and (d) providing instrumental support (see Figure 1).

The PCs, through shared experiences, provide emotional support aimed at reducing strain and feelings of isolation in the parent. The PC also mitigates negative pressure and social influence that may provide a barrier to the parent's positive engagement with the school and mental health systems. The benefits of being an engaged parent are promoted by the PC and attitudes are encouraged that will reflect a feeling that the parent can have some influence over their child's education. The skills needed to achieve these attitudes and expectations are discussed, role-played, and modeled during the weekly calls. Important information about the child's education program and mental health services is often lacking by parents of children who have EBD. The PC provides information about the IEP, mental health professionals, and school-based services that are part of the IEP. Finally, many parents experience economic and environmental risk factors that may be aided by instrumental support commonly provided by community agencies. Links to these agencies are often complicated and PCs offer invaluable advice in accessing needed community services. Figure 2 demonstrates the theory of change for how the core processes of the intervention are designed to improve the proximal parental outcomes (e.g., reduce caregiver strain), which then improves intermediate parental outcomes (e.g., engaging in child's education and mental health), which in turn influences the distal child outcomes (e.g., improved school attendance, participation in mental health activities).

Parent Connectors Training and Supervision

Recruitment and Training of PCs

The PC program begins with the recruitment of peer parents (parents of youth with EBD who have a minimum of a high-school diploma and who have a history of experiences in negotiating the school and mental health systems). Applicants are interviewed and screened using a
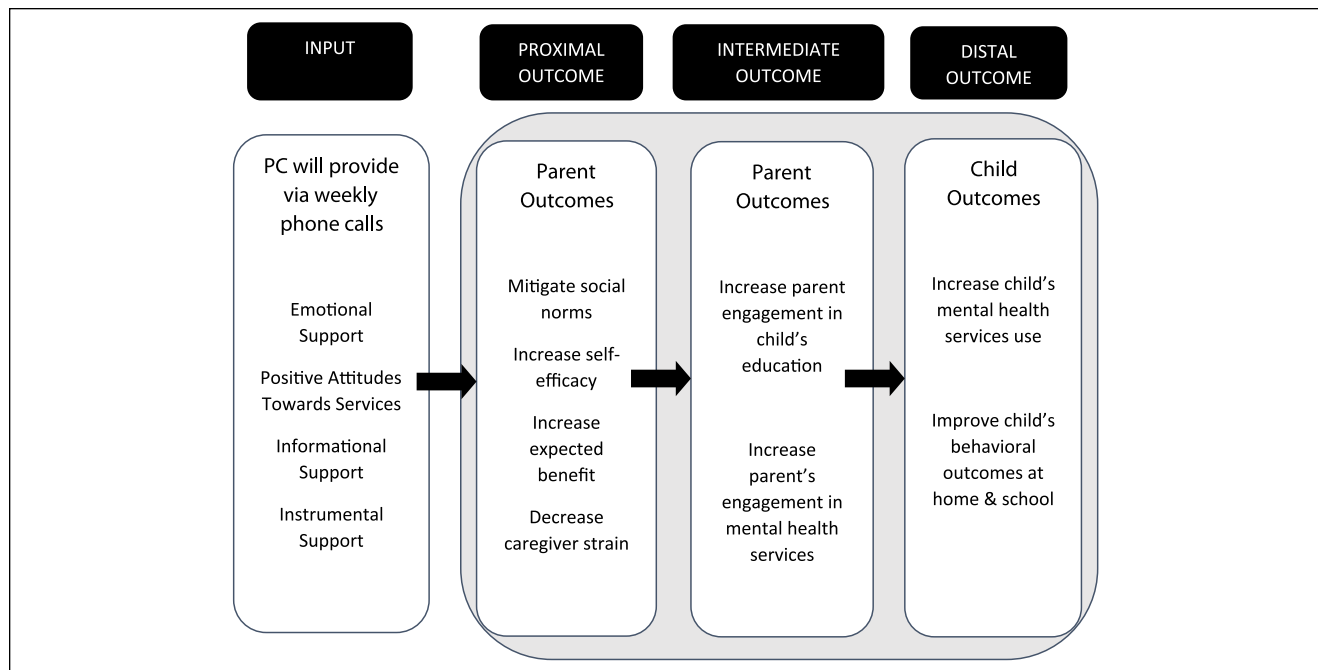
Figure 2. Parent Connectors conceptual theory of change.
Note. PC = Parent Connector.

standardized protocol that can reliably identify candidates who have characteristics associated with being an effective PC (e.g., communication and organizational skills, ability to express empathy). Once recruited, a manualized training program is implemented for the PCs through 16 hr of training. The training consists of didactic sessions, role-playing and sharing of experiences, and extensive team building and camaraderie surrounding the four key components of the Parent Connectors model. Training emphasizes the PC's role as giving support not therapy, and encouraging parental action through examples of shared experiences. Finally, to assist in the provision of instrumental support, each PC is provided with a directory of community resources, such as food and clothing banks, emergency services, education advocates, and local social services and family resource centers. The content of the training prepares the PCs to implement the four core components of the intervention (see Figure 1). Following training, each PC is hired to work up to 15 hr a week and is assigned approximately 10 families to contact each week by phone during the school year, for a conversation lasting approximately 30 to 60 min.

Supervision

A PC Coach is recruited to supervise and support the PCs as well as to monitor the fidelity of implementation of the program. The PC Coach is a master's-level professional (e.g., social worker, psychologist, counselor) who has experience with children who have emotional disturbances, who are educated in special education programs, and has experience in working with families. A 12-hr manualized training program is implemented for the PC Coach that includes activities that develop competency in the program model, assessing fidelity, and providing supervision and support for PCs. The PCs meet weekly as a group for 2 hr with the PC Coach to review the content of each parent contact for that week and to share experiences. During these meetings, fidelity data are discussed, such as the number of calls made to each family, the duration of the calls (in minutes), and the topics of conversation during calls. For more information on the fidelity monitoring approach for Parent Connectors, see Kutash, Cross, Madias, Duchnowski, and Green (2012). The weekly meetings are also a time for PCs to discuss ways to individualize conversations for specific families and to troubleshoot any difficulties. It is important to keep in mind that PCs may still have children of their own in the school and need assistance of the group to help to manage the demands of advocating for their own child while being a peer-mentor for other families. Thus, the weekly group meetings offer an essential opportunity for PCs to debrief and provide support for one another as they continue to advocate for their own children.

Evidence Supporting the Feasibility and Promise of the Parent Connectors Model

Initial Development Study

Five PCs and a PC Coach were hired, completed all training components, and demonstrated knowledge of and proficiency

in the program model as assessed by a knowledge quiz and role-plays demonstrated the necessary skills. As described in Kutash et al. (2011), of the 161 parents of middle school students with EBD who were served in self-contained special education classrooms and who were potential participants, 115 (71%) agreed to participate and were randomly assigned to PC or services as usual conditions. Pre–post changes between the PC and services as usual condition revealed an increase in parental efficacy with the school and mental health systems (Hedges's $g = 0.48$) and family empowerment ($g = 0.35$). The students of parents who participated experienced an increase in the number of mental health service minutes received ($g = 0.58$), attended more days of school ($g = 0.35$), and increased their reading achievement ($g = 0.48$). Exploratory analyses also indicated that the positive effects of program participation were greater for those parents who exhibited the highest levels of strain at pretest.

Development and Refinement Study

As described in Kutash et al. (2013), eight PCs and a PC Coach were hired and trained. One hundred and twenty-eight (75%) of the 169 families of middle school students with EBD contacted for the study were successfully recruited. Highlights of the study included that students whose parents had a PC had significantly more days enrolled in school, $B_4 = 28.12$, $t(94) = 2.48$, $p = .015$; fewer school suspensions, $B_4 = -0.87$, $t(94) = -2.45$, $p = .02$; and received a statistically significant greater amount of school-based mental health services than the comparison group (Hedges' g [ES_G] = 1.41). For proximal parent outcomes, parents in the PC condition had statistically significant higher scores than the comparison group at posttest regarding expected benefit of mental health services ($ES_G = 1.34$) and tended toward improved outcomes for mitigating social norms on mental health ($ES_G = 0.86$) and education ($ES_G = 1.00$). The study also found a substantial increase in parental involvement in mental health services over the comparison group ($ES_G = 0.65$). Like the development study, when examining the subgroup of parents with high caregiver strain, parents in the PC condition showed more improvements than those in the comparison group. Currently, a large, randomized trial of Parent Connectors is occurring in urban and suburban communities in midwestern states. This trial, funded by IES, will conclude in the summer of 2019 and provide additional information on the impact of Parent Connectors on students with EBD and their families.

Conclusion

In conclusion, while Parent Connectors has not been tested in rural schools to date, the intervention modality suggests that it would be feasible for rural districts to consider implementing this phone-based parent-to-parent support program.

First, Parent Connectors addresses several of the needs mentioned by rural school administrators for families of EBD students (Huscroft-D'Angelo et al., 2018), which include the need for parent-to-parent support, being phone-based, no transportation worries, no need to locate child care, and reduced stigma. Furthermore, researchers also revealed the need for such an intervention as few parent supports were offered by schools in rural settings (Huscroft-D'Angelo et al., 2018). In addition, participants reported that schools would be highly supportive of a phone-based parent support intervention and administrators felt that it would be beneficial for youth and parents, indicating some level of social validity. Future research is needed to examine the acceptability and effectiveness of a phone-based parent support for families of youth with EBD in rural communities, as well as adaptations such as using FaceTime or Skype. Addressing each of these implications in future research would support the use of the Parent Connectors model for use with families who reside in rural communities.

Authors' Note

Declaration of Conflicting Interests

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