

# Caregiver and Teacher Perspectives on Home–School Partnerships Within a Tier 2 Intervention

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## Abstract

Home–school partnerships between teachers and caregivers of students with or at risk of emotional/behavioral disorders (EBD) are critical to support positive student outcomes. Yet, effective home–school partnerships may be particularly challenging to foster for students with or at risk of EBD, and little is known about how teachers and caregivers view these partnerships. We used a directed content analysis qualitative approach to examine the presence or absence of components of a conceptual model, the CARES framework, within home–school partnerships from the perspectives of both teachers and caregivers of students with or at risk of EBD. Semi-structured interviews were conducted with six U.S. teachers and 11 U.S. caregivers who had participated in a study examining the promise of a Tier 2 intervention. Findings highlight themes unique to specific components of the CARES framework and themes common across components, with authentic relationships and effective communication emerging as particularly salient for both caregivers and teachers. Results suggest critical directions for future research and essential lessons for researchers developing interventions to support positive home–school partnerships for caregivers and teachers of students with or at risk of EBD.

## Keywords

home–school partnerships, Tier 2

Studies indicate that between 11% and 30% of children and youth are at risk of or have an emotional/behavioral disorder (EBD; see Forness et al., 2012; Ringeisen et al., 2017). The chronic problem behaviors that often characterize students with EBD can negatively affect their long-term success, academically as well as their social, emotional, and behavioral skills (Kellam et al., 1998; Myers & Pianta, 2008; Spilt et al., 2012). Furthermore, problem behaviors characteristic of EBD tend to be problematic for children in both the home and school contexts (Conroy, McKnight, & Sutherland, 2019; Lloyd et al., 2019).

Ecological systems theory (Bronfenbrenner, 1977) highlights the importance of several microsystems on children's social, emotional, and behavioral development; two of the more proximal systems that have a prominent influence on a developing child are caregivers (Lamb & Lewis, 2005; Webster-Stratton & Reid, 2006) and teachers (Spilt et al., 2012). Once children reach school age, they spend the majority of their waking hours with caregivers or teachers, particularly until adolescence when peers become more prominent (Berger & Rodkin, 2012), but even then, caregivers and teachers continue to contribute to their development in important ways (Behrhorst et al., 2020; Elsaesser et al., 2013; Lamb & Lewis, 2005). Given the significant

influence of caregivers and teachers on children's social, emotional, and behavioral development, it is crucial to understand how these two systems interact from an ecological perspective.

Positive home–school partnerships serve as one mechanism for synergizing these systems to promote positive child development. Home–school partnerships are defined as student-focused approaches where teachers and caregivers work together to coordinate supports across home and school contexts to increase opportunities for students to be successful in academic, social, emotional, and behavioral domains (Conroy, McKnight, & Sutherland, 2019; Sheridan et al., 2016). Home–school partnerships are transactional (Sameroff, 1995) and support positive student developmental outcomes through

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multiple systems (i.e., family and school) by ensuring continuity across these systems (Sheridan et al., 2016). Yet, effective home–school partnerships may be challenging to foster for students with or at risk of EBD. Research suggests that students’ problem behaviors may negatively affect relationships between the students’ caregivers and their teachers. For example, when students exhibit high rates of problem behavior, teachers are less likely to engage caregivers to be involved with their children’s education (Greene et al., 2002), and caregivers and teachers are more likely to develop negative relationships (Thijs & Eilbracht, 2012). Because high rates of problem behaviors characterize students with EBD, these students are at greater risk of difficult partnerships between teachers and caregivers (Conroy, McKnight, & Sutherland, 2019). Furthermore, the COVID-19 pandemic has exacerbated the risk students face, disrupting learning and increasing risk of mental health and behavioral challenges (Naff et al., 2022). To adequately leverage home–school partnerships to improve outcomes for students with or at risk of EBD, it is critical to work toward strengthening home–school partnerships for these students. Unfortunately, there is limited research on factors associated with effective home–school partnerships between caregivers and teachers of students with EBD.

### *Home–School Partnerships and Students With EBD*

In one recent study, Strickland-Cohen and Kyzar (2019) explored home–school partnerships between caregivers and teachers of students receiving universal and indicated behavior supports within tiered support systems. Qualitative data from focus groups with caregivers indicated that common behavioral goals across home and school contexts, consistent communication from teachers, and positive feedback about their children were essential practices. In another qualitative study examining caregiver–teacher partnerships to support four young children with problem behavior, several themes emerged from interviews with caregivers, teachers, and early intervention coaches (Kuhn et al., 2017). For example, establishing and nurturing partnerships between teachers and caregivers, positive interactions between teachers and caregivers, and collaborative problem-solving and planning emerged as important factors supporting quality caregiver–teacher partnerships. Finally, Sheridan et al. (2016) found that not only did a home–school partnership intervention, conjoint behavioral consultation, have a positive effect on the learning and behavioral outcomes of students with problem behaviors but also the relationship between the caregivers and teachers partially mediated treatment effects. While the results from these studies provide an initial understanding of factors that

support high-quality home–school partnerships for children with behavioral concerns as well as highlighting the salience of the caregiver and teacher relationships, research is needed on factors that strengthen these partnerships for elementary school students with or at risk of EBD from the perspective of both caregivers and teachers. In light of this need, we developed and implemented a home–school partnership component informed by the CARES framework (Rosenberg, 2007) as part of the adaptation of the BEST in CLASS intervention for early elementary students (see Sutherland et al., 2019).

### *BEST in CLASS and the CARES Framework*

Within the positive behavioral interventions and supports (PBIS) framework (Sugai & Horner, 2009), BEST in CLASS is a Tier 2 intervention that focuses upon improving teacher interactions and relationships with children who engage in chronic problem behavior. That is, within a PBIS framework, Tier 2 interventions such as BEST in CLASS provide additional supports to students for whom more universal, Tier 1 supports are not effective. The preschool version of BEST in CLASS has demonstrated positive outcomes for teachers (Conroy, Sutherland, et al., 2019) and children (Conroy et al., 2018; Sutherland et al., 2019). BEST in CLASS has also been adapted for use in elementary schools (see Sutherland et al., 2019), with preliminary studies finding positive outcomes for both students (Sutherland et al., 2020) and teachers (Nemer et al., 2021). As part of the adaptation process, we used the literature as well as feedback from community partners to prioritize the development of a BEST in CLASS home–school partnership component to support teachers’ use of practices to establish and strengthen partnerships with the families of students with or at risk of EBD (see Conroy, McKnight, & Sutherland, 2019; Sutherland et al., 2019). The BEST in CLASS home–school partnership component was informed by the CARES framework (Rosenberg, 2007), which was used to support teachers’ use of culturally responsive and supportive practices to develop a partnership with their students’ caregivers. While the CARES framework was initially conceptualized to support teachers’ practices with culturally and linguistically diverse students, we adapted the model to focus primarily on supporting partnerships between teachers and caregivers of students with or at risk of EBD within a Tier 2 intervention.

To illustrate, the “C” in the CARES framework represents “connection to practices.” Teachers connect the caregivers to evidence-based practices being implemented in the classroom that are used to provide academic and social, emotional, and behavioral supports, encouraging

and supporting caregivers to use practices in the home. The “A” in the CARES framework represents teachers learning how to build “authentic relationships” with caregivers, which are defined as being “trustworthy” and “genuine.” The “R” stands for “reflective thinking,” which represents how teachers may recognize their assumptions, prejudices, or biases that might interfere with the development of effective partnerships with caregivers. Next, the “E” represents “effective communication” skills with caregivers, such as active listening when caregivers express their needs. Effective communication also includes using clear and concise messages delivered positively to help support a family’s goals and priorities for their child, as well as practical nonverbal communication skills (e.g., attentive silence, open posture). Finally, the “S” reflects teachers’ “sensitivity” to caregivers’ culture. Teachers who demonstrate cultural sensitivity may reflect on how their cultural background and family experiences affect their view of others. Culturally sensitive teachers demonstrate flexibility when communicating with and engaging caregivers while respecting and acknowledging the caregivers’ perspectives. Although the CARES framework has been used in practice with teachers, little research has been conducted on how this framework might influence home–school partnerships from the viewpoint of teachers and caregivers.

The purpose of this study was to examine the extent to which the core components of the CARES (Rosenberg, 2007) framework were represented in the home–school partnership component of a Tier 2 intervention from the perspectives of caregivers of students with or at risk of EBD as well as the teachers of these students. Our goal was to assess the goodness of fit of the CARES framework for use in forming home–school partnerships. Directed content analysis appropriate for assessing the presence or absence of each CARES component within home–school partnerships for students with or at risk of EBD was used (Hsieh & Shannon, 2005; Zhang & Wildemuth, 2009). This approach is appropriate for using an established framework for initial coding (CARES framework) and allows for themes to emerge following initial rounds of coding.

## Method

### Participants

Participants were recruited as part of a study examining the feasibility and promise of the BEST in CLASS—Elementary intervention (see Sutherland et al., 2020), a teacher-delivered intervention targeting early elementary students at risk of EBD in an urban area in the mid-Atlantic region of the United States. Participants were six elementary teachers and 11 caregivers who were randomly assigned within the parent study to receive the BEST in CLASS—Elementary

intervention. Teachers were recruited from two urban elementary schools that served students from an economically disadvantaged community (94%–96% of students in these schools received free or reduced-cost lunch); teachers were qualified for the study if they taught kindergarten or first or second grade; six of the 14 teachers who participated in the parent study consented to participate in this study. Caregivers were identified for participation if their child screened into the parent study based on teacher nomination and obtained a score on an externalizing behavior screener that indicated the child was “at risk” of EBD (i.e., Systematic Screening for Behavior Disorders [SSBD] Walker & Severson, 1992). Caregivers of children who participated in the parent study ( $n = 24$ ) were contacted by study staff in the spring to recruit them into this study. Participating teachers and caregivers received US\$50 gift certificates. Pseudonyms are used in all interview quotes to protect the participants’ identities, and the university human subjects protection board approved all research activities.

Interviews were conducted with six teachers and 11 caregivers. All teacher participants were woman. One teacher taught kindergarten, four teachers taught first grade, and one teacher taught second grade. Two teachers were Black, and four teachers were White. Participating teachers had an average of 14.17 years of teaching experience ( $SD = 9.04$ , range = 3–29 years). All caregiver participants were biological mothers; 10 caregivers were Black, and one was White. The children ( $M$  age = 6.22 years,  $SD = 0.74$ ; range = 4.91–7.41; 91% Black, 9% White) at risk of EBD were identified using the SSBD and were enrolled in kindergarten or first or second grade.

### Interview Procedures

Semi-structured interviews were conducted in the spring following the BEST in CLASS—Elementary intervention. Interview protocols were created from themes identified from pilot data collected during the delivery of the intervention and the literature on the CARES framework. Questions were open-ended and focused on different aspects of the individual’s experience partnering with their student’s teacher (for caregivers) or caregiver (for teachers), such as barriers they faced in communication or factors that might have influenced the development of a trusting relationship. For example, caregivers were asked questions such as “What have you liked about how your child’s teacher has communicated?” and “How would you describe the level of trust you have for your child’s teacher?” In contrast, teachers were asked questions such as “What are strategies you’ve found effective to use in communication with and engaging families, particularly around problem behavior of their child?” and “What did you find challenging about the Home School Partnership process?”

Two White female doctoral students conducted interviews with teachers in classrooms or in a selected location (e.g., home, university office). A community member of the research team and the family outreach coordinator of a community center located in the community where the schools were located conducted the caregiver interviews. Both caregiver interviewers were Black women, and the community member researcher lived in the community where the interviews took place. Caregiver interviews took place in the family's homes or at their children's school.

All interviewers received training on administering the interview protocol while remaining neutral to the subject matter to avoid influencing participants' responses. Each interview was transcribed by a trained research assistant and then verified by a second research assistant for accuracy. Transcribed interviews were imported into Atlas.ti for the first coding phase, while excerpts were imported into Dedoose for the second phase of coding (see below for a description of each coding phase).

### **Data Analysis**

Transcribed interviews were qualitatively coded using a directed content analysis approach (Hsieh & Shannon, 2005). The coding team consisted of five coders; three coders had bachelor's degrees and two had PhDs. One of the doctoral-level coders who had content expertise served as the project's auditor and coding team supervisor. All coders were woman, and all but one coder were involved in data collection. The basic unit of coded text was an excerpt of participant dialogue that communicated a single concept, idea, or message and could be interpreted exclusively from surrounding text (i.e., passages had to be at least one sentence long). The directed content analysis approach to coding occurred in two phases. The first phase was used to code the "presence" and "absence" of CARES domains within transcripts. Three coders first utilized consensual qualitative research (CQR; Hill, 2012) methods to excerpt transcripts and code general themes (i.e., communication) that mapped onto the five domains of the CARES framework. The team's auditor with content expertise in home-school partnerships reviewed the transcripts to ensure that codes accurately portrayed the participants' ideas, and discussed any misrepresentations with the larger team to resolve discrepancies. Next, each excerpt was double-coded as representing a positive experience or negative experience within one or more of the CARES domains. For example, if the caregiver shared that they disliked their teacher's communication style, it was coded as a negative experience in the Effective Communication domain. The team's auditor reviewed coded excerpts and resolved discrepancies through discussion with the coding team to ensure that each coder's reason for identifying a specific code was

well understood and considered in the resolution process. Because each CARES domain captures behaviors that facilitate positive experiences in the home-school partnership, coded positive experiences were labeled as the "presence" of a CARES domain. In contrast, coded negative experiences were labeled as the "absence" of a CARES domain. At the end of the first phase, the coding team combined the CARES domains of Reflective Listening and Sensitivity to Culture into a single domain due to conceptual overlap.

The second phase of coding involved extracting subthemes within the four CARES domains. One coder reviewed excerpts under each CARES domain and generated a list of potential subthemes, which was reviewed and consolidated by the team's auditor and the first author who had content expertise in the CARES framework. Once the final list of subthemes was identified, all excerpts were double-coded into the subthemes, and discussion resolved discrepancies. A few subthemes were featured in more than one CARES domain, in which case the team assigned the subtheme to a primary CARES domain (i.e., a domain in which the subtheme was best suited) based on frequencies, fit with the domain's definition, and group discussion. Table 1 includes the final codes along with the CARES domains in which each subtheme occurred.

### **Trustworthiness of Data and Positionality Reflection**

Several steps were taken to ensure the validity and trustworthiness of the data (Creswell & Miller, 2000; Meyrick, 2006). Qualitative procedures were chosen from methodological approaches utilized by experts in the field (e.g., directed content analysis). Systematic procedures for data analysis were applied to uphold the integrity of participants' perspectives (e.g., utilizing an expert auditor to resolve coding discrepancies). The team's auditor trained coders in established qualitative methods (i.e., directed content analysis; CQR) prior to coding, and periodically shadowed coding sessions to ensure that qualitative coding procedures were adhered to. Transparency was exhibited in describing interview and data analysis procedures. Interviews were transcribed and double-checked for accuracy by trained research assistants. Transcripts were read and coded several times by multiple coders across coding phases, with all discrepancies resolved through discussions. Finally, regular meetings allowed coders to engage in an open dialogue about coded content with the auditor and content experts throughout the coding process. During these meetings, coders reflected on and processed how their varied identities may affect the coding process. Specifically, coders discussed how their previous lived experiences and exposure to youth with or at risk of EBD

and their families may affect coding patterns and the detection of specific codes. Discussion among coders, which was facilitated by CQR methodology, sought to prioritize the integrity of the data and coders conferred with the auditor when needed to reach consensus. This open dialogue and consensus coding served a member-checking function that helped to limit the impact of any personal biases on the identification of codes and subsequent development of themes and subthemes, thereby increasing the credibility of the findings presented (Connelly, 2016).

## Results

Thirteen subthemes emerged for the four components of the CARES framework (i.e., absence and presence of a Connection to Practices; Authentic Relationships; Effective Communication; and Reflective Listening/Sensitivity to Culture). Table 1 displays definitions of the subthemes associated with each component of the CARES framework and frequencies and percentages reflecting the number of participants that endorsed each subtheme. We present the subthemes associated with each CARES component separately.

### *Subthemes That Emerged Under Connection to Practices*

Subthemes coded within the Connection to Practices characterized aspects of the home–school partnership that shaped the consistent implementation of practices at home and school. Three subthemes emerged: Alignment of Behavior Support Approaches, Role Expectations, and Making and Following a Home–School Partnership Plan.

*Alignment of behavior support approaches.* Alignment of Behavior Support Approaches was coded when participants described how aligning caregiver and teacher philosophies around behavior support affected the consistent delivery of practices at home and school. Three caregivers and two teachers voiced that congruence in behavior support approaches increased caregivers' willingness to deliver practices at home (i.e., Presence of Connection to Practices). Demonstrating this, one caregiver shared,

Yeah whenever like an issue going on . . . Her teacher actually write me a letter. Then the teacher talk to her first, then I get the letter I come up here to talk to her. Then the next day she'll apologize . . .

However, more than half of the caregivers ( $n = 6$ ) and a third of the teachers ( $n = 2$ ) shared that incongruence in behavior support approaches hindered the consistent use of practices across settings (i.e., Absence of Connection to

Practices). For example, one caregiver explained the nature and impact of incongruent approaches by saying,

. . . if certain things that we put in place was to help my son but you [teacher] still wasn't doing it to help my son. And if I see that and I tell you that, I mean it defeats the purpose of us to come have a meeting to set things in place that is at home and is [at school].

*Role expectations.* Role Expectations was coded when participants described how the alignment of expectations around each person's role in behavior support affected the consistent delivery of practices at home and school. Two teachers voiced that discussing roles explicitly with caregivers promoted practice use across home and school. One teacher modeled their approach to clarifying the teacher's role by stating, "I'm not here to preach to you. I'm not here to be on a high horse or superior or anything like that. I'm here to so—help you figure out a solution for your child." However, three caregivers and two teachers described instances of disagreement around behavior support roles that led to inconsistent practice use and caregiver frustration. One caregiver described this by saying, "I think teachers should be more hands-on, instead of just quick to call the parents . . . We can't always stop to try to correct that child, and we're over the phone, and the child over there."

*Making and following a Home–School Partnership Plan.* Making and Following a Home–School Partnership Plan captured the collaborative process of identifying practices for supporting student behavior, tracking the use of practices, and adjusting practices throughout the year based on student progress. Home–school partnership planning was often facilitated by an initial planning meeting followed by ongoing check-ins between caregivers and teachers to tweak the plan as needed. Almost half of the caregivers ( $n = 5$ ) and one teacher shared instances in which collaborative planning supported the delivery of practices at home and school. One teacher explained how planning facilitated practice delivery across contexts, stating, "I could learn more about what happens at home um with him and what I can do—like what works at home probably will work at school too." When asked what made their home–school partnership successful, another caregiver shared,

So we kind of shared ideas . . . 'This one will work better than this one, so we gonna try this one this week' . . . 'Well ok that worked last week, so we're gonna keep trying to do it like this.'

However, two caregivers highlighted that making a home–school partnership plan was ineffective in supporting the student's behavior across contexts when partners lacked mutual understanding. For example, one caregiver described their experience:

**Table 1. Main and Subthemes Collapsed by CARES Domain.**

Main and subthemes: collapsed by CARES domain	Participants reporting presence		Participants reporting absence		Other domains in which subtheme occurred
	Caregivers (n = 11)	Teachers (n = 6)	Caregivers (n = 11)	Teachers (n = 6)	
<i>Presence or Absence of Connection to the Practices</i> refers to factors that support or hinder the consistent implementation of practices across home and school contexts.	7 (63.6%)	4 (66.7%)	6 (54.5%)	3 (50%)	N/A
Subtheme 1.1. Alignment of Behavior Support Approaches refers to how the alignment of behavior support approaches used by caregivers and teachers affects the implementation of consistent practices at home and school.	3 (27.3%)	2 (33.3%)	6 (54.5%)	2 (33.3%)	Authentic Relationships
Subtheme 1.2. Alignment of Role Expectations refers to how the congruence of expectations around perceived roles of caregivers and teachers in managing behavior affects the implementation of consistent practices at home and school.	0 (0.0%)	2 (33.3%)	3 (27.3%)	2 (33.3%)	N/A
Subtheme 1.3. Making and Following a Home-School Partnership Plan refers to how developing an HSP plan at the beginning of the year, checking and revising the plan, or failing to implement or follow through with the plan affects the implementation of consistent practices at home and school.	5 (45.5%)	1 (16.7%)	2 (18.2%)	0 (0.0%)	Effective Communication
<i>Presence or Absence of Authentic Relationships</i> refers to factors that support or hinder the teacher and caregiver having a positive relationship (e.g., characterized by transparency, openness, feeling understood) grounded in mutual trust.	6 (54.5%)	3 (50%)	4 (36.4%)	1 (16.7%)	N/A
Subtheme 2.1. Caregiver Support refers to how the teacher's use of emotional support for the caregiver affects the relationship between caregivers and teachers.	3 (27.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	N/A
Subtheme 2.2. Investment refers to how the teacher's investment in the success/well-being of the student (or lack thereof) affects the relationship between caregivers and teachers.	3 (27.3%)	1 (16.7%)	1 (9.1%)	0 (0.0%)	N/A
Subtheme 2.3. Student-Teacher Relationship refers to how the teacher's relationship with the student affects the relationship between caregivers and teachers.	2 (18.2%)	2 (33.3%)	1 (9.1%)	0 (0.0%)	N/A
<i>Presence or Absence of Reflective Thinking/Sensitivity to Culture</i> refers to factors that support or hinder teachers' understanding of, humility around, and responsiveness to the caregiver's/family's culture, context, and circumstances.	4 (36.4%)	3 (50%)	3 (27.3%)	3 (50%)	N/A
Subtheme 3.1. Attitudes refers to how teacher's beliefs or attitudes about caregivers or students affect the Home-School Partnership.	1 (9.1%)	0 (0.0%)	2 (18.2%)	3 (50%)	Authentic Relationships
Subtheme 3.2. Unique Circumstances refers to how teacher's efforts to understand (e.g., through inquiry, reflection) and respond to the caregiver's (or the family's) unique needs, challenges, and context affect the Home-School Partnership.	3 (27.3%)	3 (50%)	1 (9.1%)	2 (33.3%)	N/A
<i>Presence or Absence of Effective Communication</i> refers to the factors related to communication that support or hinder positive home-school communication, and/or the success of the broader Home-School Partnership.	9 (81.8%)	4 (66.7%)	8 (72.7%)	4 (66.7%)	N/A
Subtheme 4.1. Ability to Contact refers to how the caregiver's ability to get in contact with the teacher affects home-school communication.	5 (45.5%)	2 (33.3%)	6 (54.5%)	0 (0.0%)	N/A
Subtheme 4.2. Collaboration and Shared Decision-Making refers to how (a) the teacher's consideration and use of caregiver recommendations OR (b) joint efforts by the teacher and family affect home-school communication and the broader Home-School Partnership.	6 (54.5%)	4 (66.7%)	1 (9.1%)	2 (33.3%)	Connection to Practices; Authentic Relationships
Subtheme 4.3. Communication Expectations refers to how expectations for caregivers and teachers around communication affect home-school communication.	1 (9.1%)	4 (66.7%)	4 (36.4%)	1 (16.7%)	N/A
Subtheme 4.4. Communication about Behavior refers to how the teacher's communication about positive and negative behavior affects home-school communication and the broader Home-School Partnership.	5 (45.5%)	2 (33.3%)	4 (36.4%)	3 (50%)	Authentic Relationships
Subtheme 4.5. Timely Communication refers to how the timing of communication from teachers about behavior problems (or lack thereof) affects home-school communication.	5 (45.5%)	2 (33.3%)	3 (27.3%)	0 (0.0%)	Connection to Practices; Authentic Relationships

I fill out everything at home, and I let her know what [student] does at home because he comes home, he sits down, he does his homework, he plays . . . the way you say my son acts at school, he doesn't act at home . . . So either she's not doing the plan at school, or we're just not communicating.

### *Subthemes That Emerged Under Authentic Relationships*

Subthemes coded within the domain of Authentic Relationships characterized aspects of the home–school partnership that affected the quality of the relationship between caregivers and teachers, namely if the relationship was characterized by comfort, support, and trust. Three subthemes emerged: Caregiver Support, Investment, and Student–Teacher Relationship.

**Caregiver support.** Caregiver Support refers to teachers' use of emotional support with caregivers. Three caregivers spoke to this subtheme, describing instances in which their teacher provided them with a listening ear, advice, or empathy around specific challenges they faced. Caregivers highlighted that these moments demonstrated the teacher's genuine concern about their and the student's well-being, cultivating trust in the partnership. To illustrate, one caregiver described how their child's teacher provided them with reassurance around seeking medical treatment for their child's behavioral challenges, stating, "I had someone that I could talk to." The caregiver emphasized the importance of having a confidential partner in the process: "[the child's medical treatment] didn't get out like still nobody at the school knows but me and her." Another caregiver explained how their child's teacher provided the encouragement to make a decision that was difficult but right for their family, noting,

[I] spoke to my son's teacher and she's the one who gave me the oomph to go ahead and switch schools . . . she was like you know sometimes it might be good to change it might be a good thing.

**Investment.** Quotes under Investment captured how teachers' genuine investment (or lack thereof) in student success affected the caregiver–teacher relationship. Three caregivers and one teacher described how the presence of teacher investment fostered trust in the home–school partnership. When asked about how a child's teacher had established trust, the caregiver mentioned,

If my child needs . . . extra help, she'll go right over there to help her. She listens to her. She talks to her. Every day my daughter comes home [and says], "mom [my teacher] did this with me. [My teacher] helped me with this today."

However, one caregiver explained how a teacher's absence at meetings to discuss her child's progress led her to perceive limited investment and eroded their trust in the teacher:

But being that we [caregiver and teacher] never set down and that you wasn't there, that wasn't your, that wasn't your thing. I met with the vice principal and everyone else . . . but I didn't meet with you to do it. So, certain people . . . I can tell or I can feel how when you talk, how genuine you care about my son and how you want him to move forward in life, so, yeah . . .

**Student–teacher relationship.** Student–Teacher Relationship contained quotes that described the kind of relationship that students and teachers shared and how that affected the related caregiver–teacher relationship. Two caregivers and two teachers spoke to the positive effect of a strong student–teacher relationship on the caregiver's relationship with the teacher. In describing the impact of the positive student–teacher relationship on the home–school partnership, one teacher shared, "I think [caregiver] trusts me because her son trusts me," later stating,

[Caregiver] told me that um I'm like the only teacher [student]'s ever liked . . . he was absent like all the time until he started to actually like me . . . it's just the trust and personal relationship um make [caregiver] want to respond . . .

When the student–teacher relationship was negative, it raised caregivers doubts about whether the teacher could help their child. In describing their ambivalence in trusting the teacher, one caregiver pointed out, "When it's time for [student] to get up in the morning, 'Can I stay home?' [student] does not like [teacher]."

### *Subthemes That Emerged Under Reflective Thinking/Sensitivity to Culture*

Subthemes coded within the domain of Reflective Thinking/Sensitivity to Culture characterized aspects of the home–school partnership about teachers' attitudes, understanding of, humility around, and reactions to the caregiver's/family's culture, context, and circumstances. Two subthemes emerged: Attitudes and Unique Circumstances.

**Attitudes.** The Attitudes subtheme included quotes that conveyed how teachers' beliefs or attitudes toward caregivers or students affected how understood and supported caregivers felt in the home–school partnership. Attitudes that helped Reflective Thinking/Sensitivity to Culture in the home–school partnership were endorsed by one caregiver who shared the teacher "never judged us." However, most caregivers ( $n = 2$ ) and teachers ( $n = 3$ ) that spoke to this

subtheme described or evidenced examples in which teacher beliefs or attitudes about the caregiver's income, age, or life circumstances undermined Reflective Thinking/Sensitivity to Culture principles within the partnership. Caregivers voiced that these judgments negatively shaped how the teacher acted toward them and their child and left them feeling unwelcome in their child's school. For example, one caregiver explained that their teacher attributed their child's behavior problems to the caregiver's recent divorce. This attribution left the caregiver feeling stigmatized in their child's school, as they shared, "When I come inside the school now there's always something, or I overhear a teacher say something [judgmental] when I walk in and I'm just like . . . 'when did the school become like this?'"

**Unique circumstances.** Unique Circumstances referred to the extent to which teachers' knowledge of families' unique situations, contexts, and needs facilitated cultural responsiveness from teachers when interacting with caregivers and students. Multiple caregivers ( $n = 3$ ) and teachers ( $n = 3$ ) shared how the teacher's knowledge of family circumstances resulted in a common understanding that led to a stronger relationship, swifter communication, and increased teachers' likelihood of obtaining desired results. Emphasizing the importance of learning about the family's context, one teacher stated the following:

I feel like you need to know what's going on in the home . . . if you don't you can't really be understanding . . . it's very necessary you know where this child has come from, what this child has gone through . . .

Another teacher highlighted that "no kids are the same . . . and not all their issues are the same," and knowing the student's specific circumstances enables strategies to be "catered to the student's needs." Caregivers clearly felt the impact of teacher efforts to accommodate their family's needs, as one caregiver noted,

[Teacher] did very well on understanding [my work schedule] . . . she didn't really . . . press the issue of like 'Hey you need to be attending more functions' and stuff like that because like I was at work . . . She was very understandable on that level.

However, one caregiver and two teachers voiced or evidenced how a lack of awareness or willingness to accommodate unique circumstances was detrimental to caregiver-teacher interactions. For example, one teacher voiced hesitancy in working with a caregiver experiencing potential mental health challenges:

Sometimes [student's] mom has a lot of emotional and psychological issues . . . it's not so much that I don't trust her, but sometimes I don't know what kind of mood where she is mentally or what her state of mind is.

### **Subthemes That Emerged Under Effective Communication**

Subthemes coded within the domain of Effective Communication characterized aspects of home-school communication that affected the quality of communication between caregivers and teachers and influenced other functions of the home-school partnership, such as building mutual understanding and implementing practices across home and school contexts. Within the domain of Effective Communication, five subthemes emerged: Ability to Contact, Communication Expectations, Collaboration and Shared Decision-Making, Communication about Behavior, and Timely Communication.

**Ability to contact.** The Ability to Contact subtheme referred to the extent to which teachers made home-school communication accessible to caregivers. This subtheme included quotes describing (a) caregivers' successful or unsuccessful attempts at getting in touch with their teacher, (b) teachers' efforts to make themselves accessible to caregivers, or (c) teachers' use of caregivers' preferred communication method. Five caregivers and two teachers shared how the caregiver's ability to contact the teacher or the teacher's use of the caregiver's preferred communication method facilitated more effective communication. Describing some contact strategies and their impact on accessibility, one teacher mentioned the following: "We used class dojo or texting um those were two big things, but mom would also call. She felt comfortable calling me." In contrast, two caregivers shared experiences where they had difficulty contacting the teacher, which impeded consistent communication. One caregiver voiced how limited access to teachers prevented her from anticipating and mitigating her child's problem behavior by saying,

I have no way to get in contact with [teacher] but calling school . . . Like if she [the teacher] wasn't at school that day, I wouldn't know until [student] come home and say, "[Teacher] wasn't here today" . . . a real teacher going to send me a text that morning . . . I would know that day that my child gonna act a fool because the teacher not there.

**Communication expectations.** Communication Expectations referenced instances in which caregivers and teachers had congruent or incongruent expectations about how and when to communicate, which subsequently affected their partnership. One caregiver and more than half of the teachers ( $n = 4$ ) emphasized how congruent expectations supported home-school communication, whereas four caregivers and one teacher shared instances in which incongruent expectations hurt home-school communication. One teacher evidenced how establishing congruent expectations by adapting to the caregiver's communication constraints benefited the home-school partnership in the long run:



I knew that mom's job was really—it was hard for her to talk on the phone . . . she knew that if I picked up the phone and called her that it was a big deal. It wasn't a case of, "I'm just calling because . . . [student] skinned her knee." You know I mean just something that's not . . . a huge thing that mom has to have a phone call for . . . mom and I found . . . a pattern [of communication] that was comfortable for both of us . . . mom actually came to me one time and said, "Oh I got a new number. Let me make sure you have it."

On the contrary, in an example of incongruent expectations, one caregiver shared, "She doesn't call when she needs to call me. Like if he's screaming or yelling, she'll call me then, but, like I said, if somebody's hitting him or doing something to him, she's not calling me," noting that disagreeing about what merited communication damaged trust in the home-school partnership.

*Collaboration and shared decision-making.* Collaboration and Shared Decision-Making, which involves teachers eliciting caregiver recommendations and/or caregivers and teachers working together, was raised as a key strategy for supporting the home-school partnership. More than half of the caregivers ( $n = 6$ ) and teachers ( $n = 4$ ) highlighted ways in which teachers' effort to collaborate with caregivers benefited the home-school partnership, whereas one caregiver and two teachers noted how poor collaboration interfered with the success of the home-school partnership. For example, when asked what strategies helped to support implementation of practices across contexts, one teacher described the following:

Yeah like I've asked parents, "What would you suggest?" "What would you like to see me do?" . . . um we can connect, "Oh he does this at school and he can earn this at home" so it's a—a give and take. He has a great day at school. He can have computer time . . . That's been effective.

In contrast, when teachers dismissed caregiver suggestions, caregivers perceived it as a weakness. For example, one caregiver shared an instance in which their teacher ignored their input and failed to follow through with consequences, stating,

you have to stick with [consequences] with [student]. You can't just say, "Oh, ok, well he was quiet." No! because he was quiet but he didn't do what he was supposed to be doing . . . now he's behind and he's not learning what he's supposed to be learning.

*Communication about behavior.* Communication about Behavior refers to how teacher communication about both positive and negative behavior affects caregivers' receptivity to teacher communication, and caregivers'

desire to partner with teachers. Five caregivers and two teachers shared ways in which teacher efforts to communicate about positive student behavior bolstered the success of the home-school partnership. One teacher provided a window into what this pattern of communication may look like:

I make a point with . . . all my families, "Okay here's what your kid did right today." "Hey let's call mom . . . You got a hundred on your test that's a big deal. Let's—let's brag about this."

The importance of communication about positive behavior resonated across interviews with caregivers, particularly because it balanced out the communication that they were used to receiving about their child's negative behavior. Exemplifying this, one caregiver shared, "I like how [teacher] keep me up with what [student] doing. She not only tells me when he's bad, she also tells me when he having a good day too."

However, four caregivers and three teachers shared or evidenced ways in which excessive communication about problem behavior hindered success in the home-school partnership. In the eyes of one caregiver, "When [the teacher is] constantly calling persistently saying that [student is] having a behavior problem, that can be very frustrating." Another caregiver conveyed the negative impact that an imbalance in communication about positive and negative behavior had on the caregiver's willingness to communicate:

There was just nothing, like nothing ever positive [about student's behavior] and I had to tell her that one day. I was like, "Just don't text me because I don't want to talk to you . . . because everything you tell me is negative. Like you never tell me anything positive about him."

*Timely communication.* Timely Communication, which referred to the immediacy of communication about behavior, was emphasized by several caregivers as critical to the effectiveness of home-school communication. Several caregivers ( $n = 5$ ) and two teachers provided examples in which immediate communication was advantageous for supporting student behavior, whereas three caregivers voiced the negative impact of communication that was delayed or absent altogether. Detailing the role of timely communication in supporting student behavior, one caregiver shared,

Instead of [student] coming home, "Mommy I had a great day," I already know exactly what happened at school . . . We have the base to reward him . . . So it makes him want to come to school and do good things.

However, when communication was delayed, caregivers became frustrated because it disrupted the sequence of

behavior and consequence. Describing this frustration, one caregiver noted “if it’s the one time that he really did do something and you tell me the next week, he had already done what he did and he wasn’t supposed to do that weekend.”

## **Discussion**

The purpose of this study was to examine the extent to which the core components of the CARES (Rosenberg, 2007) framework were represented in home–school partnerships from two perspectives: those of caregivers of students with or at risk of EBD as well as the teachers of these students who participated in BEST in CLASS. We used qualitative methods to explore caregiver and teacher perspectives of home–school partnerships. Findings indicate that, within our sample, each of the CARES components was exhibited in their “presence” and “absence” across caregiver and teacher experiences, suggesting that the components may play a role in supporting effective partnerships for children with EBD when present, and also hinder partnerships when lacking. There were some components of the framework that were less frequently represented across interviews; for example, the main themes of Presence and Absence of Reflective Thinking/Sensitivity to Culture were coded less across caregiver and teacher experiences than other main themes. However, this may have been a product of the structured interview protocol. Furthermore, some subthemes were commonly referenced across multiple CARES components, evidencing the intersection of different aspects of the home–school partnership and the CARES framework. As such, we highlight some of the most salient themes, first focusing on subthemes unique to components of the CARES framework, followed by a discussion of subthemes that were common across components. We also discuss the limitations of this study and implications for future work in this area.

### **Unique Subthemes**

Several subthemes were unique to components of the CARES framework. For example, the subtheme Alignment of Role Expectations highlighted the impact of both matched and mismatched understanding of roles for providing behavioral support for teachers and caregivers. Indeed, the literature has emphasized the importance of perceived roles in predicting parental school engagement and how teachers choose to engage caregivers. A model of parental involvement with school (Hoover-Dempsey et al., 2005) posits that the more caregivers see engagement with their child’s school as part of their role as a parent, the more involved they will be; however, teachers who believe that caregivers are not equipped to support their children’s education are less likely to engage families and prescribe them an involving role

(Becker & Epstein, 1982; Conroy, McKnight, & Sutherland, 2019). For caregivers of students with or at risk of EBD, aligning role expectations may be necessary to determine who is responsible for addressing problem behavior at school. Our results suggest that this was a challenge for multiple partnerships in our sample.

Another similar subtheme that emerged was Communication Expectations, a unique subtheme under Effective Communication that conveyed the significance of aligning expectations around home–school communication for building trust and mutual understanding within the partnership. The prevalence of subthemes related to aligning expectations corresponds with previous research, which has found that the congruence of expectations between caregivers and teachers is a critical feature of successful home–school partnerships (Garbacz et al., 2015; Minke et al., 2014). This principle is not exclusive to home–school partnerships; research in other child service disciplines such as community mental health has indicated that establishing agreed-upon role expectations between practitioners and caregivers at the beginning of treatment is central to promoting long-term engagement (Becker et al., 2018; Nock & Kazdin, 2001).

For Authentic Relationships, the unique subthemes of Student–Teacher Relationships, Investment, and Caregiver Support point to the value of teachers building solid relationships with both students and their caregivers to cultivate trust in the partnership. To illustrate, caregivers acknowledged the importance of the teacher showing interest in their child and the role this played in their relationship with the teacher. A clear, authentic relationship between the student and teacher signaled to the caregiver that the teacher was a trustworthy ally. Given these findings, concentrating efforts on the student–teacher relationship may be particularly valuable for home–school partnerships of students with or at risk of EBD because students with externalizing problems experience significantly greater conflict and poorer relational quality with their teachers (Jerome et al., 2008). In addition, our data suggest that when caregivers received emotional and advisory support from teachers around their concerns, particularly those related to the child’s mental health needs (e.g., medication for attention problems), it strengthened the bond between teachers and caregivers. This concept relates to the Unique Circumstances subtheme that emerged within the Reflective Thinking/Sensitivity to Culture domain, which captured teachers’ efforts to understand the family’s needs, circumstances, and challenges. These efforts manifested through inquiring about job and life demands of caregivers as well as adapting to accommodate these circumstances contributed to teachers having greater access to caregivers and supporting student outcomes. However, when teachers were not sensitive to the unique circumstances of caregivers, partnerships were diminished. Taken together, these findings highlight that caregivers and students with and at risk of EBD may

face unique challenges, and therefore, aspects of Reflective Thinking/Sensitivity to Culture such as mutual perspective-taking, empathy, and adapting interactions to accommodate challenges may be foundational for supporting effective home–school partnerships.

The additional subthemes subsumed by Effective Communication shed some light on potential logistical barriers or supports to communication within home–school partnerships. Teachers shared frustration around the ability to contact caregivers, and caregivers shared similar frustrations around their ability to contact teachers. Notably, caregivers reported that these challenges led to perceiving their teachers as less dependable, negatively affecting their partnership with their children’s teachers. Another logical consideration that appeared to influence home–school communication was the teacher’s use of the caregiver’s preferred communication method. These findings suggest that making communication as easy as possible for caregivers by providing multiple channels of direct contact and adopting their preferred corresponding method may help facilitate more consistent and effective communication.

### *Common Subthemes*

Several subthemes emerged across multiple CARES domains, indicating that these subthemes were relevant to numerous aspects of the home–school partnership. For example, caregivers’ perceptions of teachers’ attitudes were found to affect the level of trust between caregivers and teachers and how understood caregivers felt regarding their family’s culture and circumstances. Additional subthemes found in previous research, planning and collaboration (see Kuhn et al., 2017), appeared to play an essential role in promoting the delivery of practices at home and school, cultivating an authentic relationship between caregivers and teachers and fostering effective communication. To illustrate, participants reported that collaborative planning meetings served multiple functions: setting collective goals, building a communication plan, and jointly identifying strategies that both teachers and caregivers felt may be suitable for addressing behavioral concerns. These meetings seemed to be particularly effective when both teachers and caregivers contributed ideas, which empowered caregivers to be a part of the planning process and generated strategies tailored to the child’s context (e.g., caregiver identified rewards that were highly motivating for the child). Reports from both caregivers and teachers suggest that when these meetings were executed well, they promoted trust and mutual understanding and set the stage for more consistent use of practices across home and school contexts. This is important, as the subtheme of alignment of behavioral support approaches highlighted the need for both teachers and caregivers to be onboard with chosen practices to support the delivery of practices by both parties and foster a positive

relationship between the caregiver and the teacher. Thus, planning collaboratively to identify goals, strategies, and how and when to communicate may help teachers and caregivers to reach unity in multiple domains of the partnership, mainly if teachers are sensitive to the unique circumstances of the caregivers and their families.

Finally, typical subthemes related to communication, namely communication about behavior and timely communication, emerged in multiple CARES domains, highlighting the importance of the communication process in supporting effective home–school partnerships. The caregivers of students with or at risk of EBD are likely to receive negative communication from school (Duchnowski & Kutash, 2011; Duppong Hurley et al., 2019), and findings from this study suggest that teachers being intentional in both the content and timeliness of their communication with caregivers can have a cascading effect on the use of practices at home, the quality of the relationship, and practical future communication. Caregivers reported that providing timely communication, even when reporting on problem behaviors, was essential to help them connect behaviors and consequences at home; however, caregivers appreciated teachers’ attempts to communicate students’ desirable behaviors in the classroom, allowing caregivers to more immediately reinforce their children at home for their school behaviors. Overall, the frequent overlap of subthemes across multiple domains of the CARES framework suggests that not only these domains are central to the home–school partnership experiences of teachers and caregivers of students with or at risk of EBD but also success in one area of the partnership (e.g., Connection to Practices) may hinge on success in other areas (e.g., Effective Communication). Given the particular challenges faced within home–school partnerships for students with or at risk of EBD, the findings are also encouraging, suggesting that specific practices may have positive spillover effects that may benefit different aspects of the home–school partnership.

### *Limitations and Implications for Future Research*

Findings from this study should be interpreted with caution, given several limitations. First, data from this study came from a larger study (Sutherland et al., 2020) that examined the feasibility and promise of a Tier 2 intervention in elementary schools in an urban school district. Therefore, data from caregivers and teachers should be interpreted within that intervention and may not generalize to other interventions with a family partnership component, Tier 2 or otherwise. In addition, the CARES framework was used both within the intervention model and to inform the interview protocol. Therefore, this may have influenced the participant responses. Relatedly, the interview did not allow us to explore new topics in subsequent interviews; therefore, we

may have left some subthemes underexplored. That said, by using a conceptual framework, we were better able to organize our broad themes, and findings from this study may inform researchers who seek to promote more effective partnerships between caregivers and teachers of students with or at risk of EBD.

Findings from this study and its limitations have several implications for future research. First, researchers may explore partnerships between caregivers and teachers of students with or at risk of EBD within other more or less intensive interventions to examine barriers and supports to effective partnerships, collaboration, and communication. While the salience of these partnerships is well established (e.g., Duppong Hurley et al., 2019; Garbacz et al., 2015), more research is needed to better understand key leverage points to inform future intervention efforts. Researchers may also use a more flexible interview approach that allows for following up on and potentially expanding our understanding of themes that arise in qualitative interviews that more structured protocols, like the one used in this study, do not allow. For example, from an ecological perspective (Bronfenbrenner, 1977), one crucial system whose influence was left unexplored in this study was the administrative and school climate. Relatedly, the Sensitivity to Culture and Reflective Listening domains may have been underdeveloped in this study; this is likely an artifact of the questions representing this domain in the protocol rather than representative of the importance of the domain. Future work should emphasize integrating cultural humility and caring relationships throughout the research process to represent these binding domains better. Finally, mixed-method approaches promise to integrate quantitative (e.g., caregiver–teacher relationship data) and qualitative data to better understand how researchers and intervention developers can promote more effective partnerships between caregivers and teachers of students with or at risk of EBD.

## Conclusion

Behavior and learning challenges tend to present across the school and home contexts (Conroy, McKnight, & Sutherland, 2019; Lloyd et al., 2019), and interventions that seek to leverage the home–school linkage have shown promise at improving child outcomes (e.g., Duppong Hurley et al., 2019; Garbacz et al., 2015). The COVID-19 pandemic has disrupted learning for many children but, in some ways, has created potential opportunities for improving home–school partnerships. For example, teachers have been brought into the homes of many of their students via online learning platforms. This access may contribute to more empathy and perspective-taking on the part of teachers seeking to know their students and their families. Virtual instruction also provides families with an opportunity to

learn more about their child’s teacher and what they instruct throughout the school day. Families and teachers who continue to learn from one another with the child’s best interests as a shared goal have the potential to lead to more positive outcomes. For students with or at risk of EBD and their families, this may be particularly important, and more research that helps us better understand these home–school connections, like this study, is sorely needed.

## Authors’ Note

The opinions expressed by the authors are not necessarily reflective of the position of or endorsed by the U.S. Department of Education.


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