Published in final edited form as:

Child Youth Serv Rev. 2015 November ; 58: 41–49. doi:10.1016/j.chldyouth.2015.08.014.

Refining an intervention for students with emotional disturbance using qualitative parent and teacher data

Rohanna Buchanan^a, Rhonda N.T. Nese^b, Lawrence A. Palinkas^c, and Traci Ruppert^a

^aOregon Social Learning Center, 10 Shelton McMurfhey Blvd., Eugene, OR 97401, USA

^bUniversity of Oregon, Educational and Community Supports, 1235 University of Oregon, Eugene, OR 97403, USA

^cSchool of Social Work, University of Southern California, Montgomery Ross Fisher Building, Room 339, Los Angeles, CA 90089, USA

Abstract

Intensive supports are needed for students with emotional disturbance during high-risk transitions. Such interventions are most likely to be successful if they address stakeholder perspectives during the development process. This paper discusses qualitative findings from an iterative intervention development project designed to incorporate parent and teacher feedback early in the development process with applications relevant to the adoption of new programs. Using maximum variation purposive sampling, we solicited feedback from five foster/kinship parents, four biological parents and seven teachers to evaluate the feasibility and utility of the Students With Involved Families and Teachers (SWIFT) intervention in home and school settings. SWIFT provides youth and parent skills coaching in the home and school informed by weekly student behavioral progress monitoring. Participants completed semi-structured interviews that were transcribed and coded via an independent co-coding strategy. The findings provide support for school-based interventions involving family participation and lessons to ensure intervention success.

Keywords

Parents; Teachers; Transition; Intervention; Collaboration

1. Introduction

Students with emotional disturbance (ED) are at risk for multiple negative outcomes, including school failure, low rates of employment in adulthood, and involvement with mental health and social work agencies (U.S. Department of Education, 2005). Students with ED often are removed from mainstream educational settings and placed in treatment classrooms. Once their treatment programs have been completed, they are then transitioned back to their home schools. However, national data show that when reintegrating students with ED into less restrictive school environments the intensive services provided in more restrictive settings are not replicated, and that the intensity of supports abruptly decreases

(Wagner & Davis, 2006). Consequently, students with ED who have experienced success in highly structured, well supervised, and encouraging settings typically are at risk when they transition to larger schools with less teacher attention (Wagner & Davis, 2006). For example, data from the Education Service District (ESD) participating in this study indicates that the majority of students who transitioned from a day-treatment school (DTS) were not successful in district public school (DS) settings during the 4 years prior to this study. Specifically, within 1 year of transitioning back to DSs in their home district, the majority of the middle school students in the ESD's DTS were placed in self-contained classrooms, alternative placements, treatment centers, or received out-of-school tutoring due to emotional and behavioral problems. In addition, over 50% of students had high rates of truancy, high rates of involvement in social services (e.g., child welfare, mental health, and juvenile justice), and low levels of parental support. These national and local data clearly indicate that intensive supports for students with ED are critical to promote their successful transition to less restrictive environments.

Prior research has shown that students with emotional and behavior disorders respond to intensive efforts that incorporate individualized behavioral interventions involving their parents as partners and that use data to guide treatment decisions (Vernberg, Jacobs, Nyre, Puddy, & Roberts, 2004). Parents have the most information regarding the history of their child and are the most knowledgeable about their child's history and home environment. Therefore, it is essential for parents to be actively involved in planning and implementing behavioral interventions to maximize their effectiveness (Ingersoll & Dvortcsak, 2006; Lucyshyn, Horner, Dunlap, Albin, & Ben, 2002; Park, Alber-Morgan, & Fleming, 2011). Data that is effective to monitor and guide treatment must be easy to collect and reviewed frequently, while sufficiently dynamic to inform parents and teachers of behavioral changes (Fisher, Burraston, & Pears, 2005; Fuchs & Fuchs, 1999).

Development of intensive supports for transitioning at-risk students maps on to the public health model of prevention and intervention (Pluymert, 2014), which has informed the triangle of support that outlines a three-tiered structure of supports for students. Within these tiers, Tier 3 consists of the most intensive interventions reserved for students at greatest risk for significant behavior problems (Gresham, 2004; Pluymert, 2014). Consistent with prior research on interventions for students with emotional and behavior disorders (Chamberlain & Reid, 1998; Leve, Chamberlain, & Reid, 2005), the need for intervention development at the tertiary level of support is imperative for students, especially during a difficult transition phase that is often accompanied by school failure.

1.1. The iterative development process

Leaders in education have long advocated for the integration of feasible, socially valid, data-based, comprehensive, useful, and well-coordinated school-based prevention and intervention efforts (Greenberg et al., 2003; Merrell, Ervin, & Peacock, 2012; Reschly & Ysseldyke, 2002; Upah & Tilly, 2002). Family involvement as collaborative partners with an active voice in the process and decision-making for student supports is essential if researchers are to learn what works for students and their families (Albin, Dunlap, & Lucyshyn, 2002). Additionally, intervention collaboration between parents and teachers has

been shown to improve the fit and feasibility as well as the sustainability of supports (Albin, Lucyshyn, Horner, & Flannery, 1996). The present study was designed to produce an intervention that met these criteria for transitioning students with ED using the Institute of Education Sciences (IES) intervention development funding mechanism. The guidelines for the IES intervention development process require, “a systematic process for creating and refining the intervention” (IES, 2011, p. 42) that emphasizes qualitative data collection and analysis to inform intervention development and revision based on consumer feedback. Under these guidelines, researchers implement intervention components or the intervention as a whole, collect and analyze relevant data, then make refinements or revisions to the intervention or components based on the data.

Evidence-based programs often fail when implemented in real-world environments because they fail to take into consideration local perspectives and input (Elliott & Mihalic, 2004; Hurlburt & Knapp, 2003). A truly collaborative intervention planning and implementation approach should reduce the likelihood that interventions will fail (Marshall & Mirenda, 2002). Collaboration facilitates the development, implementation, and evaluation of comprehensive behavioral interventions to not only improve the contextual fit for students and their families, but also to improve the sustainability of supports over time (Albin et al., 1996). Further, interventions implemented consistently as a result of a good contextual fit are more likely to produce outcomes that are generalizable to new settings and situations (Kuhn, Lerman, & Vorndran, 2003). The iterative process outlined here is designed to introduce stakeholder input early in the development process, which is only beginning to be described in the literature (e.g. Kern, Evans, & Lewis, 2011, Mautone et al., 2012). This paper was written to describe and reflect on that process and produce some lessons learned that could apply to the adoption of any innovative program.

1.2. Students With Involved Families and Teachers: SWIFT

SWIFT is an intervention to support at-risk students during difficult school transitions. The intervention includes four-components adapted for implementation in school settings from two evidence-based interventions for youth with emotional and behavioral disorders that include progress monitoring and a parent component: Multidimensional Treatment Foster Care (MTFC; Chamberlain & Reid, 1998; Leve et al., 2005) and Keeping Foster Parents Skilled and Supported (KEEP; Chamberlain, Moreland, & Reid, 1992; Chamberlain et al., 2008; Price et al., 2008). MTFC and KEEP are based on social learning theory (see Patterson, 1982) and were selected because they intended to serve youth with similar behaviors and experiences as those eligible for SWIFT. Students eligible for SWIFT include students receiving intensive and individualized school-based supports for severe emotional and behavioral problems (i.e., Tier 3 interventions). See Methods, below, for additional details on the intervention and participants.

1.3. The purpose of this paper

The purpose of this paper is twofold. First, to illustrate the development of a feasible home and school intervention, SWIFT, and second, to outline the process by which stakeholder feedback was actively solicited to improve the feasibility of the intervention. Qualitative interview data was collected from parents of transitioning students, DTS teachers, and DS

teachers for the purposes of highlighting features of the intervention that should be retained because of their likeability and ease of use, features that should be modified or intensified to improve their effectiveness in their students' transition process, and features that should be removed from the intervention based on the level of resources needed to implement them. This paper provides researchers and practitioners an example of the iterative development process with the goal of improving the sustainability of evidenced-based interventions.

2. Method

2.1. Participants and setting

Maximum variation purposive sampling was used to capture a range of perspectives from informants with experience related to the development project goals (Berg & Lune, 2012; Padgett, 2008). Of interest, were the perspectives of the parents and teachers of students involved in a DTS's transition process and our strategy to establish a range of perspectives was to include: (a) parents of middle school age students (grades 6–8) with ED, participating in SWIFT, and transitioning from a DTS to DS, (b) the students' teachers from the DTS, and (c) the students' post-transition middle and high school teachers from multiple school districts. All participants were recruited by a study representative and participated in an in-person Institutional Review Board (IRB) approved informed consent procedure.

2.1.1. Parents—Nine parents were recruited for participation in the qualitative interviews. The majority of the parents were female ($n = 8$, 89%) and identified as Caucasian ($n = 7$, 78%) or African American ($n = 2$, 22%). The relationship to the student included foster parents ($n = 4$, 44%), biological parents ($n = 4$, 44%), and a grandparent guardian ($n = 1$, 11%). Six parents (67%) reported that there was a secondary caregiver in the home. Highest education included GED ($n = 1$, 11%), community college ($n = 3$, 33%), 4-year college ($n = 2$, 22%), and some graduate courses/graduate degree ($n = 3$, 33%). The median household income was \$35,000 and five parents reported that their family participated in some type of assistance (e.g., food stamps or low-income housing). Each parent had a student displaying severe emotional (e.g., anxiety, depression) or behavioral (e.g., aggression, defiance, property destruction) problems who was transitioning from the DTS to the DS in their home. Students were eligible for school-based Tier 3 interventions due to the severity of their behavior at school.

2.1.2. Teachers—Seven teachers working with transitioning students at the DTS or post-transition in DS's were recruited from six schools across three school districts. Each teacher had worked with at least one of the students in the homes described in *Parents*, above. Four teachers were female (57%) and the majority identified as Caucasian ($n = 6$, 86%) and one identified as more than one race (Pacific Islander and White, 14%). They reported teaching special education classes ($n = 5$, 71%) or general education classes in alternative high school classrooms ($n = 2$, 29%) with caseloads of 7–50 students. The mean years of teaching experience was 11.86 ($SD = 10.68$) with between 13 and 31 years for four of the teachers and less than 3 years for the other teachers. Teachers also reported a range of experiences working with students with severe emotional or behavior problems including setting

behavior goals, designing and implementing school-based behavior support plans, and coordinating with mental health professionals.

2.2. The SWIFT intervention

SWIFT includes four primary components: (a) behavioral progress monitoring, (b) case management of the intervention elements and coordination with the new school as the student transitions, (c) parent support to promote parent engagement/collaboration with the school and study routines in the home, and (d) behavioral skills coaching for students. These components are intended to provide customized supports to each student to enhance the transition process. See Fig. 1 for an illustration of the SWIFT intervention process.

Behavioral progress monitoring data is collected weekly through the Parent Daily Report (PDR; Chamberlain & Reid, 1987) and Teacher Daily Report (TDR; Buchanan & Pears, In review). The PDR and TDR are 3–5 min assessments that provide a snapshot of a student's behaviors in the home and at school in the last 24 h. The PDR and TDR includes both problem (e.g., arguing, destructiveness, and swearing) and prosocial (e.g., calm, flexible, and on-task) behaviors. SWIFT case managers and the intervention team utilize PDR and TDR data to identify students' behavior patterns across DTS and DS settings, generate intervention ideas, and evaluate students' progress. The case manager's role within the SWIFT intervention is to ensure regular communication across team members (SWIFT staff, parents, and school staff at both schools) and to provide weekly group supervision to the SWIFT staff. Once a participating student is fully transitioned to the DS, the school-based case management for the student transfers from a DTS homeroom teacher to a special education teacher at the DS. The role of the parent coach is to provide participating families with supports related to developing strategies at home for setting up consistent rules, expectations, and systems of reinforcement to enhance students' positive behavior change. Parent coaches meet with parents weekly to work on home-based strategies and to track progress of students' behaviors. Lastly, skills coaches provide weekly sessions to students before, during, and after their transition to the DS. Skills coaches model appropriate behaviors across community and school settings, coach the youth on developing prosocial skills, and reinforce the use of positive adaptive skills and peer relations. These four components of the SWIFT intervention are initiated when the students are in their treatment settings and follow them as they transition to their new schools, for a total of 9–12 months of support.

2.3. qualitative interviews

A semi-structured, individually administered interview format was used for all interviews. Questions in the interview protocol were designed to solicit feedback on each of the four components of SWIFT, the intervention timeline, and the transition process as it related to each of the transitioning students. An expert on qualitative methods (3rd author) reviewed and approved the interview protocol outlining questions and procedures, and all materials and procedures were approved by our IRB. An experienced interviewer who was trained in techniques to elicit feedback from the participants, remain neutral to a range of responses to reduce response bias, and move the discussion through the semi-structured format conducted all interview assessments. The interviewer was not involved in the intervention. Interviews were scheduled 3 months apart and at the convenience of the participants. One hour was

scheduled for each interview though most were shorter in length (parent: $M = 20$ min, Range = 10–52 min; teacher: $M = 30$ min, Range = 17–54 min). All interviews were collected once participants had been involved in SWIFT for at least 3 months. Most parent interviews took place at our research center ($n = 17$, 89%) with one conducted at home and another at a private work office. Nineteen parent interviews were collected for eight students and all families participated in an initial interview and one (50%) or two (50%) follow-up interviews. All teacher interviews took place at the school. Fourteen interviews were collected for the eight students with 1–3 teachers interviewed for each student. Four teachers completed one interview (57%) and three teachers (43%) completed follow-up interviews. Due to teacher changes over the course of the year at the middle schools, follow-up interviews were only conducted with teachers who maintained continuing involvement with the student at later interview waves. Follow-up interviews with parents and teachers were conducted every 3 months to collect timely feedback on whether refinements made to the intervention sufficiently addressed concerns raised in initial interviews.

2.4. Analysis

All qualitative interviews were audio-recorded and transcribed verbatim by a trained transcriptionist supervised by the lead researcher (first author). Once initial transcriptions were complete, the interviewer verified all transcripts by comparing 100% of the audio to the text and entered bracketed notes to provide context to the transcripts. All caregivers, teachers, students, and schools referenced in the transcribed interviews were assigned an identification number to protect confidentiality, increase cross-group comparisons, and reduce subjectivity in the analysis (Padgett, 2008).

An independent co-coding strategy was used where the second author was the primary coder who developed a codebook and coded the majority ($n = 25$, 76%) of the interview transcripts (Padgett, 2008). A second coder coded the remaining transcripts. Next, the lead researcher reviewed each coded interview in detail and worked with the coding team to adjust or update the codebook. The codebook evolved over the course of the longitudinal data collection with new codes added or modified over time and previously coded transcripts updated with the new codes as necessary. The coders assigned portions of text (ranging in size from individual words to short phrases) to one or more codes, then compared the coded content across each interview. Using the method of constant comparison (Glaser & Strauss, 1967), codes were then grouped into categories or themes that mapped on to questions in the interview, with anywhere from 5 to 30 subthemes within each primary theme.

3. Results

Parent and teacher feedback was largely positive and included specific suggestions to improve the intervention. Six themes emerged from the parent and teacher interviews to inform the intervention refinement: (a) the recruitment and intervention timeline, (b) length of transition supports, (c) behavioral progress monitoring collection and data entry, (d) case management coordination, (e) benefits of skills coaching supports, and (f) the parent coach role. These themes are described below.

3.1.1. Recruitment and intervention timeline

The typical transition from the DTS to the DS takes approximately 5 months. During this time, the student begins attending one or two periods per day at the DS, and maintains a schedule for the rest of the day at the DTS. Additional periods are added as the student demonstrates success, or the timeline may be modified if the student does not meet their behavioral targets. The initial recruitment plan for the study was to invite students to participate with an anticipated 3 months before the full transition to the DS. However, in the first year, participating parents and DTS teachers suggested that establishing these supports 4–6 weeks earlier would be beneficial to establishing rapport with the student and the family before their contact began with the DS. One parent commented, “I wish he had a little more time before the transition with you guys,” while a teacher stated, “The earlier that we can get them signed up with SWIFT and then, you know, getting on board with the program, the better.” Several parents and teachers commented that many students need more time to make a connection with SWIFT staff before starting their transition. One teacher reported, “I think that it’s pretty important to having that up-front time...and then easing into the transition, I think, is the ideal way to go,” with a parent reiterating the importance of utilizing the time, “...before the actual transition to build rapport and a relationship.” The parent and teacher data were consistent with SWIFT staff reports that some participating students seemed overwhelmed by meeting SWIFT staff so close in time to meeting new teachers and students at the DS.

Starting in the fall of Year 2, student recruitment was timed to include 4–6 weeks of additional support at the DTS. After the adjustment, parents and teachers reported feeling that this change allowed adequate time for the student and their family to build rapport with SWIFT staff. When asked if two students who transitioned at the end of the second year had enough time to get acquainted with SWIFT, one teacher said “More than enough time.”

3.2. Length of transition supports

The initial timeline for transition supports included up to 9 months: Three months at the DTS, then six at the DS. As students progressed through the intervention, it became clear that many students were not fully settled at the DS within the 9-month window. The need for more time was increasingly true once 4–6 weeks were added to the beginning of the intervention. Parents and teachers reported that extending services would be beneficial to ensure maintenance of gains at the district setting. A participating parent stated, “I would want as much of you guys actually in the transition part where she’s going to the school.” Likewise, one teacher specifically highlighted the need for additional time at the DS by saying, “...the more support you can provide until they are ready to go off on their own the better” and went on to explain that although the target student had many supports at the school, he had been enrolled full time for 3 months and he wasn’t seeking them out. Rather, it seemed that he was still getting those supports from SWIFT staff.

At the end of Year 1, the intervention timeline was modified to include up to a full year of support, including: (a) contact over the summer months, (b) school readiness skills for students and parents at the end of summer in the 4 weeks prior to the start of school, (c) additional time at the DTS, and (d) additional time at the DS. Teachers reported being

pleased with this change, and noted that transitions were smoother with the addition of more time. For example, with regard to one students' smooth transition, a teacher stated,

She, [student's experience] to me, should be like the standard. The amount of time that SWIFT provided, the amount of support that her home school provided, the amount of support that we provided, the communication that happened between all three, um, and yeah just the amount of time that it took. We didn't rush it at all, we took our time.

Similarly, the parent of this student stated, "I think just her starting off going there [the DS] slowly a couple hours a day, and then working her way up till she was there all day was really the key."

3.3. Behavioral progress monitoring collection and data entry

Parents and teachers described the behavioral progress monitoring tools (PDR for parents, TDR for teachers), as easy to complete and time efficient. For example, "... doesn't take long to do them. The system seems pretty clear" and, "... convenient...the whole process is good." A teacher working with multiple SWIFT students remarked, "The TDRs are manageable" and "I find it [the TDR data entry system] very user friendly." A parent shared that, "I never found them [PDRs] to be a burden... they're so quick but they're real thought provoking." Most teachers said that they preferred an online direct-entry method and as teachers tested the system, we were able to refine the program to provide a more streamlined experience. Many parents and some teachers preferred a weekly call saying, "Is there any way you guys could just call me?" Others talked about how they liked getting a call from the PDR/TDR caller, "She's very wonderful." One parent shared how pleasant and efficient the interactions with the caller were: "She's very professional and sticks right to the questions and we do them and we tell each other have a great day and we're done, and it's very easy." Throughout the project, parents and teachers said that they liked getting weekly phone, email, or text reminders for the PDR/TDR based on their preferred method of contact, and one said, "She [the PDR/TDR caller] actually will give me like the pre-warning... I got another email today!"

Some teachers talked about how reporting the TDR reminded them to pay attention to student behavior in a different way, "I'm much more in tune to how they are doing now... I'm really making mental notes." Parents reiterated that feeling, with one commenting that, "The PDRs just make you always remind yourself of what you already know and want to keep doing and then things that you maybe haven't thought of." Another teacher made a similar statement,

It just keeps me aware of what he is doing even though other things might be going on in the day and ... I need to be watching and observing because these questions are going to be asked to me later on.

Teachers who were newer to the project reported not knowing what the TDR was for, wanting to know more about how the TDR data were used for decision-making purposes, and what they showed in regards to behavior change. One teacher simply stated, "I don't

know how the TDRs are used.” Another guessed about the long-term utility of the TDR by saying,

I would imagine that you guys are using that data as the student moves forward, so I don’t know how helpful it is in the immediate, while they are working with us, but I would guess that the data I provide in the TDRs is being used to make decisions for that student as they move on in their transition.

The confusion about the TDR and requests for more information about the data led to case managers showing the teachers TDR graphs and bringing them to school meetings. Additionally, parent coaches began showing participating parents PDR data at their weekly meetings and discussing behavior changes that they were seeing both at home and at school. In follow-up interviews, parents and teachers more often reported that they understood the purpose of the PDR/TDR data. For example, later in the project one teacher new to SWIFT demonstrated greater understanding about the TDR saying that, “It gives you another set of data to look at and see if...the behaviors are increasing or decreasing.” One parent noted that the PDR data helped her keep track of her student’s behaviors and gave her direction for the skills she wanted to work on with him:

I’ve found it as a tracking tool and a reminder tool for things I wanted to be able to focus on and work on... it was the positive behaviors you know, noticing in him, always keeping track of that, how often that didn’t happen, and trying to help him.

The utility of the TDR as a tool for tracking behavioral change over time came up in several interviews once the TDR data were shared more routinely, for example,

It’s just kind of data to show, ‘Is this working or is it not?’ And at what points?... what were we doing when the student had all these great days? What were we doing when there was all this really not so great behavior?

3.4. Case management coordination

Throughout the interviews, parents and teachers described the SWIFT case managers as being instrumental in organizing the transition process, maintaining communication between the school and the family, and coordinating student supports across schools. The importance of the case manager in facilitating communication among team members was illustrated in the first parent interview: “I think her role was to just try and keep things moving forward, keep it going smoothly, making sure there was a lot of communication for everybody...” as well as the first teacher interview: “As a student begins to transition, starts to spend more time over there, I’m relying more on her to communicate and facilitate...” and repeated in nearly all of the following interviews related to communicating with the family and with the various school staff: “Just keeping them apprised of what’s happening” and, “...coordinates between the school and the coaches and me” and, “...does a great job of making sure they stay coordinated with us...” and, “Coordinates us all...there are multiple students, and other staff members and many sites that she’s trying to put all together.”

Participating parents saw the SWIFT case manager as supportive individuals who could make things run smoothly, describing the role as, “The overseer of things, the fire putter-outer” and “The buck stops here person. She’s also at the meetings and is very supportive of

me and my son” and “Her role is to troubleshoot... and deal with big issues.” Parents also viewed the case manager’s ability to coordinate services and tie information together as extending outside of the school supports:

She listens to everything like from the PDRs to what the parent coach says. I knew with my answers on the PDR I was going to get a call from her saying, ‘What’s going on? How can I help?’ and that’s reassuring.

DS teachers described the existing relationship with the student and family as a benefit of the SWIFT case manager, “that she has a relationship already with the family is helpful” and, “that there is someone to call to problem solve...someone else has some experience with the family and the student when I have never met the student before.” Teachers in both the DTS and DS settings consistently reported wanting the SWIFT case manager’s help with organizing and coordinating team members for the students in transition. One teacher emphasized the need for coordination help by saying,

Anytime we have to make a big decision that involves gathering all the players, parents and staff members at the home school, just gathering all those players together can be a challenge sometimes... So having help from the [SWIFT] case manager with coordinating all that would be helpful.

Feedback from parents and teachers led to refinements for the SWIFT case manager role including working more closely with the DTS leadership to engage the DS in the early stages of the transition, then to work closely with the DS leadership to translate effective student supports and services to the district setting, and continuing to facilitate communication between the parents and both schools. In follow-up interviews, teachers highlighted that this modification resulted in increased communication between the DTS and DS staff and fewer delays in implementing effective supports and services, “[The SWIFT case manager] has really been taking the lead with these guys and setting up meetings at the home schools and making the necessary contacts.”

3.5. The benefits of skills coaching supports

Parents and teachers regularly emphasized the importance of the skills coaches in helping students meet their behavioral goals. One parent commented,

The skills coach and my daughter were doing things I had asked, like my daughter learning about her facial expressions, her tones, learning how to hang out with kids at lunch and to do the social things that she’s lacking in, and the skills coach was there to help and teach her.

With regard to a student’s behavior, one teacher said,

A lot of times I can only address it on the fly and without as much detail or not in as much depth as I would like... just because of time. But the skills coaches are able to have that one-on-one time and can address those issues that I’m not able to thoroughly.

Teachers were very familiar with the skills coaches and their role, because most skills coaching sessions took place in the schools. Teachers describe the role as, “to help them

[students] build the skills, you know, that they need to be successful in the new environment.” Several parents commented that their knowledge about the role of the skills coaches came from information that was shared with them by their sons and daughters. One parent stated, “I see him as a mentor, a role model, and a skill builder for my son, and my son views it that way” while another parent shared, “My son really talks about the skills he’s working on.”

Parents reported that they felt the skills coaches were a valuable support for their students during the transition, stating that they saw the skills coach as, “Someone who is in his court, and advocates for my son.” Teachers reiterated that skills coaches were an important link between the DTS and the DS, where “just being in their home school setting” meant that skills coaches could observe and coach students’ behavior in both DTS and DS settings. Teachers also highlighted the skills coaches’ role in the home-school connection saying that they were an “awesome bridge between what goes on here in our classroom and then what’s going on at home...they’re also being able to see them outside of our school too... that’s key.” Both parents and teachers shared that students enjoyed meeting with their skills coaches, were actively engaged in skills coaching sessions, saying things like, “... they look forward to it” and “they’re excited to see their coaches and have them see what they’re doing and be a part of what’s happening.”

Almost all participating parents commented that they felt involved and informed in the development of the skills coaching content and the progress of the skills coaching sessions. In regards to having input on the skills coaching sessions, one parent commented, “absolutely, yeah, I never felt left out of that part” while another stated, “What I’ve talked to the parent coach about has come out in the skills coaching sessions based on interactions we’ve had at the house with my son.” However, teachers in all settings asked for more communication about the skills coaching sessions, such as the behavioral strategies that were being discussed and practiced, and the goals that were set with the students. This was illustrated by one teacher’s suggestion that, “It could be helpful to kinda get a mini-recap. Like when she goes for her skills coaching in the school area... ‘these are the things we touched on,’ and you know, ‘this is how it went’” so that school staff could try the same things and they would, “continually be followed up on.” To emphasize this point a teacher said,

So if they worked on a specific skill and the skills coach said to me, ‘we worked on this and this is the language I’ve taught her,’ then I can follow up and reinforce that language and she [the student] sees that we’re all working together.

Following the requests for increased communication, case managers built in regular updates to teachers on the progress of skills coaching sessions. Additionally, case managers advised skills coaches to briefly check-in with teachers regarding session content and skills practice, then update the case manager on what was shared with teachers. Teachers reported that this change provided more consistent supports for transitioning students between SWIFT and the classroom saying things like, the skills coach “... would check-in with me either before or after” weekly sessions, and, “...sometimes she’d come in and say... ‘I did let him know about this, he shared this with me.’ And just in that brief dialogue it was pretty huge because sometimes you get information that I wasn’t aware of!” The communication structure

between SWIFT and the teachers expanded from the case manager alone to include the skills coaches, and teachers seemed to like that saying,

If I see things and I'm not able to address it then I'll just shoot over a quick email to the skills coach and say hey, this kind of came to our attention, do you think you could go over it when you have your one-on-one time?

3.6. The parent coach role

While parents were overwhelmingly positive about their interactions with the parent coaches and their role with helping facilitate a smooth transition process for their students, teachers had minimal or low levels of contact with SWIFT parent coaches because communication with the schools was done primarily through the case manager who then met regularly with the parent and youth skills coaches. This role stratification was intended to provide the teachers with a single conduit for communication for the SWIFT team, a filter through which *relevant* information about the family was shared with the school, and a consistent source of information for the SWIFT staff. Therefore, it was not surprising that some teachers reported not knowing as much about the role of the parent coach or the content of their sessions compared to other SWIFT components.

Participating parents described the role of the parent coach as one that was both supportive and helpful with developing appropriate structures for the students at home, with one parent stating, "... it wasn't just supporting me but also giving me some ideas." While the parent coach was often described as, "real understanding and real supportive," other parents shared that, "she motivates me to put together the charts and to do the weekly check-ins and weekly supports." Several parents stated that these supports translated into more positive interactions between them and their students. One parent shared,

She's helped support me in any ideas or plans we've come up...in terms of point charts, supporting my son, encouraging my son, listening to what I was saying and coming up with some ideas that she thought might be helpful.

In general, foster and kinship parents identified similar things that they liked about the parent coach role. One topic that was different was related to the unique experiences of foster/kinship parents, specifically that they liked working with a parent coach who understood that foster/kinship parents of youth with significant behavior problems can have different strengths and limitations than biological parents. One foster parent talked at length about how their family had a consistent high volume of appointments for their foster children with "therapy and case workers coming...the certifier coming" and he appreciated that the parent coach would use "text or email" instead of a lot of phone calls and would keep sessions short, "a half an hour is wonderful." Other foster parents talked about frustration with other support providers who didn't understand that they were experienced professional parents and highlighted the importance of parent coaching sessions that focused on supporting skilled parents. One foster parent said that she was already "doing a homework routine" and had "rewards" for the youth and the SWIFT parent coach would "encourage me with those things" and another foster parent said that the parent coach helped to "remind yourself of what you already know and want to keep doing and then things that you maybe haven't thought of."

Many teachers reported that the parent coaches were an asset because communication with parents increased dramatically, without teachers feeling like they were telling them, “how to parent” their students. Instead, “I relayed that information to the case manager and she relayed it to the parent coach and it hasn’t been an issue since. So yeah, it’s been pretty helpful.” Teachers described the support that parents received from their parent coach as pertinent to students’ success across settings because, “The home has been a real focal point where their struggles kind of originate from and they are bringing those struggles to school” and as teachers, “we have no control or say” in what happens at home. The teacher later gave an example of a student who was “having a really hard time getting to bed on time and that was really impacting him at school.” The parent coach worked with his mother to set up “an incentive-based bedtime routine... after they worked on it a few weeks he was coming to class energetic and aware the whole day.” In another interview, a teacher reflected on a positive change in a parent’s response to planning and suggestions from the school as, “more open, more trusting, and just calm...” In the same vein, another teacher said, “Collaboration not just demanding” and went on to explain her impression that the parent coach did, “some encouragement and some coaching and maybe teaching and suggestions that are about contacting the teacher and asking them for what I want.”

Although all participating parents reported being comfortable with the role stratification that SWIFT provided, some teachers expressed that they didn’t like the lack of direct communication between teachers and parent coaches. One teacher said,

It would be helpful for the parent coach to have more communication with the school, more information coming back to us, even if it’s just positive stuff. It allows us to get a fuller picture of where or how home is going.

This teacher later stated,

If I could communicate directly with the parent coach that might have been at least a little bit easier...it came to a point where I had the mother’s cell phone number and I was just texting her because I was finding that stuff wasn’t being passed on. So it’d be great if I could just maybe shoot the parent coach an email and say hey, if you talk to his mom can you just remind her of the meeting tomorrow?

One result of this feedback was that case managers began providing teachers with more frequent updates on the progress of parent coaching sessions relevant to school. Case managers also introduced the concept of the case manager/parent coach role stratification and communication structure earlier in their first contacts with teachers to explain the limits to sharing family information with the school and the role parent coaches play in the transition process.

4. Discussion

The fit or feasibility of an intervention is a vital consideration when stakeholders are determining which programs to adopt (Glasgow, Lichtenstein, & Marcus, 2003; Merrell & Buchanan, 2006). In this study we actively solicited stakeholder feedback regarding the strengths of the multi-component intervention throughout the initial development phase. We also solicited feedback on and areas that needed improvement to learn what would make

SWIFT, and interventions like it, sustainable in real-world school settings. The use of the structured iterative refinement process incorporating regular parent and teacher feedback was integral to the development of SWIFT as an intervention that is feasible to implement and useful for key stakeholders. Our qualitative findings provide initial evidence to suggest that SWIFT and similarly intensive interventions are feasible for home and school implementation. The six themes that emerged from the teacher interviews fell under two broad categories: timeline for intervention supports and refinements to each of the four intervention components. Refinements made to the implementation process and intervention components, the relevance of the stakeholder informed iterative development for intervention/program adoption, limitations of this study, and directions for future research are further discussed.

4.1. Timeline for intervention supports

Parents and teachers regularly asked for more intervention time for their students. Our findings suggest that parents will engage with socially valid, intensive school related supports and teachers are willing and even eager to connect their at-risk students to such supports. A clear message from parents and teachers was that students should connect to transition supports well before planned transitions. This suggestion is consistent with best practices outlined for students with ED highlighting the importance of meaningful relationships (Wagner & Davis, 2006). The enthusiasm expressed by participating parents and teachers for ongoing involvement with SWIFT, an intensive intervention spanning home and school settings, might be due to the severity of students' needs and a lack of existing coordinated supports for students receiving tertiary level supports.

4.2. Refinements to the intervention components

Throughout the interviews, communication and cross-setting consistency were identified by teachers for what to retain or refine within each of the four SWIFT components. Specifically, teachers consistently asked for more information on students' home life, wanted to know what students' were practicing in their one-on-one sessions, and said that this information helped them provide a more appropriate and consistent educational experience for students. Such consistent teacher requests for home and intervention information were not a surprise, given that the relationship between home and school is increasingly considered a key ingredient for educational success by educators (Epstein, 2011). Our findings highlight the importance of clearly explaining the purpose of a communication structure specific to an intervention as well as the need for proactive communication with all team members. With our sample, the context of requests for more home and intervention information indicated that: (a) teachers thought that the home context contributed to school-behavior, (b) teachers saw their students use their new skills in the classroom, and (c) teachers wanted their classrooms to be a consistent support along with skills coaching and the home. In addition, we found that teachers spoke respectfully of the participating families and considered parents important partners in their child's education.

Parents consistently noted how important the team approach was to making the transition of their students between day-treatment and district settings successful. Specifically, parents valued having a case manager who was coordinating the transition of services that needed to

be delivered in the new setting, a skills coach who was the champion for their student and an adult their student enjoyed spending time with, a parent coach being the person they could bounce ideas off of and gain support from, and having several team members (case manager, skills coach, and parent coach) serve as the voice of support for participating students and their families at meetings with school leadership.

As a result of the consistent feedback from parents and teachers, the case manager role was refined to include working more closely with the DTS leadership to engage the DS in the early stages of the transition, the skills coach and parent coach began attending all transition meetings with both DTS and DS personnel, and the team continued to facilitate communication between the parents and both schools.

Parents and teachers reported that providing brief, weekly student behavioral ratings was not only not a burden, but in fact useful for their interactions with the students. This finding is consistent with research showing that the act of participating in assessments can change behavior (Salvia & Ysseldyke, 2004). Notably, parents and teachers talked about the ways in which completing regular PDR/TDR ratings helped them focus on tracking specific problem behaviors over time and pay more attention to what students were doing well. Parent and teacher comments about the PDR and TDR also illustrate the importance of a quick, positive interaction with data collectors to maintain high levels of adherence to assessment protocols.

4.3. Iterative intervention development involving stakeholder input

Soliciting input from parents and teachers provided validation for the SWIFT intervention elements that had been working and gave us information into how we might change those that were not working in order to improve fit. Examining qualitative data from stakeholder groups simultaneously not only enhanced a comprehensive comparison of feedback, but also allowed for real-time adjustment to the package of supports provided across settings. Our findings suggest that through the use of this iterative process, we were able to develop an intervention with potential to be implemented with fidelity and maintained over time in real-world settings, which are important considerations for schools and districts in selecting interventions for their systems (Merrell & Buchanan, 2006).

4.4. Limitations and future directions

A few important limitations of this study should be noted. First, although the researchers sought to collect qualitative data from a variety of teachers across the DTS's and DS settings, the current study is limited because the majority of teachers were from DS settings. All participating students transitioned through the same DTS; therefore there were fewer DTS's teachers to recruit for the interviews. However, the inclusion of a larger sample of DS teachers greatly contributed to our understanding of SWIFT feasibility across multiple DS settings.

Second, although all of the foster, kinship, and biological parents participated in 2–3 interviews, we were unable to interview all teachers more than once due to the nature of participating middle school students moving into new schools and new classrooms with new teachers throughout the year. Thus, not all teachers were able to give follow-up feedback. Additionally, we did not include the perspectives of the students themselves. Follow-up

studies should explore the consistency between parent and teacher feedback with that of the participating students. Interviews conducted with students may shed light on intervention elements, aspects of the transition process, and the overall experience of transitioning into a new school setting that parents and teachers may not be aware of. Since students are the primary recipients of SWIFT, and it is their growth and development that highlights the impact of this intervention, their voice and experience through this process is vital to the intervention's long-term contextual fit.

Finally, this intervention was developed in one ESD in a mid-sized community in the Pacific Northwest with limited cultural diversity. Testing the intervention in regions with greater multi-cultural representation could contribute to our knowledge of how SWIFT can meet the needs of diverse students and their families.

Some additional next steps include collecting mixed-method research to evaluate student outcomes to evaluate the impact of SWIFT. Questions remain related to differences between students, parents, and teachers receiving SWIFT supports and those who are not receiving such supports and for whom SWIFT is most effective. Specifically, we plan to examine mediators (e.g., whether changes in parent behavior mediate changes in student outcomes) and moderators (e.g., whether factors such as family background characteristics, student cognitive functioning, or school characteristics moderate changes in student outcomes) in future studies of SWIFT. While the present study provides initial evidence of feasibility for parents and teachers, a randomized controlled trial could provide important data to establish the efficacy of SWIFT. We plan to test the impact of the SWIFT intervention on both short-term and long-term outcomes. Parent, teacher, and student engagement with SWIFT along with key student outcomes such as attendance, behavior, and academic engagement in district settings will be important to examine.

5. Conclusion

Fit, feasibility, and utility of an intervention are important considerations for educators adopting innovative programs. The iterative development process described in this paper allowed us to query parents and teachers at multiple timepoints and across multiple settings. This strategy provided ongoing stakeholder data as we refined the intervention, and reflected increased satisfaction with the intervention over time. One important finding suggests that intensive school-based interventions that include parent and teachers as partners can be designed to be feasible and useful, and fit with the needs of stakeholders to support students with significant behavior problems. Our data suggest that involving teachers and parents early on in the development of SWIFT contributed to the fit and feasibility of the intervention to the intended delivery environment. This collaborative and feedback-seeking approach serves to be incredibly useful when serving a population of Tier 3 students at risk for school failure. As previously discussed, such students and their families typically do not receive the type of coordinated supports needed to improve the likelihood that they will be successful in their new school environments. The candid feedback expressed by participating parents and teachers throughout this study make us hopeful that this model for soliciting key stakeholder feedback will serve as a way of improving supports for at-risk students through a difficult transition point in their academic careers.

Acknowledgments

This research was supported by the Institute of Education Sciences under Grant R324A110370 and the Division of Epidemiology, Services and Prevention Research, NIDA, U.S. PHS under Grant P50DA035763. The opinions expressed are those of the authors and do not represent views of the Institute of Education Sciences or the National Institute on Drug Abuse.

The authors would like to thank Patti Chamberlain for support on the design and implementation of this project; Alice Holmes, Janet Morrison, and Lizzy Utterback for conducting, transcribing, and coding interviews; Diana Strand for editorial support; the SWIFT intervention team; the school districts where we conducted this study; and the parents and teachers who participated in the interviews.

References

- Albin, RW., Dunlap, G., Lucyshyn, JM. Collaborative research with families on positive behavior support. In: Lucyshyn, J., Dunlap, G., Albin, RW., editors. *Families and positive behavior support: Addressing problem behaviors in family contexts*. Baltimore, MD: Paul H Brookes; 2002. p. 373–389.
- Albin, RW., Lucyshyn, JM., Horner, RH., Flannery, KB. Contextual fit for behavioral support plans: A model for “goodness of fit. In: Koegel, L.K., Koegel, RL., Dunlap, G., editors. *Positive behavioral support: Including people with difficult behavior in the community*. Baltimore, MD: Paul H Brookes Publishing Co; 1996. p. 81–98.
- Berg, BL., Lune, H. *Qualitative research methods for the social sciences*. 8th. Upper Saddle River, NJ: Pearson Education, Inc; 2012.
- Buchanan R, Pears K. The Teacher Daily Report: A brief assessment tool for screening and monitoring problematic student behavior. 2015 In review.
- Chamberlain P, Reid JB. Parent observation and report of child symptoms. *Behavioral Assessment*. 1987; 9:97–109.
- Chamberlain P, Reid JB. Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*. 1998; 66:624–633. <http://dx.doi.org/10.1037//0022-006X.66.4.624>. [PubMed: 9735578]
- Chamberlain P, Moreland S, Reid K. Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare*. 1992; 5:387–401.
- Chamberlain P, Price J, Leve LD, Laurent H, Landsverk JA, Reid JB. Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science*. 2008; 9:17–27. <http://dx.doi.org/10.1007/s11121-007-0080-7>. [PubMed: 18185995]
- Elliott DS, Mihalic S. Issues in disseminating and replicating effective prevention programs. *Prevention Science*. 2004; 5:47–52. <http://dx.doi.org/10.1023/B:PREV.0000013981.28071.52>. [PubMed: 15058912]
- Epstein, JL. Toward a theory of family-school connections: Teacher practices and parent involvement. In: Epstein, JL., editor. *School, family, and community partnerships: Preparing educators and improving schools*. 2nd. Philadelphia, PA: Westview Press; 2011. p. 26–41.
- Fisher PA, Burraston B, Pears KC. The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*. 2005; 10:61–71. <http://dx.doi.org/10.1177/1077559504271561>. [PubMed: 15611327]
- Fuchs LS, Fuchs D. Monitoring student progress toward the development of reading competence: A review of three forms of classroom-based assessment. *School Psychology Review*. 1999; 28:659–671.
- Glaser, BG., Strauss, AL. *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine de Gruyter; 1967.
- Glasgow RE, Lichtenstein E, Marcus AC. Why don't we see more translation of health promotion research to practice? Rethinking the efficacy-to-effectiveness transition. *American Journal of Public Health*. 2003; 93:1261–1267. <http://dx.doi.org/10.2105/AJPH.93.8.1261>. [PubMed: 12893608]

- Greenberg MT, Weissberg RP, O'Brien MU, Zins JE, Fredericks L, Resnik H, Elias MJ. Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*. 2003; 58:466–474. <http://dx.doi.org/10.1037/0003-066X.58.6-7.466>. [PubMed: 12971193]
- Gresham FM. Current status and future directions of school-based behavioral interventions. *School Psychology Review*. 2004; 33:326–343.
- Hurlburt M, Knapp P. The new consumers of evidence based practices: Reflections of providers and families. *Data Matters*. 2003; (Special Issue #6):21–23.
- Ingersoll B, Dvortcsak A. Including parent training in the early childhood special education curriculum for children with autism spectrum disorders. *Journal of Positive Behavior Interventions*. 2006; 8:79–87. <http://dx.doi.org/10.1177/10983007060080020601>.
- Institute for Education Sciences. Request for applications, Special Education Research Grants. 2011. CFDA Number: 84.324A Retrieved from http://ies.ed.gov/funding/pdf/2011_84324A.pdf
- Kern L, Evans SW, Lewis TJ. Description of an iterative process for intervention development. *Education and Treatment of Children*. 2011; 34:593–617. <http://dx.doi.org/10.1353/etc.2011.0037>.
- Kuhn SAC, Lerman DC, Vorndran CM. Pyramidal training for families of children with problem behavior. *Journal of Applied Behavior Analysis*. 2003; 36:77–88. <http://dx.doi.org/10.1901/jaba.2003.36-77>. [PubMed: 12723868]
- Leve LD, Chamberlain P, Reid JB. Intervention outcomes for girls referred from juvenile justice: Effects on delinquency. *Journal of Consulting and Clinical Psychology*. 2005; 73:1181–1185. <http://dx.doi.org/10.1037/0022-006X.73.6.1181>. [PubMed: 16392991]
- Lucyshyn, JM., Horner, RH., Dunlap, G., Albin, RW., Ben, KR. Positive behavior support with families. In: Lucyshyn, JM. Dunlap, G., Albin, RW., editors. *Family and positive behavior support: Addressing problem behavior in family contexts*. Baltimore, MD: Paul H Brookes; 2002. p. 3-43.
- Marshall JK, Mirenda P. Parent-professional collaboration for positive behavior support in the home. Focus on autism and other developmental disabilities. 2002; 17:216–228. <http://dx.doi.org/10.1177/10883576020170040401>.
- Mautone JA, Marshall SA, Sharman J, Eiraldi RB, Jawad AF, Power TJ. Development of a family-school intervention for young children with attention deficit hyperactivity disorder. *School Psychology Review*. 2012; 41:447–466. [PubMed: 24353368]
- Merrell KW, Buchanan R. Intervention selection in school-based practice: Using public health models to enhance systems capacity of schools. *School Psychology Review*. 2006; 35:167–180.
- Merrell, KW. Ervin, RA., Peacock, GG., editors. *School psychology for the 21st century: Foundations and practices*. 2nd. New York, NY: The Guilford Press; 2012.
- Padgett, DK. *Qualitative methods in social work research*. Los Angeles, CA: Sage Publications, Inc; 2008.
- Park JH, Alber-Morgan SR, Fleming C. Collaborating with parents to implement behavioral interventions for children with challenging behaviors. *Teaching Exceptional Children*. 2011; 43:22–30.
- Patterson, GR. *A social learning approach to family intervention III: Coercive family process*. Eugene, OR: Castalia; 1982.
- Pluymert, K. Problem-solving foundations for school psychological services. In: Harrison, PL., Thomas, A., editors. *Best practices in school psychology: Data-based and collaborative decision making*. Bethesda, MD: National Association of School Psychologists; 2014. p. 25-39.
- Price JM, Chamberlain P, Landsverk J, Reid J, Leve L, Laurent H. Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*. 2008; 13:64–75. <http://dx.doi.org/10.1177/1077559507310612>. [PubMed: 18174349]
- Reschly, DJ., Ysseldyke, JE. Paradigm shift: The past is not the future. In: Thomas, A., Grimes, J., editors. *Best practices in school psychology IV*. 1–2. Bethesda, MD: National Association of School Psychologists; 2002. p. 3-20.
- Salvia, J., Ysseldyke, JE., editors. *Assessment in special and inclusive education*. Boston, MA: Houghton Mifflin; 2004.
- U.S. Department of Education. Twenty-seventh annual report to congress on the implementation of the individuals with disabilities education act. Washington, DC: Author; 2005.

- Upah, KRF., Tilly, WD, III. Best practices in designing, implementing, and evaluating quality interventions. In: Thomas, A., Grimes, J., editors. Best practices in school psychology IV. Bethesda, MD: National Association of School Psychologists; 2002. p. 483-501.
- Vernberg EM, Jacobs AK, Nyre JE, Puddy RW, Roberts MC. Innovative treatment for children with serious emotional disturbance: Preliminary outcomes for a school-based intensive mental health program. *Journal of Clinical Child and Adolescent Psychology*. 2004; 33:359–365. http://dx.doi.org/10.1207/s15374424jccp3302_17. [PubMed: 15136200]
- Wagner M, Davis M. How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the national longitudinal transition study-2. *Journal of Emotional and Behavioral Disorders*. 2006; 14:86–98. <http://dx.doi.org/10.1177/10634266060140020501>.

Fig. 1.
SWIFT intervention process.