

**Becoming Partners: A School-Based Group Intervention for Families of  
Young Children Who Are Disruptive**

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### **Abstract**

A multiple family discussion group program was implemented and evaluated by school counselors working with families of young children referred by their teachers for aggression and attention problems. The logic guiding construction of the program and the program's unique aspects are described. Outcome data revealed that the program was effective in reducing the children's hyperactive, defiant, and aggressive behavior and improving the parents' management skills. The advantages of school counselors conducting this program are discussed.

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*Tim is a 9 year-old boy who is small for his age and is repeating the second grade. His current teacher describes him as a “bundle of energy” and reports that he is frequently inattentive in class, struggles academically, and harasses other children with his bids for attention and dominance. Her efforts to get Tim to focus on his class work, particularly when it involves reading, often results in Tim getting extremely agitated and refusing to comply with the teacher’s directives. Although the teacher has met with Tim’s mother to discuss these issues, there has been no noticeable change in Tim’s behavior. Moreover, despite the school counselor providing six weeks of group counseling, Tim has continued to be highly impulsive and disruptive in the classroom.*

School counselors often find themselves working with young children like Tim who demonstrate disruptive behavior and attention difficulties in school. These children are often overactive, inattentive, and demonstrate noncompliance, impulsivity, limited self-control, and an impaired ability to interact appropriately with adults and peers. These behaviors often result in academic difficulties, increased risk for rejection by their peers, and stigmatization as problem children by school staff (August, Realmuto, Hektner, & Bloomquist, 2001). In addition, these children cause disruption to other children’s learning, socialization, and safety; and contribute to burn out and turnover of teachers (Tremblay, Nagin, Seguin, Zoccolillo, Zelazo, Boivin, Perusse, & Japel, 2004).

Research on the causes of noncompliance and aggression in children reveal that in addition to differences in temperament that may contribute to their noncompliance,

children who are aggressive and disruptive at school often experience harsh inconsistent parenting at home (Brannigan, Gemmell, Pevalin, & Wade, 2002). Moreover, a number of studies report how the challenge of raising a difficult child (e.g. who is unpredictable, irritable, and unresponsive) often elicits a series of increasingly harsh parenting-child interactions that not only increase the levels of parental stress and guilt and diminish a sense of parenting competence, but also create a mutually coercive cycle of interaction (Johnson & Reader, 2002). Without appropriate, consistent parenting for these temperamentally difficult children, early behavior problems escalate to more severe problems and age-appropriate social competencies fail to emerge (Miller, 1998).

How might school counselors respond? Traditionally, school counselors have focused their interventions predominantly on the child and have not intervened in the multiple systems of which the child is a part such as the classroom, home, and community (McAdams, Foster, Botson-Blake, & Brendel, 2009). However, counselors have begun to realize that such exclusively child-focused interventions are often not successful with children who are disruptive because these children have significant difficulty in generalizing what they learn in a counseling setting to their lives in the classroom and at home (DuPaul & Stoner, 2003). Moreover counseling practitioners are recognizing that notions about parenting and child development vary by culture and hence it is essential that parenting intervention practices be adapted for families from different cultural backgrounds (Kratochwill, McDonald, Levin, Scalia, & Coover, 2009). In addition, culturally diverse parents living in high-risk neighborhoods often perceive that they need to approach child management issues from very different perspectives

than those in low-risk neighborhoods (O'Neil, Parke, & McDowell, 2001). As a result, counseling practitioners are being encouraged to work with the parents and families of these children, to view families who are coping with such "hard to manage" children as needing high levels of emotional support as well as practical strategies for managing their child's difficult behavior, and to design interventions that respect cultural and contextual differences in parenting (Cholewa, Smith-Adcock, & Amatea, 2009; Lam, 2003; McAdams, Foster, Botson-Blake, & Brendel, 2009).

Over the last two decades a substantial amount of federal funding has been committed to developing effective school-based intervention programs for young children who demonstrate aggressive and disruptive behavior that target the individual child, the child's peer relationships, the child's school and classroom environment, and the child's family (Cholewa, Smith-Adcock, & Amatea, 2009). Many of these programs have been tested with culturally diverse and/or low income families (Kratochwill, McDonald, Levin, Scalia, & Coover, 2009; Webster-Stratton, Reid, & Hammond, 2004). Unfortunately these programs often demand extensive commitments of time and resources that may be beyond the capacity of both the families and school staffs working with these children. For example, the Incredible Years Program, an established treatment program for families of children with diagnosed conduct problems, typically requires 18-20 weekly two-hour meetings (Webster-Stratton, 2009). Recognizing that this level of attendance might be difficult to maintain for low-income parents of aggressive preschoolers, Webster-Stratton (2001) conducted a study with Head Start parents in which she redesigned the Incredible Years Program as a 12-week program consisting of 2.5 hour weekly sessions. Interestingly, although the results from the

Webster Stratton (2001) study revealed significant gains in the use of positive parenting skills, significantly lower levels of negative parenting, and substantial reductions in children's disruptive behaviors among the participants; these parents attended an average of only 5.73 sessions.

Given the constraints on both parents and counselors' time we decided to design a family group program that provided parent management training for an even lower dosage of time; a six-week program consisting of 2.5 hour weekly sessions. In this article, we describe this group program for families of primary grade children demonstrating significant behavioral and attention problems. This program is designed with the broad goals of (a) strengthening parents' competence in managing their children, especially the use of nonviolent discipline approaches, (b) increasing families' sense of emotional connection and support with school staff and with other families, (c) promoting children's social competence, and (4) decreasing their classroom behavior problems.

Our program targets parents/families of primary grade children (e.g. first and second grade) whose child has been identified as demonstrating classroom conduct/behavior problems by their classroom teacher. There are several reasons for targeting this age range. First, teachers complain of problems in these children of noncompliance, limited self-control, and poor relations with peers. Second, these children are at increased risk for rejection by their peers. Third, a significant number of children who become chronically antisocial and delinquent first exhibit conduct problems during the preschool and early school years. We hoped that intervention with the families of disruptive primary school age children could help these parents teach their

children to behave appropriately before the child's behaviors resulted in peer rejection, well-established negative reputations, school problems, and academic failure.

## **Content, Methods, and Processes**

### **Theoretical Background**

In developing this family group program we were strongly influenced by McDonald's multi-family support programs (McDonald, 2000), by Gerald Patterson's seminal research on families of conduct-disordered children (Patterson, Reid, & Dishion, 1992), by Webster-Stratton's research program on parent training (2008), and by Minuchin's action-oriented family therapy techniques (Minuchin, 1974). Because we wanted the group context to be one in which both parents and their children enjoyed being with each other, we invited both parents, older siblings, and the target child to attend the program and designed our program to have an initial time when families ate dinner together and socialized informally like the multi-family support group model promoted by McDonald (2000). Each of the six weekly *Becoming Partners* program sessions was scheduled at the end of the workday and lasted approximately 2 hours. Each session began with an informal dinner lasting about 20 minutes in which the parents, the target children, their older siblings, and the counselors shared a meal together. The counselors sat with different families each week in order to build rapport and increase connection. This was followed by the group intervention phase, which lasted 45 minutes. In this phase parents and children participated in separate groups that addressed similar, complementary content. This phase was followed by a family enactment phase, lasting 30 minutes, in which each family selected a specific skill they

wanted to try out together based on skills introduced in that week's parent and student group sessions. (Table 1 depicts this sequencing of program components.)

Patterson's social-learning model (Patterson, Reid, & Dishion, 1992) emphasizes the importance of family socialization processes. He described the development of a coercive cycle of interaction between noncompliant children and their parents in which negative reinforcement influences the development and maintenance both of the child's deviant behaviors and the parent's critical or coercive behavior. His research demonstrated that when parents were trained to reduce their use of harsh inconsistent parenting strategies and use more supportive, non-coercive parenting skills, their children's conduct problems were reduced. Building on Patterson's work, Webster-Stratton (2005) developed and evaluated a group program, entitled *The Incredible Years*, to train parents of hard to manage children in the use of supportive, nonviolent parenting skills. Her program uses a series of videotaped examples of parents interacting with their children in ways that promote prosocial behaviors and decrease inappropriate behaviors. Videotaped scenes depict parents "doing it right" and "doing it wrong" to demystify the notion of "perfect parenting" and stimulate group discussion and problem solving. In addition to seeing appropriate parent management skills modeled in the videotapes, participants rehearse new or unfamiliar child management behaviors during the group session and through assignment of homework tasks. In our program we condensed the *Incredible Years Basic Parenting Program* (Webster-Stratton, 2005), consisting of 20 sessions offered over a nine-month period, into six sessions offered over a two-month period by selecting the topics, using praise and encouragement,



**Table 1***Weekly Sequence of Program Topics and Activities*

	<b>Dinner</b>	<b>Parent group</b>	<b>Child group</b>	<b>Enactment</b>	<b>Homework</b>
<b>Week 1</b>	Social time	Playing with your child	Playing with parents and friends	Children and parents took time to play together in session	Parents were asked to play with their children at least 10 minutes this week
<b>Week 2</b>	Social time	Praising positive behaviors	Listening and using nice talk	Children performed and parents practiced appropriately praising them	Parents were asked to practice praising their children
<b>Week 3</b>	Social time	Using incentives and rewards	Family rules and routines	Families discussed incentives and rewards for good behavior	Parents were given charts and stickers to track their children's behavior
<b>Week 4</b>	Social time	Effective limit-setting	Understanding why parents set limits	Families discussed the limits set in their households	Parents were asked to stick to the limits they set
<b>Week 5</b>	Social time	Using natural and logical consequences	Understanding and accepting consequences	Families create consequences for specific problem behaviors	Families were asked to follow-through on giving a consequence
<b>Week 6</b>	Social time	Teaching children how to problem solve	Communicating and problem solving with your parents	Families worked together to solve a problem and review recent successes	Families received a problem-solving worksheet to use as needed

rewards, and parent-child problem-solving, that were rated as most useful by parents participating in Webster-Stratton research project with Headstart parents (Webster-Stratton, Reid, & Hammond, 2004). We selected videotapes to model these particular parenting skills and trigger parent's ideas and feelings about using these parenting skills. We then asked parents to consider how they might adapt a particular parenting skill to fit their child and to plan how they might use this skill with their child. Because we believed that children must see how to improve their interpersonal interactions in their families and be oriented to their families' goal for social interchange, we conducted a children's self-management group to introduce the children and their siblings to cognitive-behavioral strategies that would enhance the children's self-management and family relationship building efforts. This group was conducted during the same time the parent group met. Each target child and sibling then joined their parent in the final part of the session, the parent was coached to enact the skill with their children and to continue to try out the parenting skill they had enacted during the ensuing week. Enactment is a key therapeutic strategy of structural family therapists (Minuchin, 1974) who assume that actually enacting a new strategy or behavior with their children, rather than just talking about it or trying it out on someone else, could give parents a clearer picture of how they might implement the new behavior with their children. It also affords the counselor with an opportunity to coach the parent in enacting the new behavior so as to maximize their success.

### **Specific Content of Parent Group Sessions**

The first session of the parent group *focused on play*. Many parents of children with impulsivity and noncompliance problems often feel negative toward their child out

of anger and frustration concerning the child's misbehavior, and the children, in turn, feel negative toward their parents' lack of affection and interaction with them. Hence, the first step in breaking this negative cycle of behaviors and feelings is to infuse some positive feelings into the relationship through play. Playing with parents not only helps children feel deeply loved, thereby fostering a secure base for their ongoing emotional development; it also promotes parents' feelings of attachment and warmth toward their children. Videotapes vignettes of parents and children playing together in both appropriate and inappropriate ways were used to illustrate the most common pitfalls that parents encounter when playing with their children and to discuss particular strategies for addressing these pitfalls. Parents were then encouraged to play with their child for 10 minutes every day using the skills discussed in the group. Their children then joined them in the enactment phase of the session, shared a picture that they had drawn of a favorite play activity that they enjoyed doing with their parent, and then the parent(s) and child talked about a particular activity and time when they might play together during the upcoming week. When the parents returned the following week, we invited them to share their experiences playing with their child and describe what they observed were their child's responses to the play times.

Because parents of noncompliant children often find it hard to praise their children, in the second session of the parent group we encouraged parents to identify the positive behavior(s) they wanted to promote in their child and to look for those behaviors and praise or reward them when they occurred. We emphasized that they *look for and praise positive behaviors* immediately when they occurred, give specific and labeled praise, give nonverbal (e.g., hugs) as well as verbal praise and do so

wholeheartedly versus with sarcasm. We used videotapes of parent-child interactions to illustrate how to give specific, labeled praise and to generate ideas about positive behaviors they might praise and reinforce. We then asked the parents to think of specific positive behaviors that their child had already demonstrated (or continued to demonstrate) that they might praise and to consider how they might express their praise. When their children joined them during the enactment phase of the session, we then asked the parents to praise their child for a specific positive behavior. When they returned the following week, the parents spent time discussing which positive behaviors they had praised and describing how they had praised their children.

The third session focused on having parents use *incentives or rewards* to encourage positive behaviors in children. We emphasized that one way of using rewards might be to plan the reward in advance with the child by developing a contract together with their child. We used videotapes of parent-child interactions to identify positive behaviors the parents might want to reinforce and to illustrate how to chart positive behaviors that that parents might want to reinforce and reward. (We also discussed the difference between bribery and the use of incentives/rewards for appropriate behavior.) We then asked parents to choose one positive behavior that they wanted to reinforce, decide on the frequency with which they would reward it, and think of some possible ways they might reward it. During the enactment phase we then had the parent describe the positive behavior they wanted their child to demonstrate and had the parent and child develop an incentive program together in which they made a chart of the specific behavior that was to be reinforced during the week and the reward

system they would implement. At the beginning of the next week's session, we spent time discussing how well their incentive programs had worked.

The fourth session focused on helping parents encourage appropriate behavior by developing routines in which parents teach their child what the parent expects of them via *limit-setting*. We discussed the importance of setting limits and had the parents rehearse their limit-setting. To do this, we encouraged parents to give clear and effective commands, to have thought through the consequences of not obeying the limit, and then to follow through with those consequences so as to insure that the child was taught what was expected of them by their parent. We emphasized that if parents' rules had been inconsistent in the past, or if parents had not enforced their rules or had enforced them inconsistently, then their children had learned from experience that that if they protested long enough and hard enough they could get their parents to back down. Hence we prepared parents for their children testing the limits the parents were establishing and helped the parents to understand that these were the ways in which their children explored the limits of their environment to learn what behaviors were appropriate or inappropriate. To do this, we first worked on strengthening the parents' commitment to limit setting by asking parents to list the advantages and possible barriers to setting limits for their child. We then highlighted effective ways that parents could explain their expectations to their child by using age-appropriate commands that were clear, short and positive; giving warnings and helpful reminders; giving children ample opportunity to comply; and making sure parents functioned as a team in supporting one another's commands. In the enactment phase we invite the parents to talk with their children about a specific limit they were setting and the consequences for

obeying or not obeying this limit. When they return the following week, we spend time reviewing the parents' limit-setting efforts.

The fifth session focuses on encouraging parents to *use natural and logical consequences* to foster their children's decision-making and sense of responsibility. Because natural and logical consequences are most effective for recurring misbehaviors where parents are able to decide ahead of time how they will follow through if the misbehavior occurs again, we directed parents to consider what types of behaviors to which they might apply such consequences. The subsequent discussion and the videotaped vignettes helped parents grasp the difference between logical and natural consequences and punishment. We then directed parents to think about how they might apply these methods to deal with inappropriate behavior that their children engaged in and to think about an appropriate consequence, how and when they would inform their child of the consequence, and how they would follow-through with the consequence. Then, in the enactment phase of the meeting, the parent and child talked together about the misbehavior and the consequence and the parent told their child that they had a choice as to whether to behave or not and were thus responsible for the outcome. When they returned the following week, the parents spent time reviewing their use of logical consequences.

The final session focuses on parents *teaching children how to problem solve*. Because parents often confuse telling their children what to do before they have found out what the actual problem is from the child's viewpoint, one of the first steps we teach parents to use when their children are engaged in conflict, is to seek to understand the problem from their child's point of view. We encourage parents to ask questions such as

“What happened?”, “What’s the matter?” or “Can you tell me about it?” that are delivered in a non-accusatory tone, to enhance their child’s willingness to talk openly with the parent about the conflict. We then introduce parents to a five-step process of problem solving process to help their children deal with all kinds of conflicts and problems. To practice this approach, we ask parents to tell a story to their children that depicts a hypothetical problem situation and then ask their children to come up with as many solutions as possible. After generating possible solutions, we have parents help their children imagine the possible consequences. After reviewing possible outcomes, parents helped their children decide which one or two might be the best. We then have parents help their children actually implement a solution and evaluate how effective it is in resolving the problem situation. In addition, in this final phase of the last session we celebrated the participating families’ accomplishments in completing the program.

### **Specific Content of Children’s Group Sessions**

The objectives of each session in the children’s group mirrored the objectives of each parent group session, so that every session involved both children and their parents in learning new ways to interact. The culmination of each evening was an enactment/coaching session in which a counselor worked with each family to help the parents and children practice their new skills. By having a simultaneous children’s group addressing the same content, the children were primed to understand the reasons behind the practices on which their parents were working and to experience these new practices with their parents during the enactment phase. This approach allowed for a partnership between parents and their children as they worked together to try out something new, rather than building an adversarial relationship.

Each child's group included discussion time, playing, and experiential learning. During the first group session, we read "How to Lose All Your Friends" by Nancy Carlson (Carlson, 1997) together. The group leader discussed friendship skills and how to play with parents, siblings, and peers. The children were then coached, using puppets, to act out common scenes in which there was conflict between children and their parents such as getting ready for bed, getting up in the morning and getting ready for school, doing homework, and going out to do errands. The counselor then led a discussion about how our behavior has an effect on other people. We asked group members to explore how they interacted with parents and with friends. In this way, the children were being prepared for playing with their parents and gained an understanding of the qualities and behaviors that encouraged friendship and play.

In the second group session, the discussion centered on the importance of listening and using nice talk, two skills emphasized in the *Skillstreaming* curriculum (McGinnis & Goldstein, 2003). We focused on the non-verbal aspects of listening and emphasized how one shows they are listening by looking towards the speaker and paying attention to what they are saying. This skill focus complemented the parent group focus on parents praising their child by helping the children become receptive to rewards and praise for their positive behavior. In the third group, we focused on how families need to develop rules and routines. Children had the opportunity to share their family rules in the group setting. During this session, we also focused on how siblings interacted and the siblings paired up and discussed the unique rules in their family. We discussed the importance of stopping to think when you are not sure what to do.



The fourth group session focused on limit setting. To generate a discussion about the reasons that parent's might set limits, the group leader's two school-age sons were invited in to model inappropriate behavior. The whole group went outside to a little bridge over a small creek just outside the building where the groups were being conducted. One son pretended that he wanted to jump in the water while the other son yelled at him to stop. Without prompting from the counselor, the group members tried to stop him and tell him that this was not a smart choice. Then the group went back inside and the counselor, noting that the children had come up with limits and rules themselves, led a discussion about this experience. We discussed how limits are set for a reason, not just to make things less fun. After this discussion, each child described the particular limits in his home and why they thought their parent had set these limits. The purpose of this discussion was to generate an understanding of the purpose of limit setting and help the children accept the limits that their parents set to keep them safe and help them learn.

The fifth group session built directly on the learning of the third and fourth groups, as we discussed consequences that happen when you break limits or do not follow rules. One discovery during the group discussion was that the children recognized the need for consequences and wanted their parents to follow through on giving consequences. This discussion was an excellent primer for the children to then discuss appropriate consequences with their parents. The sixth session focused on effective communication and problem solving. The children practiced ways of problem solving with one another, in preparation for working with their parents to solve a problem. This

final session was intended to empower the group members to use the skills discussed throughout the groups to solve their own problems.

## **Program Pilot**

### **Setting and Participants**

We pilot tested our program at a K-12 university research demonstration school located in the southeastern United States with an enrollment of 1140 student. The school's demographics mirrored those of the state in which it was located. The student population was 50% White, 24% African American, 17% Hispanic, 3% Asian, and 6% Multiracial. Forty-nine percent of the students were male and 51% were female. In terms of family income, 25% of the student body came from families with incomes between 0-\$39,249, 25% of the families had incomes between \$39,250-\$68,999, 24% of the families had incomes between \$69,000 and \$97,749, and 26% of the families had incomes of \$97,750 or greater.

Three types of participants were recruited for the pilot testing of the program: children, their parents, and their teachers. Following approval of the project from the university and school district's institutional review boards, informed consent for participation was obtained from teachers and parents and assent for participation from the children. K-2 teachers were informed about the nature of the study and were asked to identify children demonstrating behavior problems in K-2 grade levels and to submit these names to the elementary school counselor. These children were considered to be part of the "pre-referral" system operating in the school (i.e., pre-referral interventions were considered prior to a referral for SED). Teachers were also informed about the

expectations for their participation in evaluating the children's behavior before and after the intervention and were asked to provide their written informed consent.

The families of those children referred by teachers were then contacted by the school's elementary counselor and invited to participate in the program. Each family was given a letter explaining the research and the intervention program, and requesting parental consent to participate in the program and to complete the study assessments. Both parents, the child identified as "at risk," and their siblings were invited to participate in the program. Four out of the eleven families referred by teachers agreed to participate. Each of the families who agreed to participate in the program was European Caucasian. Among the four families, one family was headed by a single parent and the other three were headed by two parents. The referred children in these families ranged in age from 8 to 9 years old and were reported by their teachers and parents to be highly distractible, verbally and socially aggressive with peers and teachers, actively resistant to authority, and defiant when confronted. Through previous communication with them about their child, the counselor had established rapport with the parents in these four families and had kept them informed of her efforts to help their child. Hence, when both the counselor and teacher decided to approach the parents about participating in the family group program, the parents were receptive to participating in the family program.

### **Instruments**

To assess the impact of the program on each child, parent and teacher ratings of the child's behavior were obtained using the BASC 2 Behavior Assessment System for Children (2<sup>nd</sup> Edition). Both the classroom teacher and the mother of each child

completed pre-and post-test measures of the BASC-2 Behavior Assessment System for Children (2<sup>nd</sup> Edition) with the parent completing the Parent Rating Scale (PRS) before and ten weeks later (two weeks after completing the program); and the child's teacher(s) completing the Teacher Rating Scale (TRS) at three different times: before, two weeks after completing the program, and then 4 months later. In the TRS the teacher is requested to assess the frequency, on a four-point scale ranging from "Never" to "Almost Always," with which the child demonstrates specific adaptive and problem behaviors occurring in the school setting. In the PRS, the parent is asked to assess the frequency on a similar scale with which the child demonstrates adaptive and problem behaviors in the community and home setting. For this study four subscale T scores were of interest: (a) externalizing problems (such as hyperactivity, aggression, and conduct problems), (b) internalizing problems (such as anxiety, depression, and somatization), (c) behavioral symptoms (such as withdrawal and attention problems) and (d) adaptive skills (such as adaptability, social skills, leadership, activities of daily living, and functional communication). Test-retest reliability estimates of these subscales ranged from .89 to .93. Only families who had at least one parent who attended four out of the six sessions with their child were included in the data analysis.

### **Results**

Unfortunately, one of the parents who commuted 100 miles to the school withdrew her child from the school (and the program) during the second week of the program. Hence data were available for only three of the four families. As depicted in Figure 1, analysis of the teachers' and parents' ratings of the children's behavior before the intervention and immediately after the program revealed significant agreement

about the nature of the child's behavior problems and the areas where changes were observed. At pretesting each of the children was rated by their teachers and parents as demonstrating clinically significant levels of externalizing problems such as aggression, hyperactivity, and conduct problems such as disobedience (averaging T scores ranging from the high 60's to the high 70's). In addition each of the boys was rated as displaying high levels of internalizing problems such as performance anxiety, self-criticism, and depression (averaging T scores from the high 50's to the high 60's); and low levels of adaptive skills such as social sensitivity and peer interaction skills (averaging T scores in the high 20's to mid 30's). At post-testing, each of the parents reported that while their child was still highly distractible there had been a substantial reduction in their child's levels of anxiety as measured by their internalizing symptoms (averaging T scores in the high 40's to mid 50's ) and lower levels of externalizing symptoms (averaging T scores in the mid 50's). Although their teachers noted less reactivity to undertaking academic tasks at post-testing, the teachers reported less of reduction in the level of aggression and conduct problems demonstrated by the boys in the classroom than did their parents (averaging T scores in the high 50's). However, six months after completion of the program, the boy's teachers reported substantially lower levels of aggression and reactivity (with T scores in the low 50's ) and increased levels of social sensitivity (with T scores in the mid to high 30's) in these three children.

### **Discussion**

Based on program attendance, the teacher and parent ratings, and the family interview data, we believe we have been successful in designing an intervention program that is acceptable and helpful to some families of hard-to-manage children.

However, there are several limitations inherent in our study. Because we implemented this pilot program with an exclusively Caucasian, lower middle class volunteer population, we cannot generalize from the findings of this study regarding the applicability of this program to lower-income or to culturally diverse families who have a “hard to manage” child. Although most multiple family discussion group programs are designed to work with between 5-8 families, we had only three families who participated. Hence there is a need to conduct further research studies to assess the effectiveness of this intervention program either with a larger group composed of between 6 and 8 families, with culturally diverse families, and with low income families.

Despite these limitations, we believe there are several implications for school counseling practice? One key implication is that much of the individual focus on counseling with children displaying disruptive behaviors such as inattention, restlessness, and noncompliance may need to shift to more consideration of parent- or family-based treatments. It is nearly impossible to teach important self-management skills to a child individually, only in a family context can needed skills be meaningfully rehearsed. Second, because the multi-family group format used in this program created a supportive network for parents to express their fears and anxieties and to try out new interactions with their child, it represented a less blaming, more collaborative approach to consulting with parents than the typical parent-teacher encounter.

To be sure, implementing such interventions requires training; however, a wealth of existing treatment resources makes the job much easier. (For example, the *Incredible Years Program* is available online at [www.incredibleyears.com](http://www.incredibleyears.com)). This multi-family approach is different from other parent education programs in that the emphasis is on

being introduced to parenting concepts via coping and interactive learning, instead of relying on the counselor to prescribe a generic task that all participants are expected to implement.

Obviously, introducing this intervention program within the school may require some school staffs to change their usual ways of dealing with children's disruptive behavior. Rather than engage in disciplinary actions or merely communicate to parents that it is their responsibility to have their child behave in school, this program requires a commitment by school staff to collaborate with parents in the management of disruptive children. To create an openness to such an approach, the professional school counselor will need to take on a leadership role in: (a) evaluating the needs of students, parents, faculty, and staff, (b) building school-wide support for this approach, (c) assessing how organizational norms will be impacted by these changes, and (d) identifying and addressing sources of resistance (ASCA, 2003; Bemak, 2000; Brown & Trusty, 2005; Gottfredson & Gottfredson, 2002). Considering the time and energy needed to implement such a program, timing and consensus building may be critical in deciding when and how to implement it. Because most school personnel are unaware of the evidence regarding the effectiveness of offering such family-focused interventions, the school counselor may need to present the intervention in a way that "sells" how the program can lead to greater student achievement. The school counselor therefore may need to become a leader and broker of resources by presenting empirical data concerning the efficacy of such programs and arguing for its relevance to the school's mission (Dollarhide, 2003).

We are aware that elementary school counselors are expected to serve a large number of students and are under significant time constraints. The counselor's current duties may preclude him or her from implementing this as a group program. Rather than launch the group program with several families, the counselor may decide to use these child management strategies in consulting with an individual family. Upon gaining familiarity and success with using these program materials, the school counselor may then wish to implement the full program with several families in a multiple discussion group format.

We believe that a crucial ingredient in recruiting families for this program was the fact that the counselor had built rapport with the parents, they believed that the counselor had their child's interests at heart, they had accepted the fact that their child was displaying negative behavior, and they were open to ideas and suggestions about how they might help their child be more successful in the classroom. While the parents who did participate seemed open to the counselor's ideas and suggestions about how they might help their child, the families who chose not to participate had varying responses to the counselor's invitation. Some families simply ignored the invitation. Another parent reacted defensively by questioning why she was invited and insisted that the parenting program was not something that she or her husband needed. Out of this experience we have deduced that it is very important to build a readiness in parents' minds for participating in the program by keeping them informed about how other interventions have been tried with their child and how we wish to partner with them in managing their child rather than blame them.



## Conclusion

Because of the large number of children who exhibit disruptive behaviors and the negative impacts these behaviors have not only on the individual student's future but on the classroom climate in which they live, intervening to modify these children's behavior is an essential counselor responsibility. This article presented the rationale for and a description of a preventive intervention program for primary grade children demonstrating disruptive classroom behavior. Our program combined an existing parent group program (Webster-Stratton, 2008), a children's self-management group, and parent-child coaching session. Preliminary findings from a pilot test of the program with families of 2<sup>nd</sup> graders demonstrating attention and compliance difficulties suggest that the program was effective in positively altering these children's disruptive behaviors. We believe that these gains were a direct result of the strong working relationships we developed with their parents and our use of well-tested child management practices. We strongly recommend that additional research be conducted to assess the efficacy of this intervention program with families from diverse economic and cultural backgrounds.

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