

1-1-2017

Schools And Families Empowering Learning (safe-Learning): An Intervention Feasability Study

Lilia Elizabeth Mucka
Wayne State University,

Follow this and additional works at: https://digitalcommons.wayne.edu/oa_dissertations

 Part of the [Education Commons](#), and the [Psychology Commons](#)

Recommended Citation

Mucka, Lilia Elizabeth, "Schools And Families Empowering Learning (safe-Learning): An Intervention Feasability Study" (2017).
Wayne State University Dissertations. 1849.
https://digitalcommons.wayne.edu/oa_dissertations/1849

This Open Access Dissertation is brought to you for free and open access by DigitalCommons@WayneState. It has been accepted for inclusion in Wayne State University Dissertations by an authorized administrator of DigitalCommons@WayneState.

**SCHOOLS AND FAMILIES EMPOWERING LEARNING (SAFE-LEARNING): AN
INTERVENTION FEASIBILITY STUDY**

by

LILIA ELIZABETH MUCKA

DISSERTATION

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

2017

MAJOR: PSYCHOLOGY (Clinical)

Approved By:

Advisor

Date

© COPYRIGHT BY
LILIA ELIZABETH MUCKA
2017
All Rights Reserved

ACKNOWLEDGEMENTS

I would like to thank Dr. Douglas Barnett not only for his time and dedication in completing this project, but also for empowering me to learn and grow under his guidance. The wisdom he has shared and support he has offered since the first day I joined his lab in 2009 has truly been life changing. His warmth and encouragement have empowered me to grow as a psychologist and as a person, and I truly look forward to collaborating with him on future projects. I would also like to thank the members of my dissertation committee, Dr. Marla Bartoi, Dr. Francesca Pernice-Duca, and Dr. Christopher Trentacosta, for their continued support in the development and implementation of this project. I am thankful to Monica Johnson, Carol Weaver, and all the supportive staff and administrators, especially at the three urban public schools we recruited from. Working with the families has been a pleasure and shown me the strength and resilience these parents and youth have. Beyond that, this project would not have been possible without the hard work and commitment of Lisa Brown, Alexis Williams, Rebecca Wheeler, Kiren Chaudhry, Kelsey Sala-Hamrick, Daisy Tsang, and Rola Khanafer. Additionally, I am grateful to the diligent undergraduate and post-baccalaureate team members who aided in assessment completion and data entry. To the love of my life, Christopher Nichols, I want to thank him for his support and love throughout each step of this journey. I am also extremely grateful to my friends and most importantly to my parents and brothers, who have been my strength and taught me to love life and never take myself too seriously.

TABLE OF CONTENTS

Acknowledgements.....	ii
List of Tables	vi
List of Figures	vii
Chapter 1 Introduction	1
Overview.....	1
Background.....	2
Developmental Psychology	3
Risk and protective factors.....	4
Highlighting strengths.....	5
Family Check Up Model.....	7
Motivation and Intervention Engagement	9
Academic and intrinsic motivation.	9
Motivation for change.....	10
Fidelity.....	12
Intervention engagement.....	12
Barriers and satisfaction.....	14
Aims.....	15
Aim 1.....	15
Aim 2.....	16
Aim 3.....	16
Aim 4.....	16
Aim 5.....	16

Aim 6.....	17
Chapter 2 Methods	18
Participants.....	18
Procedure	19
Assessment session.	20
Preparation for feedback session.....	20
Feedback Session.	22
Measures	26
Barriers Interview.	27
Barriers to Learning.	28
Environmental Barriers.	29
Satisfaction.....	29
Fidelity.	30
Academic Motivation.....	30
Cognitive strategy use, intrinsic motivation, self-efficacy and self-regulation.	31
Child and Parent Engagement.....	31
Caregiver Demographic Questionnaire.....	33
HOME.....	33
Parent Involvement in Learning.....	34
Stressful Life Events.	35
Parent Depression Symptoms.	35
Perceived Social Support.	35
School Performance and Attendance.	36

Behavior Problems.....	37
Grit.....	38
Additional measures.....	39
Chapter 3 Results	40
Preliminary Analyses	40
Analyses	40
Aim 1.....	40
Aim 2.....	43
Aim 3.....	44
Aim 4.....	44
Aim 5.....	44
Aim 6.....	46
Chapter 4 Discussion	48
Limitations	53
Strengths	54
Implications and Future Directions.....	55
Appendix A – Recruitment Materials	71
Appendix B – Parent Measures.....	72
Appendix C – Youth Measures.....	87
Appendix D – Feedback Manual and Materials	99
References.....	141
Abstract.....	154
Autobiographical Statement.....	156

LIST OF TABLES

Table 1: Demographics: Distribution of income	57
Table 2: Demographics: Ethnicity and gender of enrolled students in the three urban public schools used for recruitment (2016-2017)	58
Table 3: Scoring Worksheet with color cutoffs for assessment measures used during feedback..	59
Table 4: Reliability statistics: agreement between coders on goal and barrier categorization	60
Table 5: Means, standard deviations, and score ranges for parent and child factors	61
Table 6: Examples of goals set during the feedback session across age in years and grade level.	62
Table 7: Fidelity to motivational interviewing OARS skills, active style, and empathy by feedback consultant.....	63

LIST OF FIGURES

Figure 1: Caregiver reported level of education completed.....	64
Figure 2: Percent of families with scores on parent factors falling into the green, yellow, or red range: boys versus girls.....	65
Figure 3: Percent of families with scores on child factors falling into the green, yellow, or red range: boys versus girls.....	66
Figure 4: Percent of families with scores on parent factors falling into the green, yellow, or red range by grade.....	67
Figure 5: Percent of families with scores on child factors falling into the green, yellow, or red range by grade.....	68
Figure 6: Percentage of times parent, child, or both family members spoke first for parent and child factors.....	69

CHAPTER 1 INTRODUCTION

Overview

This study examined the feasibility of a strength-based, learning focused intervention titled, “SAFE-Learning,” created based on the Family Check Up (Dishion, Kavanagh, Schneiger, Nelson, & Kaufman, 2002), in a population of low-income, urban, African American youth ranging in age from 5 to 18 years old. After completing independent assessments, parent-child dyads participated in a strength-based feedback session focused on praising and validating families rather than criticizing and focusing on problems. The parent and youth were both invited to contribute during the feedback process to assess parent child engagement in exploring strengths and weaknesses, setting goals, and planning for goal engagement. Feedback included a review of strengths and weaknesses using Motivational Interviewing (MI) techniques followed by parent-child dyad goal setting and problem solving. In addition to generally piloting the appeal of the intervention to urban families, and its general feasibility, the study was interested in six further aims: a) reporting on the quantitative, baseline, SAFE-Learning assessment battery with urban public school children and their families, including their demographic backgrounds, b) categorizing the type of goals families set and the reported barriers that may impede goal progress, c) assessing parent and child satisfaction with feedback, d) considering parent and child motivation for goals and child reported intrinsic motivation for learning, e) examining researcher fidelity to the use of MI skills throughout feedback, and f) exploring parent and child engagement during feedback by observing who spoke first, whether participation was spontaneous, and how reliably feedback team members rated engagement.

Background

For parents and their children, academic achievement is an important part of a child's development. Generally, parents, teachers and the community have been expected to play a crucial supporting and fostering role in their children's learning, yet many American students today struggle in an educational system that some believe is in crisis (Dunlosky, Rawson, Marsh, Nathan, & Willingham, 2013). Low-income minority youth are particularly at risk developmentally for a variety of negative outcomes (e.g., higher levels of emotional and behavioral difficulties (Weissman, Leckman, Merikangas, Gammon, & Prusoff, 1984), higher rates of physical health concerns including obesity and cardiovascular disease (Kumanyika & Grier, 2006; Steptoe & Marmot, 2004), higher absence rates in school and lower national achievement scores (Hochschild, 2003; Zhang, 2003), and higher rates of victimization (Pearlman, Zierler, Gjelsvik, & Verhoek-Oftedahl, 2003) as compared to suburban White middle- and upper-income youth. These risks include higher rates of poverty, unsafe neighborhoods, inadequate housing, and attendance in less resourced schools (Wolf, Aber, & Morris, 2015). In terms of learning, both racial and socioeconomic achievement gaps emerge as early as Kindergarten with evidence in one study showing that socioeconomic factors explained black-white differences in cognitive skills at the start of formal schooling but did not account for the growth of the black-white gap through elementary school, which they instead attributed to poorer quality schools for African Americans on average compared with other American ethnic groups (Fryer & Levitt, 2006; Reardon & Robinson, 2008). Given these findings, it becomes critical to provide these youths empirically supported and culturally sensitive and appropriate interventions. As such, this study focused on assessing intervention feasibility amongst African American youth living and attending school in a low-income, urban setting.

Though the school system is an integral part of a child's education, the reality is that both the child and their family account for more variance than schools in children's educational outcomes with one study estimating school variables account for 2-3% of the variance versus 50% variance for family background factors (Jencks, 1972; Rutter, 1983). Schools are faced with the challenge of effectively teaching academic subjects while dealing with nonacademic factors such as emotional and behavioral concerns (Lassen, Steele, & Sailor, 2006) and while facing budget cuts and other financial barriers. Findings suggest that at least 30 states provided less funding per student for the 2014-15 school year than they did before the recession hit in 2008, hindering school districts' ability to deliver high-quality education, with long-term negative effects on the nation's economic competitiveness (Leachman & Mai, 2014). Because many factors at the child, family, and school levels influence children's scholastic outcomes, it was useful to consider a variety of child and parent factors that have received empirical support as key correlates of achievement. For these reasons, this study examined an intervention that included screening parent-child dyads on several child and parent variables thought to contribute to scholastic achievement at a variety of ages. In these regards, this study applied a developmental psychology approach to create a pragmatic way to engage parent-child dyads with the goal of increasing their motivation and focus to take fuller advantage of the educational opportunities available to them than they would without the brief intervention.

Developmental Psychology

Broadly, life-span developmental psychology can be considered the study of constancy and change in behavior throughout the life course with the goal of obtaining knowledge about inter-individual differences and similarities in development, and about the degree and conditions of individual plasticity or modifiability of development (Baltes, 1987). Specifically, the study

was interested in understanding inter-individual differences for learning and how motivation for and engagement in education changes across development. Individual growth and development continues as children master the challenges of regulating motivational processes by selecting, pursuing, and adapting developmental and personal goals to reflect changes in life course opportunities. This includes “staying ahead of the game” by anticipating evolving opportunities for goal pursuits, activating behavioral and motivational strategies of goal engagement, disengaging from goals that have become futile and too costly, and replacing obsolete goals with more appropriate goals (Heckhausen, Wrosch, & Schulz, 2010). Learning often requires constant reorganization and reprioritization of educational goals while balancing other obligations and priorities over time. Therefore, to explore learning while considering development, the current study implemented an intervention aimed to understand learning and motivation across a wide developmental period ranging from Kindergarten to 11th grade. Intervening across these age groups provides an opportunity to consider how motivation for learning may vary for these students and families and evaluate how well an intervention approach works for youth across these developmental stages. Obtaining assessment results from parents and their children also provides an opportunity to quantitatively examine developmental differences related to emotional, behavioral, and academic functioning for youth and families in an urban public school setting.

Risk and protective factors. The literature often focuses on youths’ educational challenges, yet most children are actively engaged in a great deal of learning despite these difficulties. Interventions that focus only on a single or small number of risk factors are too narrow and will likely miss important factors that contribute to scholastic achievement. Consequently, this study addresses multiple problematic (risk) factors as well as strengths

(protective factors) of both the child and the parent. Conceptually, risk factors have been defined as conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. Protective factors, on the other hand, enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk (Jessor, Turbin, & Costa, 1998). These variables may include behavioral, emotional, or social factors. For example, risk factors vary across individuals, yet the literature has found certain variables linked to negative outcomes including race, gender, socioeconomic status, and stressful life events (Compas, Hinden, & Gerhardt, 1995; Deković, 1999). Similarly, though individual protective factors vary, variables including high self-efficacy, strong family relationships, and positive peer relationships have been linked to positive outcomes (Deković, 1999). While “positive outcomes” may vary, the current study was interested in exploring a specific, key outcome across childhood and adolescence: sustained involvement in and commitment to learning (Jessor et al., 1998). For example, risk factors such as poor attendance and behavioral problems may act to decrease the likelihood of positive, educational outcomes while protective factors such as engagement in school activities and motivation for learning may act to enhance the likelihood of positive learning outcomes. This study examined risk and protective factors, critical components in parent-child motivation and engagement for interventions as well as learning, as assessed during the initial assessment session, to understand how low-income, minority youth and families were doing behaviorally, emotionally, and socially.

Highlighting strengths. Historically, the social and behavioral sciences have followed a problem-focused approach to studying development with an emphasis on identifying risk factors (Benard, 1991). By also identifying protective factors, preventative interventions can focus on

creating and enhancing the personal and environmental attributes that are key to healthy development (Benard, 1991). To highlight the positive, protective factors families have, a strength-based approach was used in the current study. A strength-based approach is one that considers that individuals, no matter how downtrodden, have survived through hardships, taken steps, summoned up resources and coped (Saleebey, 1996). A strength-based focus has grown from social work and positive psychology, which emphasizes individual strengths of character and fosters strengths to produce positive outcomes (Seligman & Csikszentmihalyi, 2000). A focus on strengths has received much attention in mental health, child welfare, family services, and in education (Laija-Rodriguez, Grites, Bouman, Pohlman, & Goldman, 2013). Epstein (1998) indicates that strength-based assessment is based on the beliefs that: 1) all students have strengths and the emphasis on these strengths will lead to heightened motivation; 2) all students are capable of learning and demonstrating many strengths given sufficient experiences, instructions, and opportunities by their school, family, and/or community; and 3) the focus on students' positive skills and resources is more likely to lead them to use more of their strengths and resources. One book cites, "What matters most in a child's development, they say, is not how much information we can stuff into his/her brain in the first few years. What matters, instead, is whether we are able to help him/her develop a very different set of qualities, a list that includes persistence, self-control, curiosity, conscientiousness, grit, and self-confidence" (Tough, 2012, pg.3). Therefore, this study incorporated a strength-based approach to encourage and empower families to set goals during the intervention that they would be able to accomplish using the strengths and resources available to them.

Family Check Up Model

From a policy and intervention perspective, ecological theory suggests that alterations at one or many levels of the environment can lead to changes in individual behavior (McKown, 2005). Furthermore, to the degree that the activities and experiences at home or in school reinforce each other while facilitating mutual trust, mutual goals, and personal autonomy, students will show greater academic gains (Bronfenbrenner, 1979). As such, this study built on elements of The Family Check Up model in creating the SAFE-Learning intervention with the goal of supporting family goals across the home and school. The Family Check Up (FCU) is an efficacious intervention that utilizes a family-centered, school-based approach (Dishion & Kavanagh, 2003). The FCU was created using principles of motivational interviewing and provides a brief intervention that contains a broad, ecological assessment of the family, an initial rapport building Get-to-Know-You meeting (GTKY), and a formal feedback session with the parent that focuses on providing motivation to change and identifying appropriate resources with respect to a menu of family-based intervention options (Shaw, Dishion, Supplee, Gardner, & Arnds, 2006; Stormshak, Fosco, & Dishion, 2010). Considered a parent training program, the empirically validated FCU aims to support parents' appraisal of existing strengths and challenges, as understood through an initial case conceptualization before feedback, to both engage and motivate families to improve parenting practices, and to increase use of services that best fit family needs (Leijten et al., 2015; Stormshak et al., 2010). The initial case conceptualization includes a one-page summary of the family's strengths and weaknesses as well as potential resources they may have benefited from.

The feedback session is where the parent consultant summarizes the results of the assessment by using motivational interviewing strategies with an essential objective of exploring

the parents' willingness to change problematic parenting practices, to support existing parenting strengths, and to identify services appropriate to the family needs (Shaw et al., 2006). Data from the assessment session is scored and mapped onto an initial case conceptualization worksheet used to provide comparative scores for the parent using a three-colored bar system (red = needs attention, yellow = potential area of concern, green = strength) during feedback. Additionally, the consultant works with parents using a menu of resources that allows for a collaborative decision between the parent and parent consultant on the indicated services most appropriate for their family (Connell, Klostermann, & Dishion, 2012).

Research has demonstrated the FCU effectively reduces the growth of problem behaviors across developmental periods, enhances parenting skills, reduces family conflict, and reduces substance use in middle school youth (Dishion et al., 2002; Stormshak et al., 2010). The feedback session in the FCU is provided to the parent with an emphasis on family strengths while also drawing attention to possible areas of change (Chiapa et al., 2015). While previous studies applying the FCU have provided feedback to parents, the current study provided feedback to parent-child dyads with the goal of understanding both parent and child engagement in the intervention and motivation for learning. Learning is a dynamic process that involves children, parents and schools. Reviews have found that child and family factors account for a greater percent of the variance than school variables, highlighting the importance of considering both the child and parent when it comes to learning (Rutter, 1983; Rutter & Maughan, 2002). Dishion, one of the creators of the FCU, and colleagues (2003) have suggested that a joint feedback session, especially for families doing well, may provide a positive family experience (2003), yet no known published studies using the FCU have examined joint parent child feedback. Therefore, this study examines SAFE-Learning, an intervention that aims to

understand what impact youth participation during the feedback may have on family motivation and engagement. The intervention provided a strength-based focus aimed to motivate both the parent and child while assessing the level of parent and child engagement during intervention. The goal setting portion provided an opportunity for the parent and child to work together in establishing personalized, key goals (either individually or together) before exploring services using a menu of resources. A goal setting sheet with three goals was provided as a template for families, yet dyads were encouraged to create the amount of goals appropriate for them.

Motivation and Intervention Engagement

Academic and intrinsic motivation. Former US Secretary of Education Terrel Bell described motivation, part of the crux of education, best: “There are three things to remember about education. The first is motivation. The second one is motivation. The third one is motivation” (Covington, 2000, p.171). Motivation has been defined as the force that directs, selects, energizes, and organizes behavior (McClelland, 1985). Motivation involves energy, emotion and perception and can influence level of performance, effort, and long-term accomplishment for specific behaviors. Academic motivation specifically plays a key role in educational achievement and engagement. For example, student academic motivation for learning may involve students’ goals for a task and their beliefs and perceptions about the importance and interest of the task (Pintrich & De Groot, 1990). General consensus has been found among researchers that motivation is hardly a unitary phenomenon with individuals demonstrating different amounts and different kinds of motivation (Ryan & Deci, 2000). One area of research, Self-Determination Theory (SDT), assumes that motivation for activities is highest when linked to fulfillment of the humanistic intrinsic need for autonomy, competency or relatedness (Deci & Ryan, 2000). SDT considers both intrinsic and extrinsic motivation with

intrinsic motivation defined as doing something because it is inherently interesting or enjoyable, and extrinsic motivation defined as doing something because it leads to a separable outcome (Ryan & Deci, 2000). Individuals can experience both intrinsic and extrinsic motivation with most people exhibiting a combination of these motivations. In terms of learning, a student who does something because it is interesting or enjoyable would be high on the dimension of intrinsic motivation, which often results in high-quality learning and creativity (Ryan & Deci, 2000). Contrastingly, a student high on the dimension of extrinsic motivation acts for a tangible outcome such as a payment or other reward and may do so with either resentment and disinterest or with willingness that reflects an inner acceptance of the value or utility of the reward but not the task (Ryan & Deci, 2000). The association between intrinsic motivation and academic achievement is well documented in the literature (Corpus, McClintic-Gilbert, & Hayenga, 2009; Guthrie et al., 2006; Lepper, Corpus, & Iyengar, 2005) suggesting that those motivated by internal motivations such as curiosity and mastery also have higher grades. Given the literature on the role of intrinsic motivation on learning, this study examined the relation between academic motivation and intrinsic motivation. Academic motivation was computed using averaged readiness ruler ratings (described below) provided by the parent and child independently for goals created during the feedback, while intrinsic motivation was an average of child self-reported items on the Motivated Strategies for Learning Questionnaire (MSLQ) intrinsic motivation scale (see Measures).

Motivation for change. Motivation for intervention and change matters for parents and children and may aid families in goal engagement. Psychologist Douglas Detterman has stated, “Intelligence won’t account for all the differences between people; motivation, personality factors, how hard you work and other things are important” (Clynes, 2016). Motivational

interviewing (MI), a treatment created for substance abusers with the intention of increasing a client's intrinsic motivation to change (Miller, 1983), is a key component of the FCU and provides a framework that aims to empower families toward goal engagement and achievement. MI aims to help individuals resolve ambivalence about change through clinician expression of empathy and initiation of change talk with the client through the use of OARS skills: open questions, affirmations, reflections, and summaries (Miller & Rollnick, 2013). Interventionists who use the aforementioned techniques utilize an "MI spirit" to build a supportive relationship with participants, elicit strengths and resources, and promote autonomy of families to make their own decisions (Ratanavivan, 2015). Though the research on the efficacy of MI for promoting academic achievement in children is limited, one study introduced a single, fifty-minute individual MI session that included feedback, goal setting, and signing a public commitment poster to fifty middle school youth. Results showed that students in the MI group were significantly more likely to report increases in participation and overall positive academic behavior (Strait et al., 2012). Beyond that, students in the MI condition showed significant improvement on math grades (e.g., improvement from a B to a B+).

One of the stylistic elements discussed by Miller and Rollnick (2002) includes the use of "readiness rulers" to elicit level of motivation and further change talk. Readiness rulers are scales ranging from 0 to 10 that are used with clients to assess a variety of factors including motivation, confidence, and importance. Ratings provide a quantifiable level of readiness and allow for further discussion and change talk. These rulers have been used in youth and adolescent interventions focused on health (Berg-Smith et al., 1999; Cushing, Jensen, Miller, & Leffingwell, 2014; Resnicow, Davis, & Rollnick, 2006) and substance use (Barnett, Sussman, Smith, Rohrbach, & Spruijt-Metz, 2012), but not with school aged children focused on goal engagement

and academic achievement. Therefore, incorporating these rulers in the current study provided a unique look at the utility of readiness rulers in SAFE-Learning, an adaptation of the FCU, while quantifying parent and child motivation for change for each goal created during the intervention. Scores calculated from the readiness rulers were used as measures of academic motivation (as discussed in the previous paragraph).

Fidelity. A critical factor to assess when implementing any intervention efficaciously is fidelity (McHugh & Barlow, 2010). Fidelity includes assessment of adherence to specific procedures as well as competence (McHugh & Barlow, 2010). The literature has shown that fidelity to parent training programs has been consistently associated with clinically meaningful child and parent outcomes, highlighting the importance of ensuring appropriate intervention delivery (Chiapa et al., 2015). Therefore, the current study assessed fidelity the use of MI techniques by using a newly created Feedback Manual (see Appendix D) and corresponding rating forms.

Intervention engagement. In addition to exploring motivation for learning and change, the current study examined both parent and child engagement in the intervention by quantifying level of engagement. Engagement has been defined as the degree of parent or child participation in the intervention process. Intervention engagement for this study included who spoke first throughout the feedback session and whether family members spoke spontaneously and provided their own ideas or whether they had to be prompted by the feedback consultant. Spontaneous responses were defined as responses from the parent or child that demonstrated independent thoughts or ideas. Prompted responses were defined as ideas suggested by the feedback consultant and then elaborated on by the parent or child. Overall parent engagement with intervention, child engagement with intervention, and parent-child engagement with one another

through intervention were assessed by two raters post feedback. Parent engagement in interventions has been cited as a relevant factor linked to successful intervention outcomes and may be influenced by perceived need to act as well as parent knowledge, skills, and/or confidence in parenting (Shepard, Armstrong, Silver, Berger, & Seifer, 2012). When parents view content and goals of an intervention as relevant for meeting their needs, are motivated to act, and have positive expectations for success, they may be more likely to overcome pragmatic barriers to attendance and to engage in the intervention (Shepard et al., 2012). SAFE-Learning, an adaptation of the FCU, aimed to meet the needs of the parent and the child, and though the literature has focused on understanding factors that influence parental engagement in interventions, there has been a lack of work focusing on the degree of parent-child engagement during interventions. A variety of interpersonal strategies have been used to engage families in interventions including expression of empathy to the parents, validation of feelings about the intervention, matched communication style to the families' needs, and respect for cultural, religious and other beliefs (Ingoldsby, 2010). Studies focused on early childhood have found positive benefits for children via joint engagement in social interactions including the acquisition of conventions of conversation, coordination of action with signaling and comprehension of adult referential language (Girolametto, Verbey, & Tannock, 1994). One study found that increases in supported joint engagement were due primarily to mothers' increased responsiveness to the child's focus, highlighting the importance of the parents' role in working together with their child. Contrastingly, disorganization, poor communication and lack of support for intervention predict lower engagement in treatment (Ingoldsby, 2010). More research is needed to understand how parent-child engagement in developmental periods beyond early childhood may influence development, intervention engagement or even academic achievement.

Therefore, this study assessed the feasibility of feedback that was jointly provided to both the parent and child.

Barriers and satisfaction. A variety of barriers may stand in the way of motivation for intervention and academic engagement. A lack of money, time, and resources can limit parents as they attempt to balance work life with children's school, especially for single and teen parents who are less likely to be involved due to other family or work obligations (Williams & Sánchez, 2013). Additionally, barriers faced by African American families may arise from interactions between parents and school personnel that leave parents feeling isolated, alienated, disengaged or angry (Harry, 1992), and some parents may feel reluctant to become involved because of their own negative experiences as students (Lightfoot, 1978). When considering parent involvement, one study categorized barriers into four categories: a) broader societal factors (i.e. political and economic), b) parent-teacher factors (i.e. differing goals, attitudes or language), c) individual parent and family factors (i.e. parents' beliefs about involvement, current life context, class, ethnicity and gender), and d) child factors (i.e. age, learning difficulties, gifts and talents, and behavioral problems) (Epstein et al., 2002; Hornby & Lafaele, 2011). These findings suggest that barriers can occur across and interact with various system levels, as seen in Bronfenbrenner's model (1977), to make it difficult to engage in academic achievement goals. A study examining barriers reported by parents one year after their child's comprehensive psychological assessment at a university training clinic showed similar reported challenges to engagement with barriers falling into four categories: a) limited resources (i.e. lack of money, information or transportation), b) priority (i.e. lack of time, hectic schedules, low motivation), c) stigma/opposition (i.e. fear of embarrassment or labeling), and d) relationship/personal challenge (i.e. a negative prior experience or lack of parent-teacher communication) (Mucka et al., 2016).

Parents from lower socioeconomic backgrounds face many more barriers to school involvement, including nonflexible work schedules, lack of resources, transportation problems, and stress due to residing in disadvantaged neighborhoods (Hill & Taylor, 2004). These barriers make it difficult for parents to engage with their child's school which in turn has been found to have a negative influence on school-related outcomes (Hill & Taylor, 2004). When parents believe intervention goals and activities do not align with their family needs and perceive the program to have low benefits and/or relevance, parents become more likely to disengage or drop out (Ingoldsby, 2010). Consequently, this study included an assessment of parent satisfaction with the intervention and ratings of how well the program is meeting the needs and expectations of the parent and child. Additionally, given the literature on the importance of incorporating assessment feedback and discussion of barriers to increase client engagement (King, Currie, & Petersen, 2014), the current study incorporated a discussion of barriers during feedback to maximize potential for family goal engagement after the session. This approach may help families establish goals for learning that are realistic and set them up for success. Responses were reviewed and barrier types cited by families were categorized using categories from the literature: a) broader societal factors, b) parent-teacher factors, c) individual parent and family factors, and d) child factors (Joyce L. Epstein et al., 2002). Based on the literature reviewed, the current study focused on the following aims in assessing the feasibility of the SAFE-Learning intervention, an adaptation of the FCU, with low-income, minority youth (ages 5 to 18 years) from an urban public school setting.

Aims

Aim 1. The first aim was to better understand urban public school children, their parental support of education, and the various risk and protective factors in their lives. The demographics

of the participants were examined quantitatively. Next, this study examined quantitative and open ended parent and youth responses to assessment measures across a wide developmental period to understand how families were doing emotionally, behaviorally, and socially. Descriptive statistics were provided for each of the variables gathered as well as the percentage of youth falling into the red, yellow, and green categories. Descriptive statistics by gender and grade groupings were also presented.

Aim 2. Goals set during feedback were explored in detail to understand family motivations for learning and change. Additionally, family reported barriers were categorized (e.g., (a) broader societal factors, b) parent-teacher factors, c) individual parent and family factors, and d) child factors) and examined to assess which factors future interventionists and school officials may need to consider when aiming to maximize youth academic engagement and achievement.

Aim 3. To evaluate level of satisfaction with SAFE-Learning, both parent and child satisfaction survey results were assessed.

Aim 4. The fourth aim of the current study was to examine parent and child academic motivation. Academic motivation was measured by asking both parents and youth their motivation for goal completion using a 0 to 10 scale readiness ruler. Additionally, intrinsic motivation as reported by the child was compared to academic motivation.

Aim 5. The fifth aim was to examine fidelity to the use of MI skills during feedback through a tally system that quantitatively assessed the use of OARS skills as well as overall interventionist directiveness and empathy. Scores were reviewed to examine feedback consultant adherence to the FCU principles.

Aim 6. The final aim of the current study was to examine and describe parent and child engagement throughout feedback. This included examination of level of engagement as measured by who spoke first and whether participation was spontaneous (versus prompted). Additionally, both team members present at feedback completed ratings at the end of the session that quantitatively assessed level of parent child engagement during feedback. Reliability analyses were conducted before overall parent and child engagement throughout the intervention was examined.

CHAPTER 2 METHODS

Participants

Parents with a child in grades kindergarten through 12th grade interested in meeting with “expert consultants about their child’s academic goals and school success” were recruited from three urban public schools. This pilot research project aimed to explore the demographics and functioning of participating children and parents and to establish the feasibility of engaging a student and their parent in a joint feedback session using the SAFE-Learning intervention, an adaptation of the FCU, with a focus on academic learning and goals. A total of 139 families were recruited from three urban schools. Of the 139, 7 families were ineligible and 19 were uninterested. Eleven families scheduled an initial appointment but never met with the team and one family declined participation after reviewing the consent, citing concerns with the limits of confidentiality. Thirty-seven families were called but never reached. Overall, 64 participants between the ages of 5 and 18 years ($M = 12.28$, $SD = 3.53$) were consented for the study with 63 families completing both visit 1 and 2. Across the three schools, 16 children attended an elementary school (25%), 20 attended an elementary middle school (31%) and 28 attended a high school (44%). Sixty-two children in this study identified as African American (97%) while 2 identified as Indian/Alaska Native (3.1%). Overall, 26 were boys (41%) while 38 were girls (59.4%). Children ranged in grade level from Kindergarten to 12th grade ($M = 6.83$ grade, $SD = 3.58$), while parents reported a level of education ranging from less than high school to a Bachelor’s degree (see Figure 1). Forty-eight biological-mothers (75%) participated in the study with 3 biological-fathers (5%), 7 grandmothers (11%), 1 grandfather (1%), and 5 non-biological guardians (8%). A total of 60 parents identified as American-American (94%) while 2 identified as Indian/Alaska Native (3%) and 2 identified as Other (3%). Parent age ranged from 26 to 65

years old ($M = 43.34$ years, $SD = 9.82$). Twenty-two families reported an income less than 9,999 (34%) (see Table 1). In total, 27 parents identified as single (42%), 28 as married (44%), 5 as divorced (8%), 1 as separated (1%) and 3 as living with a partner (5%). A distribution of ethnicity and gender of all enrolled students by each public school can be seen in Table 2.

Procedure

The current study had Institutional Review Board (IRB) approval from a Midwestern University as well as approval from the urban public school Superintendent and Office of Research, Evaluation, Assessment, and Accountability. Funding was provided through the schools and a local community health organization. All researchers who had contact with the families and schools went through background checks through the school system. Families were recruited via flyers (see Appendix A) at an elementary school, an elementary/middle school and one high school (schools selected by district leaders). Research assistants attended two sets of parent teacher conferences for each of the three schools to recruit families in person. The parent and child completed written consent and assent, respectively, at the initial assessment session of the study. Information from the consent forms was reviewed in detail with families and all questions were addressed before the parent and child agreed to participate. Parents received \$25 for each in-person visit for a total of \$50 for participating in the study, and youth received school supplies at both visits. Both the parent and child received a trapper keeper with a pen and notebook at the feedback visit as well as snacks at both visits. In hopes of addressing potential transportation or time barriers, researchers offered families the option of visits in their home, at their child's school or in the lab. Additionally, given the wide age range in our population, all families were provided with the option to have measures read out loud. For younger children, researchers read all measures.

Assessment session. The initial appointment consisted of a one-on-one assessment with the parent and the child separately by a parent interviewer and a child interviewer. Parents completed the Caregiver Demographic Questionnaire, the competency pages from the Child Behavior Checklist (CBCL) (Achenbach & Rescorla, 2001), the Parent-Teacher Involvement Questionnaire ((CPPRG), 1991), the Parental Self-Efficacy for Helping the Child Succeed in School Scale (Adapted) (Hoover-Dempsey & Sandler, 2005), the Patient Health Questionnaire (PHQ-8) (Kroenke & Spitzer, 2002), the Social Provisions Scale (Cutrona & Russell, 1987) and CFQ (Turney & Kao, 2009), the Stressful Life Events Checklist (Pryor-Brown & Cowen, 1989), the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), the Home Observation Measurement of the Environment Short Form (HOME-SF) (Baker & Mott, 1989), the Child's Current Health Behaviors scale (Kohlberger, 2014), the Barriers to Learning scale (Mucka et al., 2016), and the Environmental Barriers Questionnaire (Kohlberger, 2014) (see Appendix B for parent measures). Youth completed an initial interview, the Motivated Strategies for Learning Questionnaire (MSLQ) (Pintrich & De Groot, 1990), the Short Grit Scale (Duckworth & Quinn, 2009), the School Survey, the Peer Pressure Inventory (Brown, Clasen, & Eicher, 1986), the Current Health Behaviors scale (Kohlberger, 2014), and the SCARED Brief Assessment of PTS and School Symptoms (Muris, Merckelbach, Schmidt, & Mayer, 1998) (see Appendix C for youth measures). Parents also consented for researchers to access their child's school achievement and attendance records; however, researchers were unable to obtain these records in time for feedback.

Preparation for feedback session. Prior to the feedback session, feedback consultants were required to complete a Family Feedback Preparation Form as well as a packet with all Feedback Materials (see Appendix D). After the assessment was completed, two researcher team

members independently entered the parent and youth measures into respective Parent Entry and Child Entry excel databases. After double checking entry, scores were transferred into SPSS 22 and syntax was run to complete scoring for the measures. These summed and averaged total scores were recorded on the Scoring Worksheet (see Table 3) to organize scores for the feedback consultant to prepare the Feedback Materials packet (see Appendix D). The feedback consultant was responsible for translating these scores into appropriate ranges based on normed cut off scores. To calculate cut off scores, average normed scores were used as a baseline for green range scores with one standard deviation down falling into the yellow range and a second standard deviation and below falling in the red range. Scores fell in the red range, which was suggestive of significant problems, the yellow range, which indicated an area that may negatively affect the child or parent, and the green range, which represented an area of strength. The feedback consultant transferred translated scores on to the Feedback Materials for the following areas: Home Environment, Parent Involvement in Learning, Parent Stress, Parent Depression Symptoms, Perceived Social Support, School Performance, School Attendance, Self-regulation, Self-Efficacy, Behavior Problems, and Grit. Both the overall score and associated, elevated subscale scores were noted on the feedback form with example items recorded for use during feedback to describe scores further to families. The feedback consultant also recorded three child strengths under Youth Interests that were reviewed during the feedback visit.

Once the Feedback Material packet was prepared, the feedback consultant completed the Family Feedback Preparation Form. This paralleled the initial case conceptualization typically seen in the Family Check Up model and allowed the researcher to better understand the parent, child and family before meeting. The feedback consultant recorded child and parent/family

strengths, potential areas for child, parent, and family improvement, identified barriers that may get in the way of learning, and possible resources that may aid the family in goal engagement.

Feedback Session. The second appointment was a one hour feedback session. The parent and child came together to receive personalized feedback based on the assessment results from the initial session. Feedback included focus on problem areas and areas of strength with the aim of creating three school based goals that the child and parent could focus on in the months to come. Interventionists used a strengths-based approach to help explore the family's strengths and weaknesses within a framework focused on highlighting their available strengths and resources. Families were also prompted to select community resources that may aid them in achieving their goals (see Appendix D). These resources included school based resources (e.g., tutoring, sports, academic clubs, and school counselors) as well as relevant community referrals (e.g., community mental health, libraries, volunteer and prosocial organizations). These sessions were conducted by three graduate level clinical psychology students and one post-bachelors research assistant trained in the principles of motivational interviewing (MI). Training included a two-hour review of the feedback materials, an hour and a half of MI video observation, and one-hour training on integrating MI into the feedback. Additionally, all feedback team members were required to review the Feedback Manual (see Appendix D) prior to beginning their work with families. To ensure preparedness, feedback team members first observed a feedback session before being observed by the first author while providing feedback. Ongoing supervision provided students with a place to discuss potential complications and questions as well as successful feedback sessions.

Fidelity was assessed by ensuring both a feedback consultant and a feedback team member were present at feedback. The consultant worked with the family using an MI spirit

while the team member completed a tally system assessing the use of MI throughout feedback. This system required the feedback team member to tally the use of open and closed questions, affirmations, reflections, and summaries. Additionally, an overall rank on a 3-point Likert scale was provided for consultant feedback style (i.e., directive = 0; guiding = 2) and overall empathy (i.e., low empathy = 0; high empathy =2).

The feedback session was completed with the parent and child present as well as the feedback consultant and team member. To maximize communication during the session, consultants were encouraged to sit with the child in the middle of the table and the parent on the opposite end. This allowed for maximal eye contact with both the child and parent. The session began with a five-minute discussion of factors the family may have liked or disliked during the assessment. This brief discussion paralleled the get-to-know-you rapport building session typically found in the FCU during which the family can become more comfortable with the feedback consultant. Consultants praised the family for sharing their opinions and provided validation for responses that indicated there were a lot of questions or the session was long. Next, the family was given information on the session and the feedback system. The red, yellow, green color bar system used to rank behavior and functioning was clearly described, including how scores indicated where the child and parent fell in comparison to others in a variety of areas related to school achievement, behavioral, emotional, and social functioning. The family materials, including a blank Child and Family Profile and corresponding definition sheet, were laid out and the feedback consultant proceeded through each feedback area one by one in the following fashion (see Appendix D): consultants reviewed the definition of the area as provided on the supplementary definition sheet, marked an “X” in the appropriate place on the Child and Family Profile to indicate the color range of the score, and discussed parent and child thoughts

about the score. Proceeding in this manner, one by one, allowed the parent and child to focus on the area being explored rather than looking forward to other scores. Exploring what the family makes of results has been an important part of the motivational interviewing (MI) style used in the FCU model, and as such, the feedback consultant asked, “How does this seem like it fits for you and your family?” while the feedback team member recorded both the parent and child responses and who responded first. The feedback consultant talked through each area with the family using MI techniques including open ended questions, affirmations, reflections, and summaries (OARS) as well as a strength-based focus when possible.

After review of scores, consultants provided families with a goal sheet to record on while the feedback team member recorded the families’ goals on a separate sheet. Families were asked to consider the three most important areas they would like to work on, and the feedback consultant facilitated a dialogue between the parent and child to encourage goal setting. Though the goals sheet allowed space for three goals, more or less were accepted as the aim was to meet each family where they were at in terms of areas of concern (all families set three goals). If a family struggled to think of goals, the feedback consultant referenced the Family Feedback Preparation Form and feedback scores to help the family select goals. For each goal, as the family began to engage, the feedback team member recorded whether the child or parent spoke first and whether each member spoke spontaneously or needed prompting to speak. This allows for understanding of parent and child engagement in the intervention. Once goals were completed, both parent and child motivation for all goals was assessed with the following question: “Now I want to know, on a scale from 0 to 10, with 10 being the highest, how motivated are you to change the behavior and reach the goal that you identified above?” If goals were specific to the parent or child, each member still provided a motivation score that allowed

for further discussion, especially related to supporting the other family member in goal engagement.

With goal setting complete, the feedback consultant used MI techniques to elicit change talk and boost motivation for goal engagement by completing the questions on the Behavior Change Worksheet for Goals. The first part of this worksheet required providing the family with a menu of resources that listed several potentially relevant school and community resources that families could use to help them achieve their goals. Families were asked to circle resources that mapped on to each of the goals made while the feedback team member also recorded this information. After resources were selected and discussed, the feedback consultant worked with the family on thinking through the following three questions: “Who can help you make these changes? How can they help you?”, “What could get in the way of making these changes?” and “What will you do if the plan isn’t working?” Like the goal setting portion, the feedback team member recorded who contributed first and whether the parent and child spoke spontaneously or needed prompting for each of these questions to track parent and child engagement through the intervention. Finally, both the parent and the child were asked to prioritize their goals by importance from first to third.

With the session complete, the feedback consultant thanked the family for participation and explored whether there were any remaining questions and what the most valuable part of the feedback had been for the parent and the child. Families kept both their Child and Family Profile and their Goals sheet so that they could remember their goals as well as their areas of strengths and weaknesses. As the incentive was prepared for the family, both the parent and child completed independent satisfaction surveys (see Appendix D) assessing satisfaction with the feedback consultant and the session as well as overall helpfulness and relevance of the session.

Additionally, once the visit was complete, both the feedback consultant and team member completed the Parent Child Engagement during Feedback form (see Appendix D) rating parent child engagement. Team members answered five questions on an 11-point Likert scale (i.e. how active was the parent, how active was the child, how active was the parent in engaging the child, the child in engaging the parent, how autonomous was the child) and two questions on a 5-point Likert scale (how much effort did each the parent and child put into goal setting). These ratings allowed for reliability analyses to examine agreement on level of parent and child intervention engagement.

Measures

Goals. Families completed a Goal Setting worksheet that included space for three goals. Parents and children could design goals on their own or with the help of the feedback team. Goals were recorded by the family and the feedback team member to ensure both parties received a copy. These goals were assessed and categorized after data collection to better understand the types of goals families set with the following categories emerging: Learning-Home, Learning-School, Extracurriculars, Future Oriented, Parent Engagement, Prosocial Involvement, Volunteering, and Other. Learning-Home examples included working on academic skills at home. Additionally, working on homework or studying at home, focusing at home, or decreasing screen time fell into this category. Learning-School examples included paying attention in class, staying focused on tasks, and working harder in school. This category also included getting to school or class on time. Extracurriculars included school or community organizations such as karate, boy/girl scouts, sports, dance, or theater. Future Oriented examples included considering colleges, future professions, or jobs, preparing for the SATs, or working towards graduating high school. Parent Engagement examples included goals that specifically

mentioned the parent doing something, such as parents talking to teachers. Though it was assumed that most goals would require parents' help and support, only goals that focused on the parent doing something, not the child, were coded. Prosocial Involvement examples included finding friends, spending more time with current friends and family, or networking. Additionally, helping parents around the house (e.g., chores) or doing activities with the family (e.g., arts and crafts) were coded here. Volunteering examples included involvement at the soup kitchen, humane society or hospital. The other category was originally open ended to allow discussion of goals that did not fit the categories identified above. Discussion of codes between the three coders revealed a theme in the other category best captured by the categorization Self Improvement. Examples included exercising, obtaining a driver's license, and building confidence.

A Fleiss' Kappa was employed to evaluate the reliability for the three goals using eight categories, and analyses demonstrated kappa coefficients ranging from moderate to substantial (see Table 4). Coders met to discuss discrepancies, and consensus was reached on all differences. This final set of codes was used to run all analyses and evaluate types of goals set by parent-child dyads.

Barriers Interview. Additional barriers were assessed during feedback after goal setting with the question, "What could get in the way of making these changes?" The feedback consultant allowed both the parent and the child to brainstorm possible barriers that may stand in the way of goal engagement and recorded these responses on the Behavior Change Worksheet for Goals. Responses were reviewed and barrier types cited by families were categorized using categories from previous literature: a) broader societal factors, b) parent-teacher factors, c) individual parent and family factors, and d) child factors (Joyce L. Epstein et al., 2002). Coding

revealed two additional coding categories: peer factors and no barriers identified. Broader societal factors included political, economic, and natural factors outside of a family's control. For example, bad weather or unforeseen stressful events were included in this category. Parent-teacher factors included differing goals and agendas or attitudes between the family and school. Child factors included variables such as age, learning difficulties, busy child schedule, and behavioral problems. For example, child's "attitude," "forgetting," and "being busy" were included in this category. Individual parent and family factors included variables related to parents' beliefs around parent involvement, current life contexts, and perceptions of invitations for parent involvement. For example, transportation difficulties and parent stress were included in this category. Peer factors included variables such as "friends" and "boys." This category included barriers specifically citing the child's peers. No barriers identified were also coded for families who identified zero barriers to goal engagement.

A Fleiss' Kappa was employed to evaluate the reliability for the six barrier categories among three raters, and analyses demonstrated kappa coefficients ranging from substantial to almost perfect agreement (see Table 4). Coders met to discuss discrepancies, and consensus was reached on all differences. This final set of codes was used to run all analyses and evaluate types of barriers identified by parent-child dyads.

Barriers to Learning. The Barriers to Learning scale was created for the current study and assessed whether certain events or situations influenced a child's ability to learn. Items were compiled using reasons parents provided for not adhering to assessment recommendations in a previous study (Mucka et al., 2016). Parents rated each of the 14 items on this questionnaire on a three-point scale indicating how frequently they experienced the barrier ranging from "never," "sometimes" and "often." Items included "financial difficulties," "child has a busy schedule,"

and “you disagree with your child’s teacher.” The barriers fell into three general categories: priority, resource, and relationship/personal challenge barriers. Low priority examples included “we didn’t have time,” “we forgot,” or “we have hectic schedules.” Limited resources included unclear expectations from school or lack of specific instructions. Finally, barriers including lack of parent-teacher communication and low child motivation were grouped in this category.

Environmental Barriers. The Environmental Barriers Questionnaire was modified from a previous study (Kohlberger, 2014) and assessed factors that impacted a child’s sleep and homework completion. Parents ranked 10 items using a 3-point Likert scale to indicate how much each environmental barrier made it difficult for their child to engage in positive behaviors (0 = *not at all*, 2 = *a lot*). A sample sleep hygiene barrier included “outside noise from my neighborhood or street,” while a sample homework completion barrier included “no designated space to do work.” Item scores assessing barriers for each behavior were averaged to create a total environmental barriers score for sleep hygiene and homework completion separately. Internal consistency for the sleep hygiene barriers subscale according to Kohlberger (2014) was less than adequate ($\alpha = .53$), and similarly, internal consistency for the current study was .37.

Satisfaction. At the end of the feedback session, the parent and child completed a Parent and Youth Satisfaction Survey, respectively. For both the parent and the youth, the survey assessed satisfaction with 3 items using a 4-point Likert scale ranging from “very unsatisfied/unhelpful” to “very satisfied/helpful.” The three items were “How helpful did you find the session?”, “How satisfied were you with the Feedback helping in areas you are worried about” (youth) or “How satisfied were you with the Feedback helping in areas you are concerned with for your child?” (parent), and “How satisfied were you with your feedback consultant’s attitude to you overall?” Parents were also able to write in responses to answer “Are there any

other areas you wish we would have asked about or would have been helpful to explore more?” while youth were asked, “Are there any other things you wish we asked about or you wanted to bring up?” Both family members were prompted with a final question: “Please let us know if you have any additional comments or questions.” Likert scores were averaged to examine satisfaction among parents and youth.

Fidelity. Feedback consultant fidelity to the principles of MI as used in the Family Check Up was assessed during the feedback session by the feedback team member via the Tally System for the use of MI throughout the Feedback worksheet designed for the current project. This system required the feedback team member to tally the use of questions (open versus closed), affirmations (simple words, simple statements or complex statements), reflections (basic or complex), and summaries. Additionally, an overall rank on a 3-point Likert scale from 0-2 was provided for active style (directive = 0; guiding = 2) and overall empathy (low = 0; high = 2). These MI techniques, including the OARS skills, were introduced by Miller and Rollnick and are generally considered key components of MI interventions (Miller, 1983; Miller & Rollnick, 2013).

Academic Motivation. An 11-point Likert rating scale was completed for each goal set by the family to assess motivation. The parent and child separately answered the question, “Now I want to know, on a scale from 0 to 10, with 10 being the highest, how motivated are you to change the behavior and reach the goal that you identified above?” The motivation scores for the parent and for the child were averaged to create a final parent motivation and child motivation score, respectively. Additionally, intrinsic motivation was obtained from the Motivated Strategies for Learning Questionnaire.

Cognitive strategy use, intrinsic motivation, self-efficacy and self-regulation. The Motivated Strategies for Learning Questionnaire (MSLQ) was created to assess student motivation, cognitive strategy use, metacognitive strategy use, and management of effort (Pintrich & De Groot, 1990). The MSLQ consisted of 56-items rated using a Likert scale from 1 (*not at all true of me*) to 7 (*very true of me*) that asked children to answer questions about their learning strategies and study skills (Pintrich & De Groot, 1990). Only items that load onto the scales listed below were included in the assessment of the current study. A Self-Efficacy scale ($\alpha = .89$) was created by averaging scores on nine items such as “I expect to do very well in this class,” an Intrinsic Value scale ($\alpha = .87$) was created by averaging scores on nine items such as “I think what we are learning in this class is interesting,” and a Test Anxiety Scale ($\alpha = .75$) was created by averaging scores on four items such as “When I take a test I think about how poorly I am doing” (Pintrich & De Groot, 1990). Additionally, a Cognitive Strategy Use scale ($\alpha = .83$) was created by averaging scores on thirteen items such as “I outline the chapters in my book to help me study,” and a Self-Regulation scale ($\alpha = .74$) was created by averaging scores on nine items such as “I ask myself questions to make sure I know the material I have been studying” (Pintrich & De Groot, 1990). Families received feedback on child self-regulation and self-efficacy to learn whether the reported scores fell in the red, yellow or green range. Score cutoffs can be found in Table 3 and were based on average scale scores from the literature for self-regulation and self-efficacy scores (Pintrich & De Groot, 1990). Additionally, intrinsic value scores quantitatively described level of intrinsic motivation in the sample.

Child and Parent Engagement. Child and parent engagement throughout the feedback session was assessed using two methods. First, the Parent Child Engagement during Feedback questionnaire created for this study was completed by the feedback consultant and team member

immediately after feedback. Ratings were completed independently to calculate rater reliability. The questionnaire consists of five initial items using an 11-point Likert scale that ask, on a scale from 0 to 10: “How active was the parent in participating in the feedback?” (ranging from *not active* to *very active*), “How active was the child in participating in the feedback?” (ranging from *not active* to *very active*), “How active was the parent in interacting with and engaging the child throughout the feedback?” (ranging from *not active* to *very active*), “How active was the child in interacting with and engaging the parent throughout the feedback?” (ranging from *not active* to *very active*), and “How autonomous was the child during the feedback?” (ranging from *not autonomous* to *very autonomous*). The final two items used a 5-point Likert scale and assessed the degree of effort the parent and child put into goal setting. Scores ranged from 1 (*the parent/child did not try to work towards goal creation*) to 5 (*the parent/child put in full effort towards goal creation*). All items were averaged between the two feedback team member ratings and these scores were used to create the following variables: scores for items 1 and 3 were summed to create a final engagement score assigned to the parent while scores for items 2 and 4 were summed to create a final child engagement score assigned to the child. Parent and child effort were found by review of responses on items 6 and 7, respectively.

To further assess parent and child participation throughout the feedback session, the feedback team member recorded details on who spoke first to respond to questions as well as whether engagement was spontaneous or prompted. Spontaneous responses were defined as responses from the parent or child that demonstrated independent thoughts or ideas. Prompted responses were ideas suggested by the feedback consultant and elaborated on by the parent or child. During the initial feedback portion, parents and youth had 12 opportunities to respond to the question “How does this seem like it fits [for you and your family?]” and the feedback team

member indicated who spoke first with a “1” or “2” next to lines indicating “Parent” or “Child”. Additionally, for the three goals created during Goal Setting and the four questions asked from the Behavior Change Worksheet for Goals, the feedback team member again marked who spoke first as indicated above while also circling whether the parent or child spoke spontaneously (“S”), or through prompting (“P”). Of these 19 possible markers for engagement, a summed total score was calculated to examine how often the parent or child spoke first. This provides information on how and when the parent and child engaged throughout the intervention. For the seven items assessing type of engagement (spontaneous versus prompted), a summed total score was calculated for the parent and child. Reliability analyses are discussed in detail in the Results section under Aim 6.

Caregiver Demographic Questionnaire. Parents completed a brief demographic questionnaire to provide information on their age, race, education, marital status, occupation and income. They also provided information on age, race, sex and grade for their child.

HOME. The Home Observation Measurement of the Environment-Short Form (HOME-SF) (Baker & Mott, 1989), a modification of the HOME inventory, assessed the quality of the home environment across three developmental time periods (3-5, 6-9, and 10+ years). There were 26 items for ages 3-5, 32 items for ages 6-9, and 31 items for ages 10+, including 10 observational items used for all three age groups. Parents answered *yes* or *no* to inventory items and researchers answered *yes* or *no* to observation items. Example items included “Child has been taken to a museum in the past year,” “Musical instrument in the home the child can use,” and “Mom showed physical affection to child.” A total HOME score was calculated by summing all *yes* responses for the appropriate age group. Two subscales, emotional support and cognitive stimulation, were also calculated. The overall HOME-SF has demonstrated relatively high

reliability, particularly for children age three and over, yielding a Cronbach Alpha coefficient of .70. The internal consistency reliability was found to be $\alpha = .60$ and $\alpha = .70$ for the cognitive stimulation subscale for children three and over and for the emotional support subscale for children age six and over respectively (Baker & Mott, 1989). Cutoffs for this study are included in Table 3 based on scores found in the literature for the HOME-SF (Burgess & Borowsky, 2010).

Parent Involvement in Learning. Parents completed the 26 item Parent-Teacher Involvement Questionnaire: Parent Version ((CPPRG), 1991). Items were answered using a 5-point Likert scale ranging from low involvement (0 = *never*) to high involvement (4 = *more than once per week*) and assessed the amount and type of contact that occurred between parent and teachers, the parent's interest and comfort in talking with teacher, the parent's satisfaction with their children's school, and the parent's degree of involvement in the child's' education. Example items included "In the past year, you have visited your child's school for a special event (such as a book fair)," "You volunteer at your child's school," and "You read to your child." The four subscales included quality of the relationship between parent and teacher ($\alpha = .91$), parent's involvement and volunteering at school ($\alpha = .80$), parent's endorsement of child's school ($\alpha = .92$), and frequency of parent-teacher contact ($\alpha = .79$) (Group, 1991). Cutoffs for the current study can be found in Table 3 and were based on scores found in the technical reports for the quality of the relationship between parent and teacher, parent's involvement and volunteering at school, and parent's endorsement of child's school scales (Corrigan, 2002; Walters & Hill, 2000). The frequency of parent-teacher contact was not included in feedback given the literature that contact initiated by teachers occurs more when children are doing poorly in school. The scale consists of parent and teacher initiated contact and

thus the total scale score does not account for the difference in individual initiating contact (Joyce L Epstein, 1996; Kohl, Lengua, & McMahon, 2000).

Stressful Life Events. Parents completed the Stressful Life Events (SLE) scale, which assessed a range of stressful events experienced by the family. This measure included 22 items rated on a yes-no scale taken from a previous study (Pryor-Brown & Cowen, 1989). Events included “Death of a family or household member,” “Child has moved to a new home,” and “Parent has spent time in jail.” Scores were calculated by totaling all *yes* responses. Additionally, parents checked whether the event occurred in the past year. Cutoffs for the current study (see Table 3) were based on scores from a dissertation (Kohlberger, 2014).

Parent Depression Symptoms. The Patient Health Questionnaire Depression Scale (PHQ-8) (Kroenke et al., 2009), adapted from the PHQ-9, was created as a short depression screener for use in medical settings. It consists of eight out of nine criteria on which the DSM-IV diagnosis of depressive disorders is based (Association, 1994) rated on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*nearly every day*). The ninth question assessing suicidal or self-injurious thoughts was omitted because interviewers were not able to provide sufficient intervention at assessment. Respondents rate items based on how they have felt in the past 2 weeks with scores ranging from 0 -24. Sample items included “Feeling down, depressed, or hopeless” and “Poor appetite or overeating.” The PHQ’s internal consistency is .86, and cutoffs for this current study can be found in Table 3 and were based on scores from the literature (Kroenke & Spitzer, 2002; Kroenke et al., 2009; Ory et al., 2013).

Perceived Social Support. Two measures examined perceived social support. The first was a set of six questions from the ECLS-K conducted by the National Center of Education Statistics (NCES) across 1,000 schools in 100 counties (Turney & Kao, 2009). The measure

asked parents to report on the extent to which they can rely on friends and family for a variety of things including “If I have troubles or need advice, I have someone I can talk to.” Items were rated using a 3-point Likert scale (0 = *never true*, 1 = *sometimes true*, 2 = *always true*) and the scale’s alpha is .77. Cutoffs for this study can be found in Table 3 and were based off scores from the literature (Turney & Kao, 2009).

The second measure was the short form of the Social Provisions Scale (SPS) adapted from the original 24 item scale created to assess the following six components or “provisions” of social support (Cutrona & Russell, 1987): attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity for nurturance (Weiss, 1974). Parents responded to ten items using a 4-point rating scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Example items included “I have friends who enjoy the same activities I do” and “there is no one who really relies on me for their wellbeing.” Cronbach’s alpha for the short SPS is .65 and the short form has reliability of .82 (Gottlieb & Bergen, 2010). Cutoffs for the current study can be found in Table 3 and were based on average scores from the literature (Hoven, 2012). Initially, families received a shortened version of the Social Provisions Scale with five items using a 7-point rating scale ranging from 1 (*not at all true*) to 7 (*very true of me*). Example items included “I have friends who enjoy the same activities I do” and “there is no one who really relies on me for their well-being.” Cronbach’s alpha for the short SPS is .65 and the short form correlates .92 with the full 24-item version (Cutrona & Troutman, 1986). Cutoffs for this study were based on average scores from the literature with red = 1.0-4.7, yellow = 4.8-5.4, and green = 5.5-7.0 (Cutrona & Troutman, 1986). This short version was replaced by the 10 item SPS.

School Performance and Attendance. School performance was measured using an average of parent and child reported performance in the areas of Reading/English Language Arts,

History/Social Studies, Math, and Science. Parents responded on the competency pages of the CBCL (Achenbach & Rescorla, 2001) and children responded to four items on the School Survey using a four-point scale from failing (1) to above average (4). Cutoffs for this study were calculated using standard grade norms (red = Failing – D-F, yellow = Below Average – C, green = Above Average – A-B). Additionally, the Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4) was incorporated mid-way through data collection and assessed receptive vocabulary (Dunn, Dunn, & Lenhard, 2015).

School attendance was measured using parent and child report during the feedback session. To establish appropriate cutoffs for the feedback, a review of the literature was conducted to further assess chronic absences. Findings show that chronic absence involves missing 10% or more of the school year (Chang & Romero, 2008; McCluskey, Bynum, & Patchin, 2004) with the Maryland Department of Education citing categories as follows: low (0-5.5%), moderate (5.5%-11%), and chronic (>11%) absence. Cutoffs for the current study were presented in Table 3 based on the literature.

Behavior Problems. The Strengths and Difficulties Questionnaire (SDQ), a 25 item screener, was completed by parents to assess five subscales including emotional symptoms, peer relationship problems, conduct problems, hyperactivity-inattention, and prosocial behavior (R. Goodman, 1997). The emotional symptoms and peer relationship problems scales combine to make an internalizing score while the conduct problems and hyperactivity-inattention combine to make an externalizing score. Items were rated on a three point Likert scale (0 = *not true*, 1 = *somewhat true*, 2 = *certainly true*) with higher scores indicative of more serious problems, except for the prosocial behavior scale. Example items included “Often loses temper,” “Picked on or bullied by other youth,” and “Easily distracted, concentration wanders.” A Total Difficulties

score was calculated by summing the scores of the emotional problems, peer relationship problems, conduct problems, and hyperactivity-inattention scales. The psychometric properties of the SDQ are satisfactory to good with a Cronbach's alpha of .80 for the total difficulties score and internal consistency between .72-.81 for the subscales and .83 for the total difficulties score (Becker, Rothenberger, & Sohn, 2015). Cutoffs for the current study can be found in Table 3 and were based on scores found in the literature for the total difficulties, externalizing, conduct problems, hyperactivity-inattention, internalizing, emotional symptoms, and peer relationship problems scales (A. Goodman & Goodman, 2009).

Grit. The Short Grit scale was created to assess trait-level perseverance and the passion for long-term goals with grit predicting achievement above and beyond talent (Duckworth et al., 2007). The eight item scale displayed acceptable internal consistency across four samples with alphas ranging from .73 to .83 (Duckworth & Quinn, 2009). Raters answer items using a 5-point Likert scale ranging from 1 (*very much like me*) to 5 (*not like me at all*). The four item Consistency of Interest subscale ("My interests change from year to year") showed adequate internal consistency ranging from .73 to .79 with somewhat lower alphas for the four item Perseverance of Effort subscale ("I finish whatever I begin") ranging from .60 to .78 (Duckworth & Quinn, 2009). Students were asked to respond to several statements by thinking of how they compared to most people in the world. Scoring was completed by adding up the total points and dividing by 8 with items 2, 4, 7 and 8 reverse scored (5 = *very much like me*, 1 = *not at all like me*). The maximum score on the scale was 5 (extremely gritty) and the lowest score on the scale was 1 (not at all gritty). Families received feedback on child grit to learn whether the reported scores fell in the red, yellow or green range. Score cutoffs can be found in Table 3 and were

based on average scale scores from the literature for overall grit and the consistency of interest and perseverance of effort subscales (Duckworth & Quinn, 2009).

Additional measures. Parents also completed the Parental Self-Efficacy Scale (Hoover-Dempsey & Sandler, 2005), Child Health Behaviors (Kohlberger, 2014), and Perceived Energy for Parenting (Janisse, Barnett, & Nies, 2008). Youth completed the Youth Interview, School Survey, Peer Pressure Inventory (Brown et al., 1986) and SCARED (Muris et al., 1998) assessing post-traumatic stress and school anxiety symptoms. Feedback was not provided to families on these measures during the feedback session and as such, these measures were not reviewed further as part of this study.

CHAPTER 3 RESULTS

Preliminary Analyses

Prior to analyses, the variables were screened to review accuracy of data and to examine data for univariate outliers. No out of range values were found and the means and standard deviations of variables were appropriate. The first seven participants in the study did not complete satisfaction surveys and interviews were not rated for parent-child engagement or motivational interviewing fidelity. As such, these participants were not included in analyses for satisfaction, parent and child engagement, and motivational interviewing fidelity. Additionally, one family did not complete the feedback session and was excluded from related analyses.

Analyses

Aim 1. The first aim of this study was to better understand the demographics of participating urban public school children and their families and the various risk and protective factors in their lives. Frequency and descriptive analyses were conducted to examine parent and youth responses across a wide developmental period to understand how families from urban, public school settings were doing emotionally, behaviorally, and socially. Families across three urban public schools completed measures and discussed strengths and challenges related to school.

To examine how families responded to their respective school, parent statements recorded by the feedback team member throughout the feedback session were reviewed to examine data descriptively. A handful of families across all three schools spontaneously identified various faculty members as sources of support that could aid in goal completion and help facilitate the child's academic success. One parent stated, "I have a very good understanding of the teachers, there is an open-door policy." Parents cited teachers, social workers, tutors,

nursing staff, and principals as sources of support. Additionally, many youths identified teachers as sources of support in learning. For example, one child stated, “I have confidence because in school my teachers make it fun, like my science teacher. I can say they help me when I need it.” Though several families identified positive aspects of their schools, it was noteworthy that a few concerns were reported across the feedback sessions. One mother stated, “The school is okay, but overcrowded and it doesn’t get enough of the stuff it needs.” Parents complained about large class sizes, and one mother noted, “I hate that there is only one class per grade; 38 kids in the class.”

In addition to providing these insights into the three urban public schools, families completed several quantitative measures (see Table 5 for means, standard deviations, and score ranges for parent and child factors). Parent and youth assessment responses yielded 5 parent factors, including home environment, parent-teacher involvement, stressful life events, parent depression, and perceive social support, and 6 child factors, including perceived school performance and attendance, self-regulation and self-efficacy for learning, behavioral problems, and grit. Table 3 provides descriptive statistics on parent and child measures. Overall, families received between 1 to 11 scores falling in the green range ($M = 7.47$, $SD = 2.14$), 0 to 6 scores falling in the yellow range ($M = 2.34$, $SD = 1.62$), and 0 to 6 scores falling in the red range ($M = 1.08$, $SD = 1.28$).

A comparison between boys and girls on parent factors (see Figure 2) revealed a high percentage of families falling in the green range across factors. There was a significant difference in HOME scores for boys ($M = .15$, $SD = .37$) and girls ($M = .00$, $SD = .00$) with parents of girls more likely to rate their home environment in the green range ($t(25)=2.13$, $p = .05$). A comparison between boys and girls on child factors (see Figure 3) showed a significant

difference in self-efficacy for learning scores with boys ($M = .72$, $SD = .74$) rating themselves as less confident in their ability to learn than girls ($M = .38$, $SD = .59$; $t(60)=2.02$, $p = .05$).

To understand how families with children of different ages and grades compared, three categories were created to represent elementary aged children (K-5th grade), middle schoolers (6th-8th grade) and high schoolers (9th-12th grade). A grade comparison on parent factors (see Figure 4) revealed scores fell predominately in the green range across grades for the home environment and parent depression. There was a statistically significant difference between groups using a one-way ANOVA ($F(2,61) = 6.55$, $p < .05$) for parent-teacher involvement. Parent teacher involvement scores fell in the green for 66.7% of elementary students, 91.7% middle schoolers, and 39.3% of high schoolers. For child factors (see Figure 5), families with children across all grades scored in the green for perceived school attendance and behavioral problems. In terms of self-regulation for learning, there was a statistically significant difference between groups using a one-way ANOVA ($F(2,59) = 9.78$, $p < .001$). Overall, 4.5% of elementary children scored in the red versus 16.7% of middle schoolers and 42.9% of high schoolers.

It was noteworthy that when examining the association of factors that fell in the green, yellow, or red range, self-regulation for learning was positively correlated with parent-teacher involvement, behavioral problems, self-efficacy for learning, and grit, indicating that youth with greater difficulties self-regulating their learning had parents who were less involved in school ($r(62) = .31$, $p = .02$) and reported higher rates of behavioral problems from their child ($r(62) = .29$, $p = .02$). These youths also rated themselves as having significantly more difficulties with self-efficacy for learning ($r(62) = .58$, $p < .01$) and grit ($r(62) = .30$, $p = .02$). Additionally, high schoolers were significantly more likely to struggle with self-regulation for learning ($r(62) = .47$,

$p < .01$). Youth rated self-efficacy for learning and grit also correlated positively, suggesting children who felt less confident in school were more likely to report difficulty with determination for and consistency in goal completion more generally ($r(62) = .43, p < .01$). Parents who reported higher levels of behavioral problems from their child were significantly more likely to have higher rates of depression symptoms ($r(64) = .60, p < .01$) and lower rates of involvement at their child's school ($r(64) = .30, p = .02$).

Aim 2. To examine goal types set by parent-child dyads during feedback, the author created a list of categories capturing common goal themes. The author and two additional coders categorized 189 goals into the following categories: Learning-Home, Learning-School, Extracurriculars, Future Oriented, Parent Engagement, Prosocial Involvement, Volunteering, and Other: Self-Improvement. To examine rater reliability, Fleiss' Kappa was conducted for goals one, two, and three (see Table 4). Overall, 44 goals (24%) were coded as Learning-Home, 42 goals (22%) as Learning-School, 25 goals (13%) as Extracurriculars, 25 goals (13%) as Future Oriented, 4 goals (2%) as Parent Engagement, 2 goals (1%) as Volunteering, 19 goals (10%) as Prosocial Involvement, and 28 goals (15%) as Other: Self-Improvement. Examples of goals set by children across age and grade can be found in Table 6.

Similarly, parent and child reported barriers at feedback were categorized into a) broader societal factors, b) parent-teacher factors, c) individual parent and family factors, and d) child factors to better understand factors that impede learning and goal engagement. Coding revealed two additional appropriate categories: peer factors and no barriers identified. To examine rater reliability, Fleiss' Kappa was conducted for the six barrier categories across three raters (see Table 4). Overall, 8 families (13%) identified broader societal factors, none identified parent-

teacher factors, 53 (83%) identified child factors, 26 (40%) identified individual parent and family factors, 9 (14%) identified peer factors, and 5 (8%) identified no barriers.

Aim 3. To examine satisfaction with the program, both parent and child completed satisfaction surveys at the end of feedback. Fifty-six parents and 55 children rated their satisfaction with the feedback session with average parent ratings ranging from 1 to 4 ($M = 3.80$, $SD = .44$) and average child ratings ranging from 2.33 to 4 ($M = 3.69$, $SD = .36$). Families were also given the opportunity to provide written feedback. One mother wrote, “I would like to say that I was very surprised how well we did. It is good to know that I am somewhat on the right track ☺” while another noted, “The study was a great idea. Like the fact that both parent and child sees and knows what the other is thinking.”

Aim 4. Parent and child academic motivation were measured during goal setting at the feedback meeting. Sixty-three parents and sixty-two children separately rated their motivation for working on each of the 3 goals set during the session. Average parent academic motivation ranged from 7 to 10 ($M = 9.29$, $SD = .77$) and average child academic motivation range from 4 to 10 ($M = 8.68$, $SD = 1.33$). Sixty-two children completed the Motivated Strategies for Learning Questionnaire yielding intrinsic motivation scores from 3 to 7 ($M = 5.45$, $SD = 1.05$). A Pearson correlation between child academic motivation and intrinsic motivation ($r(61) = .29$, $p < .05$) was significant while parent academic motivation and child intrinsic motivation ($r(56) = .24$, $p = .07$) were not significantly related. Additionally, examination of child effort during feedback, as rated by the feedback team member and consultant, was significantly correlated with both parent ($r(56) = .28$, $p < .05$) and child ($r(55) = .30$, $p < .05$) academic motivation.

Aim 5. To evaluate fidelity to the use of MI skills during feedback, tallies were completed for the four OARS skills during feedback while empathy and activeness were rated at

the end of session. Ratings were completed for 55 families. Closed ended questions ranged from 0 to 18 ($M = 2.82$, $SD = 3.44$) while open ended questions ranged from 0 to 29 ($M = 10.87$, $SD = 6.92$). Affirmation words ranged from 0 to 15 ($M = 2.95$, $SD = 3.34$), simple affirmations ranged from 0 to 21 ($M = 2.56$, $SD = 3.43$), and complex affirmations ranged from 0 to 13 ($M = 2.31$, $SD = 2.90$). Basic reflections ranged from 0 to 20 ($M = 4.44$, $SD = 4.62$), complex reflections ranged from 0 to 26 ($M = 5.05$, $SD = 5.16$), and summaries ranged from 0 to 27 ($M = 7.45$, $SD = 5.46$). Active style ratings ranged from 0 to 2 ($M = 1.60$, $SD = .63$) while empathy ratings ranged from 1 to 2 ($M = 1.82$, $SD = .39$).

Four feedback consultants provided feedback to 63 families. The author completed 34 visits (53%), 28 of which were rated for MI fidelity. A post-bachelor's student completed 20 visits (31%), all of which were rated for MI fidelity, and two graduate students completed 6 and 3 visits respectively (15%), with 5 and 2 visits rated for MI fidelity (see Table 7). Overall, average fidelity to the MI OARS principles across feedback consultants was high. Feedback consultants asked an average of 2.82 closed ended questions ($SD = 3.44$) and 10.87 open ended questions ($SD = 6.92$). On average, 2.95 affirmation words ($SD = 3.34$), 2.56 simple affirmations ($SD = 3.41$), and 2.31 complex affirmations ($SD = 2.90$) were used. Consultants used an appropriate mixture of basic ($M = 4.44$, $SD = 4.62$) and complex reflections ($M = 5.05$, $SD = 5.16$) as well as summaries ($M = 7.45$, $SD = 5.46$), and were rated on average to be more guiding in style ($M = 1.60$, $SD = .63$) than directive as well as more warm and empathic ($M = 1.82$, $SD = .39$) than not. These averages provide an initial indication of the number of OARS skills utilized during SAFE-Learning feedback and provide a general benchmark for comparison to be used in future research.

Aim 6. The feedback team member recorded parent and child engagement throughout feedback based on who spoke first and whether participation was spontaneous (versus prompted), and by how engaged family members were rated to be by the feedback team after the session. Sixty-three parent-child dyads were rated on who spoke first and whether parent and child participation throughout the feedback was spontaneous or prompted. As seen in Figure 6, parents were more likely to speak first during the parent factor portion of the feedback session. On average, parents spoke first 77% of the time during the first portion of the feedback versus speaking first 33% of the time on average during the child factor feedback. Contrastingly, youth spoke first 66% of the time during the child portion of the feedback versus speaking first 22% of the time during the parent factor feedback. During goal setting, parent-child dyads were more closely matched with parents speaking first on average 49% of the time. In terms of who spoke spontaneously versus with prompting during goal setting, on average, parents spoke spontaneously 87% of the time versus 64% for the child. Only 13% of parents required prompting versus 36% for the children.

In terms of team member rated parent and child engagement, ratings were completed for 56 families. Parent engagement was rated between 9 and 20 ($M = 17.48$, $SD = 2.43$) while child engagement was rated between 2 and 20 ($M = 13.49$, $SD = 4.61$). Additionally, parent effort ratings ranged between 2 to 5 ($M = 4.32$, $SD = .66$) while child effort ranged from 1-5 ($M = 3.96$, $SD = 1.04$).

Intraclass correlation analyses were run to examine reliability between the feedback consultant and feedback team member ratings of parent and child engagement during feedback. A high degree of reliability was found between raters for the items “How active was the parent in participating in the feedback” (average measures ICC of .87, 95% confidence interval from .77

to .92) and “How active was the child in participating in the feedback?” (average measures ICC of .85, 95% confidence interval from .75 to .91). Reliability was good for the item “How active was the parent in interacting with and engaging the child throughout the feedback?” with an average measures ICC of .68 (95% confidence interval from .45 to .81) and excellent for the item “How active was the child in interacting with and engaging the parent throughout the feedback?” (average measures ICC of .83, 95% confidence interval from .71 to .90). Reliability was excellent for the item “How autonomous was the child during the feedback?” with an average measures ICC of .80 (95% confidence interval .66 to .88). Rater reliability for parent effort was good with an average measures ICC of .69 (95% confidence interval .47 to .82), while reliability for child effort was excellent with an average measures ICC of .82 (95% confidence interval .70 to .90).

CHAPTER 4 DISCUSSION

This study aimed to establish the feasibility of Schools and Families Empowering Learning (SAFE-Learning), an intervention adapted after the Family Check Up, in a sample of urban public school children ranging from Kindergarten to 12th grade. Aims included descriptive examination of participant demographics and parent and youth responses to assessment measures, as well as categorization of types of goals set and barriers identified during feedback. Parent and child satisfaction and academic motivation were assessed after feedback, and feedback consultants' fidelity ratings to MI OARS skills were reviewed. Finally, ratings of parent and child engagement throughout feedback were examined and reliability analyses were conducted. Uniquely, this study provides a broad screening of protective and risk factors identified by African-American families in an urban public school setting, a group often faced with disadvantages and left behind in a political educational system.

Overall, nearly every parent-child dyad consented (98%) completed both an assessment and feedback visit, which provided initial evidence for the feasibility of implementing a two-session intervention. However, it was noteworthy that out of thousands of potential families available for enrollment, 139 expressed initial interest and only 64 enrolled, with 63 completing both visits. More research is needed to better understand not only the 75 families who expressed interest but did not participate in the intervention, but also the hundreds of other families who did not enroll at all. Insufficient research attention has been given to the appeal of interventions and research studies to consumer engagement. In one study, over 90% of parents cited recruiter personality and trustworthiness as key incentives for participation in a research program with convenience and monetary incentives cited as additional motivating factors (Gross, Julion, & Fogg, 2001). Though we provided monetary incentives and offered families autonomy in

choosing the location for the intervention, it is important to consider how families connected with the research team. It may be that recruitment from a known, member of the school staff-person, such as a counselor or teacher, may increase family intervention engagement. Although the current study had approval and support from administration for the intervention research, the recruiters were from outside the school and present only on several occasions. Future implementations may be more successful at enrolling families if the teachers and counselors are involved in nominating and encouraging participation for children appearing to need assistance. \$50 also may be too small of an incentive to motivate participation without a clinical concern motivating treatment seeking. Given that both the parent and child actively engaged in the intervention, a cash incentive of \$20 or \$25 each per visit may have been more appropriate. Another option is to solicit parents by offering free assessment and consulting for child and family difficulties to see whether that attracts participants. More research focused on recruitment is needed to more fully understand the urban public school families who did not participate and how the intervention may work with them. Notably, though families presented with unique sets of strengths and weaknesses, reported satisfaction was consistently high for both parents and children. When asked to complete a brief, face valid measure of satisfaction, both parents and youth rated high satisfaction with the intervention and the feedback consultants. Even with the feedback team members present during satisfaction survey completion, at least some of the families who were less satisfied rated their dissatisfaction openly. Nevertheless, future studies could consider a more anonymous completion of satisfaction that can control for socially desirable answers.

Key elements of the SAFE-Learning intervention included a strengths based and motivational interviewing (MI) spirit that encouraged parent-child dyads to feel safe and

supported during assessment and feedback. Fidelity to principles of MI has been shown to be a critical element of understanding intervention efficacy (Miller & Rollnick, 2014), and as such, we examined average utilization of OARS skills as well as overall feedback consultant empathy and active style. Consultants adhered closely to skills with more open ended questions as compared to closed ended questions and several instances of reflection, affirmation, and summarization. Team members rated consultants as warm and empathic and most consultants were non-directive and guiding with very few instances of directiveness. These results provided initial evidence of the feasibility of implementing an MI spirit through feedback utilizing both master's level psychology students and bachelor level psychology students with minimal clinical experience and training. These initial results provide a benchmark for which to compare MI use in future research. Future studies may benefit from utilizing audio or video recording to code fidelity to MI more precisely and implement fidelity checks throughout the intervention. This would ensure consultants are adhering to the intervention principles and allow for directive supervision in case of consultant drift.

When considering assessment scores, though participating families in this sample were notably healthy, with many scores falling in the green range, results highlight how low-income these families truly were with a third of the sample earning a family income below \$10,000. Despite families coming from extremely impoverished backgrounds, it is notable that most goals set by families were quite typical of goals we would expect to see across socioeconomic levels. This begs the question of how much additional support and resources do these families need from school or the community to fully engage in goal completion.

Interestingly, parents of boys scored significantly lower on self-reported home environment and boys rated themselves as less self-efficacious in terms of their learning. Given

that the HOME assesses learning opportunities in the home, these results highlight the discrepancy in opportunities within the home by gender. This may provide a potential source for intervention, bolstering the home environment for boys to provide positive, learning experiences. When considering scores by grade classifications, parent-teacher involvement and self-regulation for learning were both significantly lower in high school youth and significantly correlated. These results suggest that high schoolers were less likely than elementary and middle school youth to exhibit motivation for organized studying and completion of work and parents of high schoolers rated themselves as less engaged and confident in their child's school than parents of younger children. High schoolers who scored lower on self-regulation were more likely to have parents who reported low parent-teacher involvement. Given that high school is a place where children face increased pressure and responsibility for studying and homework completion (Suldo & Shaunessy-Dedrick, 2013), the combination of decreased motivation and parental support leaves students in a difficult position and places additional pressure on the school to support and re-engage these students. Though parents are often known to be more involved at the elementary school level, research has shown a stronger relation between perceived parental homework involvement and academic achievement in middle and high school (Núñez et al., 2015). More research is needed to better understand the role parental engagement can play in youth motivation for school and on subsequent school outcomes, yet results highlight a potential area for intervention.

SAFE-Learning aimed to provide feedback to parents and youth together, an element that has been implemented less frequently in other interventions. Though parents predominantly spoke first during review of parent factors, children spoke first during review of child factors and both parents and youth were balanced in who spoke first during goal setting. Moreover, families

generally created goals and engaged in discussions of behavior change without prompting, which suggested the children could engage readily in the intervention when included in the feedback session. In terms of types of goals set and barriers identified during feedback, families described various goals of interest and highlighted potential barriers to goal completion. This provides initial evidence that families can autonomously reflect on areas of strength and weakness to select domains in which they believe improvement is needed. After identifying goals, parents and children independently rated themselves as highly motivated for goal completion, which suggested the intervention allowed for the creation of goals families were genuinely interested in working towards. It was noteworthy, however, that increased parent involvement was rarely identified by parent-child dyads, with most goals focused on the child engaging in learning, extracurricular activities, or self-improvement. Similarly, most families identified child factor related barriers to goal completion, highlighting the pressure parents and youths themselves placed on the child taking responsibility for their learning and goal completion. For example, barriers such as a child's lack of motivation, ability to focus, or time were main concerns for most families. Given that parental support has been found to be an important correlate of learning and academic success (Jeynes, 2005), these results suggested that parents may have missed a key area that could help support their child. Notably, examination of feedback team member ratings for parent and youth effort during goal setting revealed that parents and youth were both rated as putting in "a lot of effort" towards goal creation, though parents were rated as significantly more engaged than youth on average during feedback. These results further speak to the need to understand the role of parental involvement for goal setting and engagement. Post-intervention follow-up would allow for a fuller understanding of how engaged parents are in supporting their child in goal completion and whether more direction from the feedback

consultant or support from the school around parent related goals would be useful. For example, previous research has shown that parental-involvement programs that are school sponsored have been found to have a positive impact on student achievement (Jeynes, 2005), suggesting an important next step may be piloting the SAFE-Learning intervention through the schools.

Limitations

While this study aimed to provide initial evidence for the feasibility of the SAFE-Learning intervention, numerous limitations were present. Most notably, the sample size was small, limiting power and the ability to conduct more complex analyses, and there was no follow-up conducted, so efficacy could not be examined. A larger sample would allow for a deeper examination of variables to better understand potential moderators and mediators predicting parent and child engagement as well as protective and risk factors. Additionally, it took this team approximately one year to recruit and run 64 families despite access to over 1,000 families across three schools. This speaks to the challenges of recruitment, indicating a need to explore additional means of engaging families in the intervention. It is unclear how representative of the urban public schools families who participated in this study were. Families who were recruited for the study self-selected to sign up for the intervention and reported several protective factors falling in the green range during assessment, limiting generalizability to families with more challenges. It will be important to implement the intervention with parent-child dyads that may be less motivated initially or who present with more risk factors to better understand the feasibility across populations. It is important to consider that the feasibility of successfully recruiting and implementing the intervention with these families is unknown and may be more difficult given the added stress these families may already be experiencing. Additionally, though children across the full age range engaged in both the assessment and

feedback portion of the intervention, research assistants reported that children under the age of 7 struggled with measures, and two five-year-old children were unable to complete the MSLQ. Additionally, no school level factors were assessed in visit 1, highlighting the need to better understand school variables in addition to parent, child, and familial factors. Due to school administrative challenges, standardized tests and report cards were not utilized to track grades and attendance. Future research should ensure the utilization of reliable, valid and age appropriate measures to assess key constructs (e.g., self-regulation for learning and grit) while also collecting report cards and benchmark test scores. Finally, given the two-session nature of this intervention, future research would benefit from an extended follow-up to track and support family goal engagement as well as program efficacy.

Strengths

This study boasted many strengths, including the successful implementation of a novel intervention with urban public school parent-child dyads using an adaptation of the Family Check Up model. In a brief assessment session, researchers could build rapport and assess for a broad range of protective and risk factors. While it was noted in the limitations that recruitment was difficult, the high rate of engagement in both sessions for participating families (98%) was a notable strength, suggesting that most families who participated in the initial session returned for feedback. While the intervention appears feasible to implement with low-income, urban parent-child dyads, further piloting is needed to examine how to boost the appeal of the opportunity to parents and children. The families who self-selected to participate in this study proved to be generally healthy, suggesting that even for parents whose children are doing well and appear to be motivated, an intervention was appealing and families were able to set meaningful goals. Despite their many strengths, these families identified barriers to goal completion, highlighting

their need for support in goal engagement. Future work is needed to examine whether there are measureable benefits to participation in SAFE-Learning and with whom or when the intervention may be effective. Currently, the intervention was designed to be beneficial regardless of the child's level of academic functioning. The assumption behind the intervention is that regardless of how well children are functioning or how disadvantaged they may be, all can benefit from educational support, especially with a balance of praise for effort and strengths as well as challenges to improve weaknesses. For instance, a couple of youth in the study were seniors who utilized the intervention to set goals for considering and applying to college. This intervention provides evidence that economically poor, urban families displayed motivation and desire to grow and improve. Future interventions can utilize this motivation to boost engagement in family identified goals, allowing for a more complex understanding of strengths and success than can be measured using standardized school exams.

During feedback, consultants demonstrated a strengths-based, MI spirit that allowed parent-child dyads to open-up and discuss their strengths and weaknesses. Notably, the inclusion of both the parent and child during feedback worked well across all age groups, with several families identifying the ability to communicate together about their strengths, weaknesses, and goals as the best part of the intervention. Families set goals independently and engaged in an in-depth behavior change discussion. Beyond that, both parents and youth reported high levels of satisfaction with the intervention and the feedback consultants.

Implications and Future Directions

This study has a few clinical implications for families with children enrolled in an urban public school. First, results highlighted that families with children across all grade levels have strengths that can be fostered and weaknesses that they could identify and wanted to improve.

For these families, hearing how well they were doing was powerful. In a safe, warm environment, parents and youths could engage actively in goal setting and discussions around goal completion, including barrier identification. This highlights that even when families have strengths, they need additional support and have goals they are motivated to work towards. More research needs to be done focused on recruitment and implementation in a larger sample, however, initial results provide promising implications for the feasibility of the SAFE-Learning intervention in an urban public school population.

Given the challenges with recruitment, it would be important to consider an alternate method such as the implementation of SAFE-Learning within a school. By piloting the intervention within a school setting, perhaps through a teacher referral system, researchers could maximize recruitment with hopes of reaching as many youths who could benefit. Depending on the child's developmental level, interventions could include teachers, counselors, or school therapists with parents integrated into the intervention and subsequent goal engagement, or alternatively, teachers can be invited to participate in providing data for the feedback as well as in the goal setting meeting with the child and parent. Given that needs vary greatly between elementary and high school students; future research could target students at a similar developmental level with the goal of enhancing goal engagement. For example, a SAFE-Learning intervention targeting high schoolers would likely be most successful with a key teacher or counselor involved in the intervention process whereas elementary youth, who often have one teacher on whom they heavily rely (Klem & Connell, 2004), may find that teacher to be a strong source of support. By integrating SAFE-Learning into the school system from kindergarten, families can begin to learn how to identify strengths and weaknesses and in turn how to set and achieve key goals. With an intervention team in place at the school, the focus can

be placed on youth and families without adding too much additional burden onto teachers. Parents can continue their involvement through elementary and middle school into high school, continually learning new strategies to support their child based on their developmental level and personal strengths and weaknesses. In this way, schools can support families in maximizing the use of parent and child resources in addition to school based resources to support learning. Additionally, providing additional follow-up time points as well as supportive booster sessions as seen in the Family Check Up model can further bolster the SAFE-Learning intervention.

This study provided initial results for the feasibility of implementing a SAFE-Learning intervention across a wide age range in an urban, public school population. The families in this study were unique and identified risk factors and stressful events many families never experience. Despite this, each child in this study presented with strengths and both the parent and youth expressed a motivation to grow. It is here that interventions such as SAFE-Learning can support families' goals so that every child has the chance to grow.

Table 1.
Demographics: Distribution of family income.

Income Level	N	Percent
<9,999	22	34%
10,000-19,999	20	31%
20,000-29,999	6	9%
30,000-39,999	7	11%
40,000-49,999	4	6%
50,000-59,999	1	1%
60,000-69,999	2	3%
>100,000	1	1%

Table 2.

Demographics: Ethnicity and gender of enrolled students in the three urban public schools used for recruitment (2016-2017).

	ES	E/MS	HS
	n = 292	n = 411	n = 1,539
Ethnicity			
Black or African American	284 (97%)	408 (99%)	1528 (99%)
White	7 (2%)	0	5 (<1%)
Arabic	0	1 (<1%)	1 (<1%)
American Indian or Alaska Native	1 (<1%)	0	4 (<1%)
Native Hawaiian/Pacific Islander	0	1 (<1%)	0
Asian	0	0	1 (<1%)
Gender			
Male	159 (55%)	216 (53%)	763 (50%)
Female	133 (45%)	195 (47%)	776 (50%)

Percentages in parentheses. ES = Elementary school. E/MS = Elementary/Middle School. HS = High School.

Table 3.

Scoring Worksheet with color cutoffs for assessment measures used during feedback.

Parent Measure	Scale/subscale	Red	Yellow	Green
HOME-SF 3-5	Overall score	0-13	14-18	19-26
	Emotional Support	0-6	7-9	10-12
	Cognitive Stimulation	0-6	7-9	10-14
HOME-SF 6-9	Overall score	0-13	14-17	18-32
	Emotional Support	0-4	5-7	8-18
	Cognitive Stimulation	0-4	5-7	8-14
HOME-SF 10+	Overall score	0-13	14-17	18-31
	Emotional Support	0-4	5-7	8-18
	Cognitive Stimulation	0-4	5-7	8-13
Parent-Teacher Involvement	Parent Involvement	0-.30	.31-.70	.71-4.0
	Teacher Relationship Quality	0-2.10	2.11-3.0	3.01-4.0
	Parent Endorsement	0-2.30	2.31-3.10	3.11-4.0
	Overall Score	0-1.56	1.57-2.26	2.27-4.0
Stressful Events	Parent Stress	5-22	4	0-3
Strengths and Difficulties Questionnaire (Found on Youth table)	Total Difficulties	17-40	14-16	0-13
	Externalizing	11-20	8-10	0-7
	Conduct Problems	4-10	3	0-2
	Hyperactivity/Inattention	7-10	6	0-5
	Internalizing	9-20	6-8	0-5
	Emotional Symptoms	5-10	4	0-3
	Peer Relationship Problems	4-10	3	0-2
PHQ-8	Depression	20-15	10-14	0-9
CFQ	Perceived Social Support	0-9.5	9.6-10.1	10.2-12
SPS	Perceived Social Support	0-22	23-28	29-40
Child Measure	Subscale	Red	Yellow	Green
School Performance	--	D-F	C	A-B
School Attendance	--	>11%	6-10%	0-5%
Motivated Strategies for Learning	Self-Regulation	1-4.1	4.2-4.9	5.0-7
	Self-Efficacy	1-4.4	4.5-5.4	5.5-7
Grit	Overall	1-2.5	2.6-3.3	3.4-5
	Consistency of Interest	1-2.5	2.6-3.3	3.4-5
	Perseverance of Effort	1-2.5	2.6-3.3	3.4-5

Table 4.

Reliability statistics: agreement between coders on goal and barrier categorization.

Goal Number	Fleiss Kappa	Agreement	% Agreement (All 3 Coders)
One	0.60	Moderate	69%
Two	0.70	Substantial	74%
Three	0.73	Substantial	77%

Barrier Type	Fleiss Kappa	Agreement	% Agreement (All 3 Coders)
Societal	0.68	Substantial	94%
Parent-Teacher	1.00	Almost perfect	100%
Child	0.96	Almost perfect	99%
Parent/Family	0.92	Almost perfect	96%
Peer	0.96	Almost perfect	99%
No Barriers	1.00	Almost perfect	100%

Table 5.

Means, standard deviations, and score ranges for parent and child factors.

	N	M	SD	Score Range
Home Environment (ages 3-5)	2	20.50	3.55	18-23
Home Environment (ages 6-9)	12	21.92	2.47	20-28
Home Environment (ages 10-13)	20	24.25	2.94	19-29
Home Environment (ages 14-18)	30	20.93	3.33	16-29
Parent Teacher Involvement	64	2.41	.76	.90-3.86
Stressful Life Events	64	4.34	3.44	0-22
Parent Depression	64	3.13	4.01	0-22
Perceived Social Support ECLS-K	64	9.41	2.80	1-12
Perceived Social Support SPS	51	32.51	5.45	18-40
Perceived Social Support SPS alternate	13	6.09	1.10	3.80-7
Parent Reported Grades	64	2.96	.61	1-4
Child Reported Grades	63	3.14	.62	1-4
Verbal Ability PPVT-4; Standard Score	35	89	12	64-119
Self-Regulation for Learning	62	5	1.10	3-7
Self-Efficacy for Learning	62	5.60	.96	3.56-7
Behavioral Problems	64	8.52	5.36	0-27
Grit	64	3.53	.67	2.25-4.88

Table 6.

Examples of goals set during the feedback session across age in years and grade level.

Age	Grade	Goal
5	K	Write first name by October.
6	1 st	Use I-message (10 a month) for self-regulation.
7	2 nd	Perfect attendance and grades.
8	3 rd	Getting a 4.0 by April by decreasing screen time.
10	4 th	Finish a test. Tutoring and extra teacher help should help increase speed.
10	5 th	Increase reading fluency and increase daily reading time, from 30 to 45 mins.
11	5 th	Parent involvement in learning. Showing up to volunteer in XXX's classroom and communicating with her teachers.
12	6 th	Increase vocabulary by 5 new words per week. Use app on phone to look up words I don't know. Write them down for future use.
12	7 th	Work on cutting the screen time, decreasing all electronics by 1 hour at least.
13	8 th	Math: 5 practice problems a day x 3 day week to become more comfortable/confident. Turn to others for help if needed and 1 st step: writing down practice problems.
14	9 th	Consistency in writing and Algebra (1) I would do this by writing 30 mins a day. (2) Algebra flashcards 3x per week for 30 mins (mom and child disagree about approach, and differ on how much progress child has made)
15	10 th	Prepare for SAT testing using online services, classes, and other materials. Score above average. Prepare enough to not be overwhelmed but also familiar w/ materials on the test.
16	11 th	Go to college – start searching for schools and scholarships and have decisions made by Sept.
17	12 th	Volunteering at pediatrician office and at labs doing research. Decide about the day of the week to fit it all in.
18	12 th	Put myself first more, like how I care for others.

Table 7.

Fidelity to motivational interviewing OARS skills, active style, and empathy by feedback consultant.

Feedback Consultant	Visits (visits coded)	Closed Questions M (SD)	Open Questions M (SD)	Affirmation Words M (SD)	Simple Affirmations M (SD)	Complex Affirmations M (SD)
LM	34 (28)	2.29 (2.55)	9.14 (7.01)	2.43 (3.79)	3.32 (4.46)	3.11 (3.43)
KC	20 (20)	3.60 (4.41)	12.70 (5.14)	3.30 (2.68)	1.80 (1.61)	1.60 (2.19)
DT	6 (5)	2.60 (3.78)	14.40 (11.46)	3.40 (3.65)	1.80 (1.79)	1.00 (1.00)
KSH	3 (2)	3.00 (4.24)	8 (0)	5.50 (.71)	1.50 (.71)	1.50 (2.12)

Feedback Consultant	Visits (visits coded)	Basic Reflections M (SD)	Complex Reflections M (SD)	Summaries M (SD)	Active Style M (SD)	Empathy M (SD)
LM	34 (28)	4.00 (4.72)	6.32 (6.37)	6.89 (6.64)	1.69 (.62)	1.93 (.26)
KC	20 (20)	4.95 (4.54)	2.80 (2.04)	8.70 (3.29)	1.45 (.69)	1.60 (.50)
DT	6 (5)	4.00 (5.39)	7.60 (4.28)	7.20 (5.81)	1.75 (.50)	2 (0)
KSH	3 (2)	6.50 (4.95)	3.50 (2.12)	3.50 (2.12)	1.50 (.71)	2 (0)

Figure 1.
Caregiver reported level of education completed.

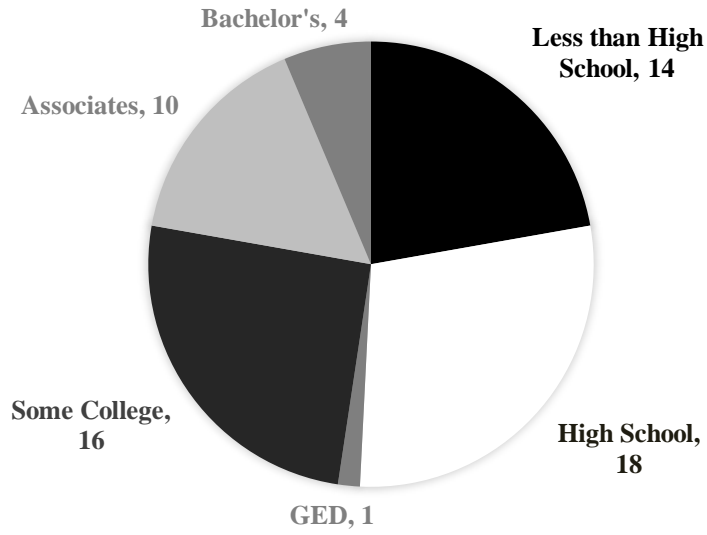


Figure 2.
Percent of families with scores on parent factors falling into the green, yellow, or red range:
boys versus girls.



Figure 3.

Percent of families with scores on child factors falling into the green, yellow, or red range: boys versus girls.

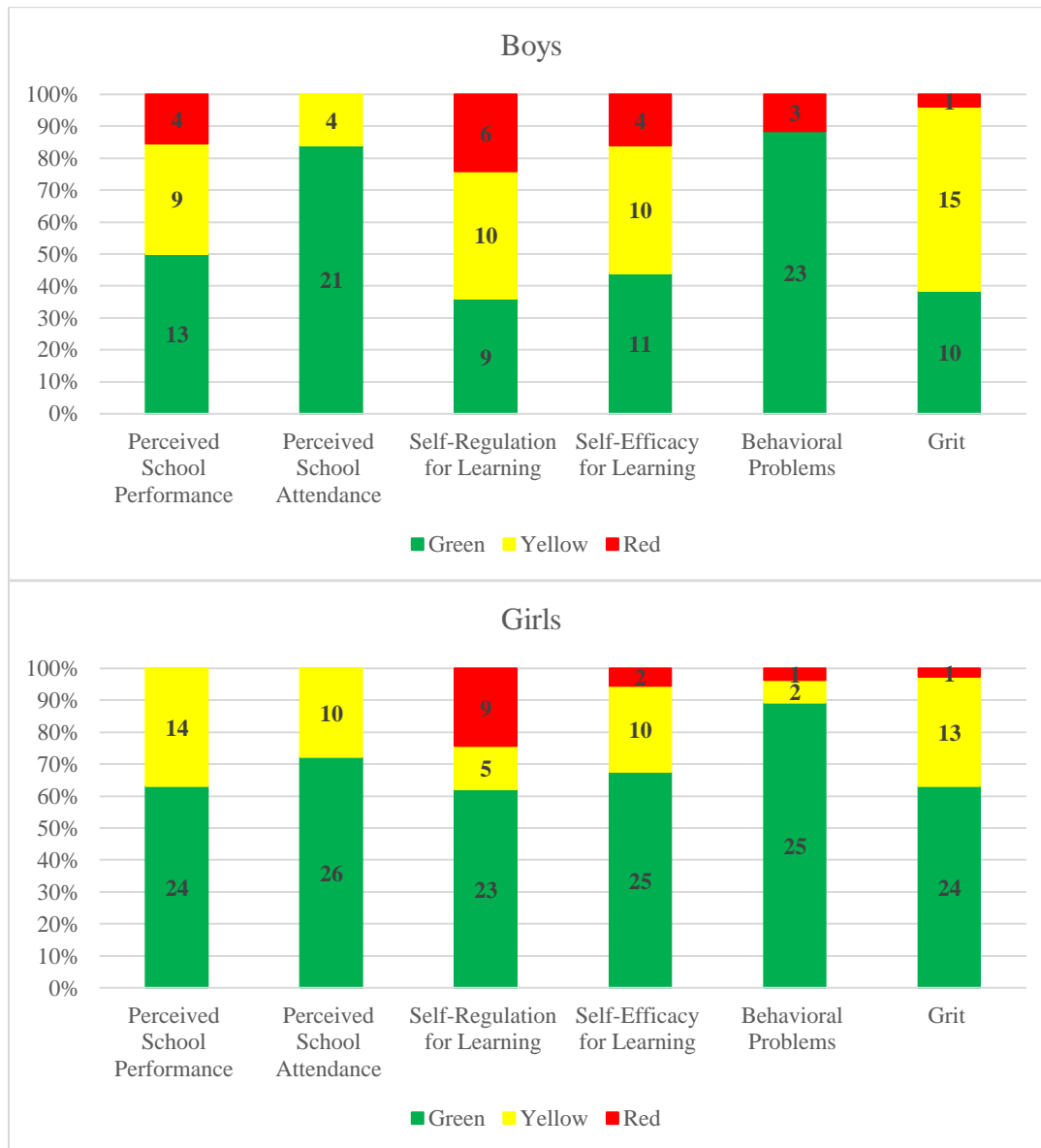


Figure 4.
 Percent of families with scores on parent factors falling into the green, yellow, or red range by grade.

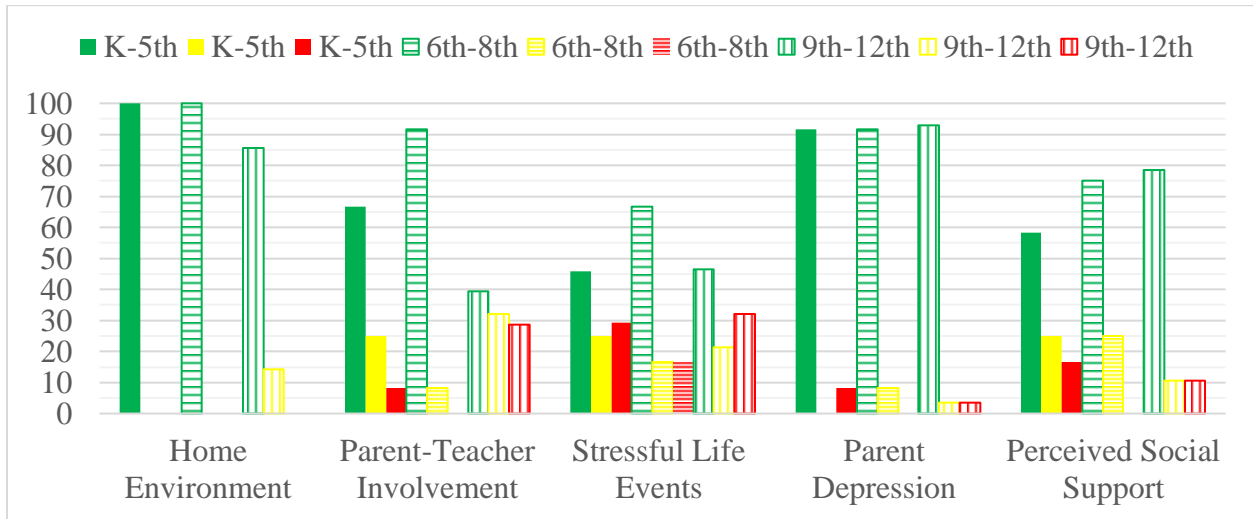


Figure 5.
 Percent of families with scores on child factors falling into the green, yellow, or red range by grade.

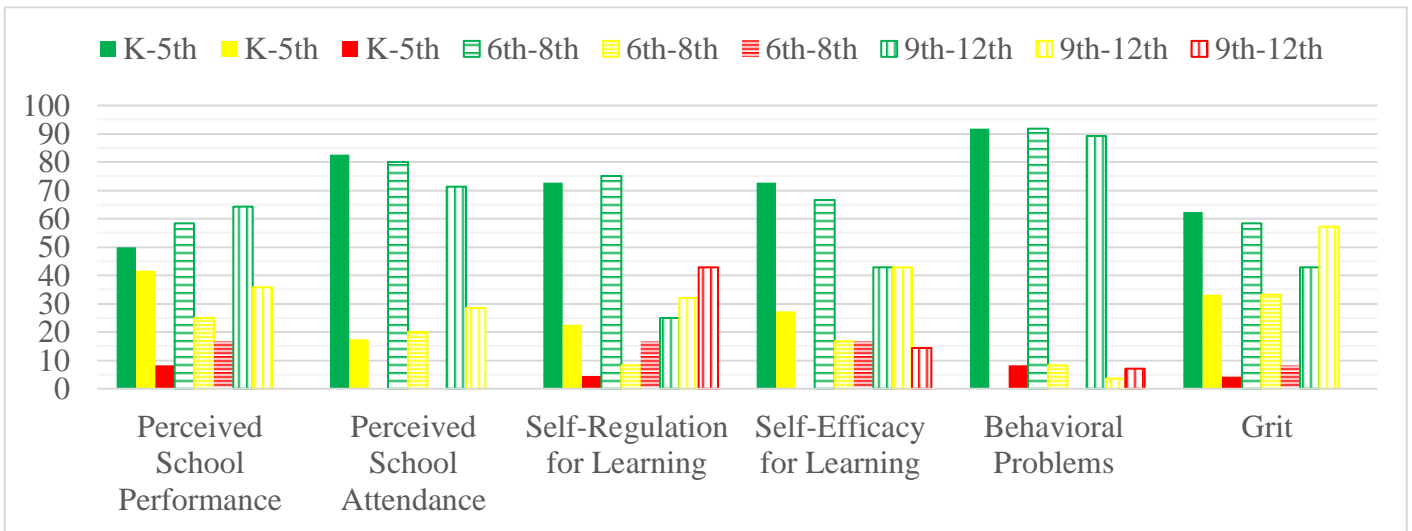
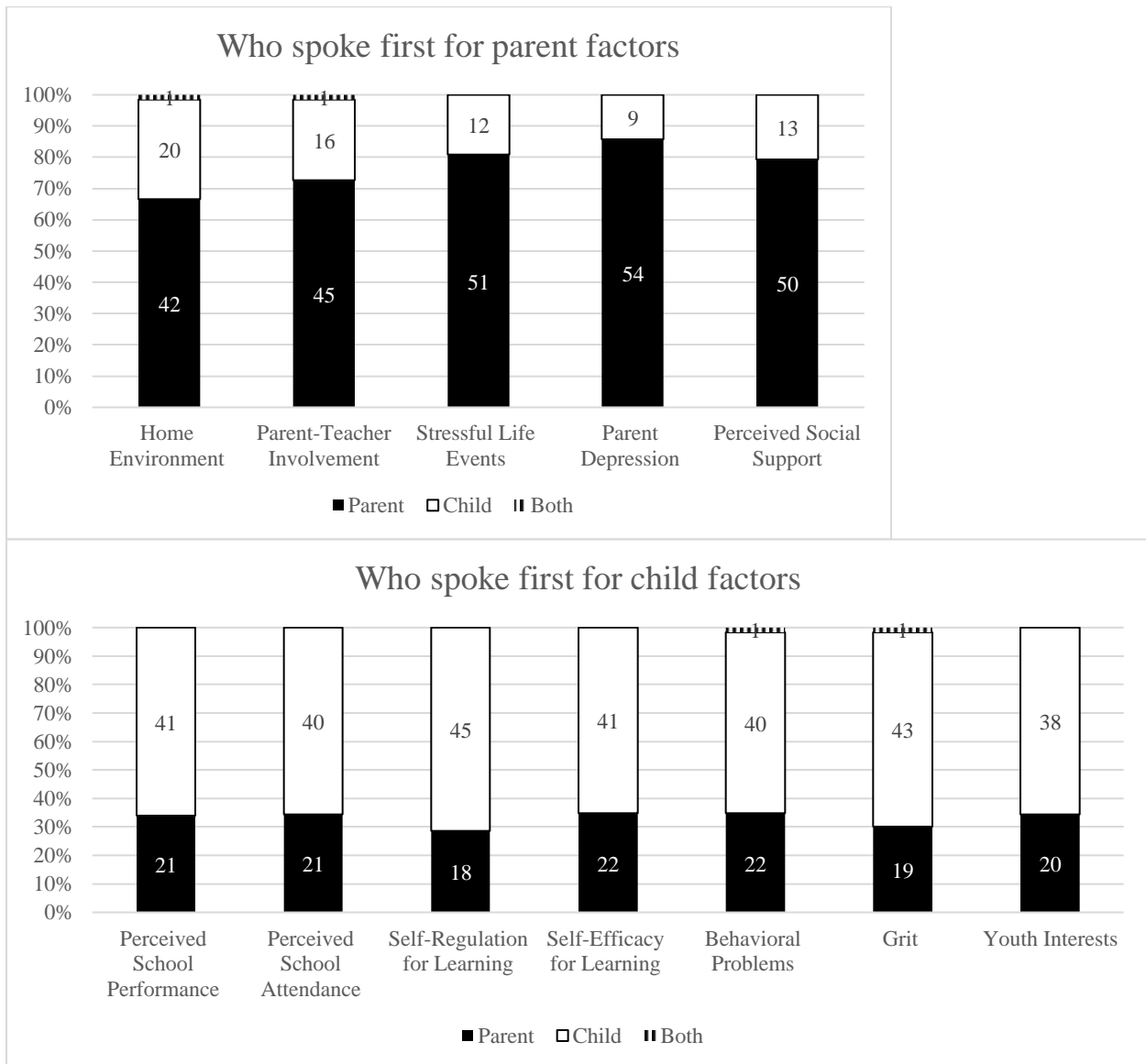


Figure 6.

Percentage of times parent, child, or both family members spoke first for parent and child factors.



APPENDIX A – RECRUITMENT MATERIALS



Schools And Families Empowering *LEARNING*

WAYNE STATE UNIVERSITY
RESEARCH STUDY

Principal Investigator: Douglas Barnett,
Ph.D.

Families: Would you like to meet with expert consultants about your child's academic goals?

How?

- Consider enrolling in this research study being conducting by Wayne State University in partnership with the School.
- You and your child complete a 90 minute in person interview about you and your child's learning environment and goals.
- Later in the summer, you and your child will complete a 60 minute in person feedback and goal setting meeting.
- Parents will be asked to complete a 10 minute phone interview in the fall.

Why?

- Families can get answers on how to help their child succeed.
- Families will be given feedback about how they may improve their child's success.
- Families will be given information about useful connections and opportunities in their community.
- Parents will receive \$50 and students will receive school supplies.

To enroll or to get more information, please call, text or email:



Phone

(313) 577-2624



Text

(313) 473-0341




Email

SAFElearningWSU@gmail.com

APPENDIX B – PARENT MEASURES

Caregiver Demographic Questionnaire

1. What is your relationship to the child that is participating in this project? (*Circle response*)
 Biological Mother Biological Father Grandmother Grandfather
 Aunt Uncle Non-biological Legal Guardian
 Other _____
2. Are you this child’s primary caregiver? **YES** **NO**
 2a. Who do you consider to be this child’s primary female caregiver? _____
 2b. Who you do consider to be this child’s primary male caregiver? _____
3. How old are you? _____
4. How old is your child? _____
5. Please tell me which of the following best describes *your* ethnic background:
 African-American/Black Caucasian/White Latino-American
 Indian/Alaska Native Asian/Pacific Islander
 Other _____
6. Please tell me which of the following best describes *your child’s* ethnic background:
 African-American/Black Caucasian/White Latino-American
 Indian/Alaska Native Asian/Pacific Islander
 Other _____
7. What is your highest grade completed in school? _____
 6a. **If less than college:** Did you receive: **High School Diploma** **GED**
8. What grade is your child in now? _____
9. Are you currently working? **YES** **NO**
 8a. **If YES,** what is your current occupation? _____
10. What is your current marital status?
 Single Married Divorced Separated Living with Partner Widowed
11. What was your family’s approximate income last year?
 Less than 9,999 10,000-19,999 20,000-29,999 30,000-39,999
 40,000-49,999 50,000-59,999 60,000-69,999 70,000-79,999
 80,000-89,999 90,000-99,999 over 100,000
12. What is the sex of your child? **MALE** **FEMALE**



Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID # _____

CHILD'S FULL NAME First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)			
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	FATHER'S TYPE OF WORK _____		MOTHER'S TYPE OF WORK _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____	THIS FORM FILLED OUT BY: (print your full name) _____			
GRADE IN SCHOOL _____	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.			Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
NOT ATTENDING SCHOOL <input type="checkbox"/>				Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____		

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

a. _____

b. _____

c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average	Average	More Than Average	Don't Know
-------------------	---------	-------------------	------------

Compared to others of the same age, how well does he/she do each one?

Below Average	Average	Above Average	Don't Know
---------------	---------	---------------	------------

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

None

a. _____

b. _____

c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average	Average	More Than Average	Don't Know
-------------------	---------	-------------------	------------

Compared to others of the same age, how well does he/she do each one?

Below Average	Average	Above Average	Don't Know
---------------	---------	---------------	------------

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

a. _____

b. _____

c. _____

Compared to others of the same age, how active is he/she in each?

Less Active	Average	More Active	Don't Know
-------------	---------	-------------	------------

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

a. _____

b. _____

c. _____

Compared to others of the same age, how well does he/she carry them out?


Below Average	Average	Above Average	Don't Know
---------------	---------	---------------	------------

Be sure you answered all items. Then see other side.

Copyright 2001 T. Achenbach
ASEBA, University of Vermont
1 South Prospect St., Burlington, VT 05401-3456
www.ASEBA.org

UNAUTHORIZED COPYING IS ILLEGAL

6-1-01 Edition - 201



PAGE 1

Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)
 None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?
 (Do not include brothers & sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Behave with his/her parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Play and work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects. Does not attend school because _____

Check a box for each subject that child takes		Failing	Below Average	Average	Above Average
	a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.

2. Does your child receive special education or remedial services or attend a special class or special school?
 No Yes—kind of services, class, or school:

3. Has your child repeated any grades? No Yes—grades and reasons:

4. Has your child had any academic or other problems in school? No Yes—please describe:

When did these problems start? _____

Have these problems ended? No Yes—when?

Does your child have any illness or disability (either physical or mental)? No Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Parent and Teacher Involvement Questionnaire

Please circle the number that best completes each statement.

		Never	Once or Twice a Year	Almost Every Month	Almost Every Week	More Than Once Per Week
1	In the past year, you have called your child's teacher.	0	1	2	3	4
2	In the past year, your child's teacher has called you.	0	1	2	3	4
3	In the past year, you have written your child's teacher.	0	1	2	3	4
4	In the past year, your child's teacher has written you.	0	1	2	3	4
5	In the past year, you stopped by to talk to your child's teacher.	0	1	2	3	4
6	In the past year, you have been invited to your child's school for a special event (such as a book fair).	0	1	2	3	4
7	In the past year, you have visited your child's school for a special event (such as a book fair).	0	1	2	3	4
8	In the past year, you have been invited to attend a parent-teacher conference.	0	1	2	3	4
9	In the past year, you have attended a parent-teacher conference.	0	1	2	3	4
10	In the past year, you have attended PTA meetings.	0	1	2	3	4

Please circle the number that best completes each statement.

		Not At all	A little	Some	A Lot	A Great Deal
11	You feel welcome to visit your child's school.	0	1	2	3	4
12	You enjoy talking with your child's teacher.	0	1	2	3	4
13	You feel your child's teacher cares about your child.	0	1	2	3	4
14	You think your child's teacher is interested in getting to know you.	0	1	2	3	4
15	You feel comfortable talking with your child's teacher about your child.	0	1	2	3	4
16	You think your child's teacher pays attention to your suggestions.	0	1	2	3	4
17	You ask your child's teacher questions or make suggestions about your child.	0	1	2	3	4
18	You send things to class like story books and other things.	0	1	2	3	4
19	You read to your child.	0	1	2	3	4
20	You take your child to the library.	0	1	2	3	4
21	You play games at home with your child to teach him/her new things.	0	1	2	3	4
22	You volunteer at your child's school.	0	1	2	3	4

Please circle the number that best completes each statement.

		Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
23	Your child's school is a good place for your child to be.	0	1	2	3	4
24	The staff at your child's school is doing good things for your child.	0	1	2	3	4
25	You have confidence in the people at your child's school.	0	1	2	3	4
26	Your child's school is doing a good job of preparing children for their futures.	0	1	2	3	4

Parental Self-Efficacy for Helping the Child Succeed in School Scale (Adapted)

Please indicate how much you agree or disagree with each of the following statements. Please think about the current school year as you consider each statement.

	Disagree Very Strongly 1	Disagree 2	Disagree Just a Little 3	Agree Just a Little 4	Agree 5	Agree Very Strongly 6
1. I know how to help my child do well in school.						
2. I don't know if I'm getting through to my child.						
3. I don't know how to help my child make good grades in school.						
4. I feel successful about my efforts to help my child learn.						
5. Other children have more influence on my child's grades than I do.						
6. I don't know how to help my child learn.						
7. I make a significant difference in my child's school performance.						

Personal Health Questionnaire Depression Scale (PHQ-8)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Circle one number on each line.)

<i>How often during the past 2 weeks were you bothered by...</i>	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

Perceived Parenting Support

Directions: I'm going to read you a list of statements. Think about the statement carefully and decide if it is "Not True or Hardly Ever True", "Somewhat True or Sometimes True", or Very True or Often True" for you. Then tell me the answer that seems to describe you now. Please answer all statements as well as you can, even if some do not seem to concern you.

Item	Never True 0	Sometimes True 1	Always True 2
1. If I need to do an errand, I can easily find someone to watch my child.			
2. If I need a ride to get my child to the doctor, friends or family will help me.			
3. If my child is sick, friends or family will call or come by to check on how things are going.			
4. If my child is having problems at school, there is a friend, relative, or neighbor I can talk it over with.			
5. If I have an emergency and need cash, family or friends will loan it to me.			
6. If I have troubles or need advice, I have someone I can talk to.			

For the remaining questions, if you strongly agree with the statement, circle 4; if you strongly disagree, circle 1.

1. There are people I can depend on to help me if I really need it.	1	2	3	4
2. I feel that I do not have close personal relationships with other people.	1	2	3	4
3. There is no one I can turn to for guidance in times of stress.	1	2	3	4
4. There are people who enjoy the same social activities that I do.	1	2	3	4
5. I do not think other people respect my skills and abilities.	1	2	3	4
6. If something went wrong, no one would come to my assistance.	1	2	3	4
7. I have close relationships that provide me with a sense of emotional security and well-being.	1	2	3	4
8. I have relationships where my competence and skills are recognized.	1	2	3	4
9. There is no one who shares my interests and concerns.	1	2	3	4
10. There is a trustworthy person I could turn to for advice if I were having problems.	1	2	3	4

Stressful Life Events Checklist

To be completed by *caregivers* to reflect their child's experiences. Check the first box if the child has ever experienced that event. Check both boxes if the child has experienced that event in the past year.

Which of the following events has your child experienced in their past?	Ever?	In the past year?
1. Death of a family or household member		
2. Parents (LTPs) divorced (separated)		
3. Family or household member has had serious behavior or psychiatric problem		
4. Family or household member has had problem with drugs or alcohol		
5. Family or household member has had serious illness or accident requiring hospitalization		
6. Parent has spent time in jail		
7. Family has come to the attention of Protective Services		
8. Family, household member, or friend has been victim of serious crime		
9. Angry violence between member of household (i.e., parents, parent and sibling, parent and child)		
10. Child has lived at home of relative or friend because of parent problems		
11. Child has been in foster care		
12. Child has had some serious illness or accident requiring hospitalization		
13. Child has witnessed serious violence in the home		
14. Child has been victim of serious crime		
15. Child has witnessed serious crime		
16. Child has moved to a new home		
17. Child has been homeless		
18. Child has had legal trouble		
19. Child has used alcohol or drugs		
20. Child has been evicted from home		
21. Child has witnessed violent crime in the neighborhood		
22. Child has witnessed someone badly hurt		

Strengths and Difficulties Questionnaire

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other youth, for example books, games, or food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often losses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOME – Interview Questions

Home-SF Item Description	Age Assessed		
	3-5 yrs	6-9 yrs	10-14 yrs
1. Does your child have ___ children's books (10 for ages 3-9 yrs; 20 for ages 10-14 yrs)	Y / N	Y / N	Y / N
2. Do you read to your child 3 times a week or more	Y / N	Y / N	-
3. Do you take your child to the grocery store (once/week or 2-3 times a month)	Y / N	-	-
4. Does child eat meals with both mother and father (-figures) once a day or more	Y / N	Y / N	Y / N
5. Have you spanked the child more than once during past week	Y / N	Y / N	-
6. Does your family subscribe to at least one magazine	Y / N	-	-
7. Does your child have the use of record/CD player and at least 5 records/CDs/tapes	Y / N	-	-
8. Is your child helped to learn numbers at home	Y / N	-	-
9. Is your child helped to learn the alphabet at home	Y / N	-	-
10. Is your child helped to learn colors at home	Y / N	-	-
11. Is your child helped to learn shapes and sizes at home	Y / N	-	-
12. Does your child have some choice in foods for breakfast and lunch	Y / N	-	-
13. Is the TV on in home less than 5 hours per day	Y / N	-	-
14. Do you use non-harsh discipline if child hits (or swears/speaks in anger ages 72mos+) (6 y+)	Y / N	Y / N	Y / N
15. Was your child taken to museum in past year	Y / N	Y / N	Y / N
16. Is your child expected to make his/her bed	-	Y / N	Y / N
17. Is your child expected to clean his/her room	-	Y / N	Y / N
18. Is your child expected to clean up after spills	-	Y / N	-
19. Is your child expected to bathe him/herself	-	Y / N	-
20. Is your child expected to pick up after himself/herself	-	Y / N	Y / N
21. Is your child expected to keep shared living areas clean and straight	-	-	Y / N
22. Is your child expected to do routine chores such as lawn, help with dinner/dishes	-	-	Y / N
23. Is your child expected to help manage his/her own time	-	-	Y / N
24. Is there a musical instrument in home child can use	-	Y / N	Y / N
25. Does the family get a daily newspaper	-	Y / N	Y / N
26. Does your child read several times a week for enjoyment	-	Y / N	Y / N
27. Is your child encouraged to start and do hobbies	-	Y / N	Y / N
28. Does your child receive lessons or belong to a sports/music/art/dance/drama organization	-	Y / N	Y / N
29. Was your child taken to musical or drama performance in past year	-	Y / N	Y / N
30. Does your family visit with family or friends 2-3 times a month	-	Y / N	Y / N
31. Does your child spend time with father(-figure) 4 times a week	-	Y / N	Y / N
32. Does your child spend time with father (-figure) in outdoor activities once a week	-	Y / N	Y / N
33. When watching TV, do you discuss the program with child	-	Y / N	Y / N

HOME Inventory : Observer Questions

INSTRUCTIONS: Please fill in either "Yes" or "No" to indicate if the behavior in question is observed.

	YES(+)	NO(-)
1. Parent spontaneously vocalized to/conversed with the child <i>at least twice</i> .	<input type="radio"/>	<input type="radio"/>
2. Parent showed physical affection to the child.	<input type="radio"/>	<input type="radio"/>
3. Parent neither slaps nor spansks child during visit.	<input type="radio"/>	<input type="radio"/>
4. Play environment is safe (home or building for ages 36 mos +).	<input type="radio"/>	<input type="radio"/>
5. Parent encouraged child to contribute to conversation.	<input type="radio"/>	<input type="radio"/>
6. Parent answered child's questions or requests <i>verbally</i> .	<input type="radio"/>	<input type="radio"/>
7. Parent introduced interviewer to child <i>by name</i> .	<input type="radio"/>	<input type="radio"/>
8. Parent's voice conveys positive feelings towards child.	<input type="radio"/>	<input type="radio"/>
9. Home is not dark.	<input type="radio"/>	<input type="radio"/>
10. Home is reasonably clean.	<input type="radio"/>	<input type="radio"/>
11. Home is minimally cluttered.	<input type="radio"/>	<input type="radio"/>

Child's Current Health Behaviors

Now you will be using this rating scale to indicate how many days in a typical week your child engages in the behavior described.

0 **1** **2** **3** **4** **5** **6**
0 days 1 day 2 days 3 days 4 days 5 days 6+ days

1. How many days does your child attend a physical education class in school?	0 1 2 3 4 5 6
2. How many days does your child attend a class or group outside of school that involves physical activity (dance class; sports team)?	0 1 2 3 4 5 6
3. How many days does your child exercise or participate in physical activity for at least 30 minutes that does not make him/her sweat or breathe hard (fast walking, slow bicycling, skating, pushing a lawn mower)?	0 1 2 3 4 5 6
4. How many days does your child eat "junk food" such as pop, chips, or fried food?	0 1 2 3 4 5 6
5. How many days does your child eat 5 servings of fruits and vegetables (one serving is equal to one piece of fruit or ½ cup of fruit/vegetable)?	0 1 2 3 4 5 6
6. How many days does your child eat a healthy breakfast?	0 1 2 3 4 5 6
7. How many days does your child wake up in the morning feeling rested for the day?	0 1 2 3 4 5 6
8. How many days does your child wake up in the morning without the aid of an alarm clock or other person?	0 1 2 3 4 5 6
9. How many days does your child take a nap prior to going to sleep in the evening?	0 1 2 3 4 5 6
10. How many days does your child work on completing homework?	0 1 2 3 4 5 6
11. How many days does your child complete homework while in front of the TV?	0 1 2 3 4 5 6
12. How many days does your child come to you for help with homework?	0 1 2 3 4 5 6

0 **1** **2** **3** **4** **5** **6**
0 nights 1 night 2 nights 3 nights 4 nights 5 nights 6+ nights

13. How many nights does your child's sleep get interrupted by other people (in your home or calling/texting his/her phone)?	0 1 2 3 4 5 6
--	---------------

Barriers to Learning

Events or situations may get in a family's way when it comes to a child's learning. Please tell me whether the following situations in your life ever get in the way of your child's learning.

0 **1** **2**
Never Sometimes Often

1. Your financial difficulties get in the way of your child's learning.	0	1	2
2. You do not have enough information and/or resources.	0	1	2
3. Your transportation problems get in the way of your child's learning.	0	1	2
4. Unclear expectations from the school get in the way of your child's learning.	0	1	2
5. You do not have enough time to commit to your child's learning.	0	1	2
6. You forget about homework or a test.	0	1	2
7. You disagree with a task from school.	0	1	2
8. Your child has a busy schedule.	0	1	2
9. Your child is unmotivated to complete school work.	0	1	2
10. You are worried you may not know the answer when your child has a question.	0	1	2
11. Disagreement with your child's teacher get in the way of your child's learning.	0	1	2
12. No communication with your child's teacher get in the way of your child's learning.	0	1	2
13. Your own personal difficulties get in the way of your child's learning.	0	1	2
14. Your child's personality get in the way of your child's learning.	0	1	2

Environmental Barriers Questionnaire

Please think about how much each barrier gets in the way of your child's sleep and ability to complete homework, and then indicate how true it is for your child. Use the following scale to respond. 0 means that the item is not a barrier for your child, while 1 means it is somewhat a barrier and 2 means it is a barrier a lot of the time.

0 **1** **2**
 Not at All Somewhat A lot

How much does each of the following get in your child's way when trying to sleep?			
1. Noise made by other people in the home	0	1	2
2. Sharing a bedroom with other people	0	1	2
3. Outside noise from your neighborhood/street	0	1	2
4. Safety concerns in your neighborhood	0	1	2
5. Sleep arrangements are uncomfortable	0	1	2

How much do each of the following get in the way of your child completing homework?			
6. Noise made by other people in the home	0	1	2
7. No designated space to do work	0	1	2
8. Outside noise from your neighborhood/street	0	1	2
9. No necessary materials at home to complete work	0	1	2
10. Incomplete or unclear directions for homework	0	1	2

APPENDIX C – YOUTH MEASURES

Youth Interview

I want to take the time to talk with you and learn more about some of your favorite things!

1. What are some of your hobbies or your favorite things to do?
 - a. Why do you like those activities?
 - b. Who do you do these activities with?
2. Who lives at home with you? What do you like to do with these people?
3. What do you like about your neighborhood?
4. Do you go to church? *(Can modify to ask if youth is spiritual or religious if 11 or older)*
 - a. If *yes*, What do you like about church
 - b. If *no*, move on to question 5.
5. Tell me about clubs or teams you are a part of now and what you like about them.
6. Which clubs or teams do you want to be a part of when you are older? Why?
7. What do you want to be when you grow up?
 - a. How do you think school and getting an education matter in becoming a _____?
8. How do you feel when it's time to go to school? Why do you feel that way?
9. What are your favorite *subjects*? *(Modify to activities for children 6 and younger)* Why?

10. What are your least favorite *subjects*? (*Modify to activities for children 6 and younger*)

Why?

11. Besides your classes, what are your favorite things about school?

12. Besides your classes, what are your least favorite things about school?

13. Who is your favorite teacher? Why is _____ your favorite?

a. What class/subject does your favorite teacher teach?

14. Do you feel like you can ask your favorite teacher for help?

a. If **yes**, what kind of help do you ask for?

b. If **no**, why not?

15. How do you feel about doing well in school?

16. How do your parents feel about you doing well in school?

17. How do your friends feel about doing well in school?

a. How do your friends do in school?

18. Tell me about when and where you do your homework.

19. What kinds of things get in the way when you are doing homework or studying?

20. **[INTERVIEWER NOTE – PRESENT LIST]**

Who have you asked to help you with school or homework before?

Thank you for taking the time to talk with me!

ASKED FOR HELP WITH SCHOOL OR HOMEWORK:

- Self
- Mother
- Father
- Other relative _____
- Friend
- Social worker/counselor

- School principal
- Psychologist
- Internet
- Your friend's parent
- School guidance counselor
- Psychiatrist
- Minister/pastor/priest

- Coach
- Pediatrician
- Your teacher
- Children's Services worker
- Emergency room doctor
- Other (describe): _____

Motivated Strategies for Learning Questionnaire

The following questions ask about your learning strategies and study skills. There are no right or wrong answers. Answer the questions about how you study as accurately as possible. Use the same scale to answer the remaining questions. If you think the statement is very true of you, circle 7; if a statement is not at all true of you, circle 1. If the statement is more or less true of you, find the number between 1 and 7 that best describes you.

[1=Not at all true of me.....7=Very true of me]

1	I prefer class work that is challenging so I can learn new things.	1	2	3	4	5	6	7
2	Compared with other students in class I expect to do well.	1	2	3	4	5	6	7
3	I am so nervous during a test that I cannot remember facts I have learned.	1	2	3	4	5	6	7
5	It is important for me to learn what is being taught in class.	1	2	3	4	5	6	7
6	I like what I am learning in class.	1	2	3	4	5	6	7
7	I'm certain I can understand the ideas taught in class.	1	2	3	4	5	6	7
9	I think I will be able to use what I learn in class in other classes.							
10	I expect to do very well in class.	1	2	3	4	5	6	7
11	I think I will receive a good grade in class.	1	2	3	4	5	6	7
12	I often choose paper topics I will learn something from even if they require more work.	1	2	3	4	5	6	7
13	I am sure I can do an excellent job on the problems and tasks assigned for class.	1	2	3	4	5	6	7
14	I have an uneasy, upset feeling when I take a test.	1	2	3	4	5	6	7
15	I think I will receive a good grade in class.	1	2	3	4	5	6	7
17	Even when I do poorly on a test I try to learn from my mistakes.	1	2	3	4	5	6	7
18	I think that what I am learning in this class is useful for me to know.	1	2	3	4	5	6	7
20	My study skills are excellent compared with others in class.	1	2	3	4	5	6	7
21	I think that what we are learning in class is interesting.	1	2	3	4	5	6	7
22	Compared with other students in class I think I know a great deal about the subject.	1	2	3	4	5	6	7
23	I know that I will be able to learn the material for class.	1	2	3	4	5	6	7
24	I worry a great deal about tests.	1	2	3	4	5	6	7
25	Understanding the subject is important to me.	1	2	3	4	5	6	7
27	When I take a test I think about how poorly I am doing.	1	2	3	4	5	6	7
30	When I study for a test, I try to put together the information from class and from the book.	1	2	3	4	5	6	7
31	When I do homework, I try to remember what the teacher said in class so I can answer the questions correctly.	1	2	3	4	5	6	7

32	I ask myself questions to make sure I know the material I have been studying.	1	2	3	4	5	6	7
33	It is hard for me to decide what the main ideas are in what I read	1	2	3	4	5	6	7
34	When work is hard I either give up or study only the easiest parts.	1	2	3	4	5	6	7
35	When I study I put important ideas into my own words.	1	2	3	4	5	6	7
36	I always try to understand what the teacher is saying even if it doesn't make sense	1	2	3	4	5	6	7
38	When I study for a test I try to remember as many facts as I can.	1	2	3	4	5	6	7
39	When studying, I copy my notes over to help me remember material.	1	2	3	4	5	6	7
40	I work on practice exercises and answer end of chapter questions even when I don't have to.	1	2	3	4	5	6	7
41	Even when study materials are dull and uninteresting, I keep working until I finish.	1	2	3	4	5	6	7
42	When I study for a test I practice saying the important facts over and over to myself.	1	2	3	4	5	6	7
43	Before I begin studying I think about the things I will need to do to learn	1	2	3	4	5	6	7
44	I use what I have learned from old homework assignments and textbook to do new assignments.	1	2	3	4	5	6	7
45	I often find that I have been reading for class but don't know what it is all about.	1	2	3	4	5	6	7
46	I find that when the teacher is talking I think of other things and don't really listen to what is being said.	1	2	3	4	5	6	7
47	When I am studying a topic, I try to make everything fit together.	1	2	3	4	5	6	7
52	When I'm reading I stop once in a while and go over what I have read.	1	2	3	4	5	6	7
53	When I read material for class, I say the words over and over to myself to help me remember.	1	2	3	4	5	6	7
54	I outline the chapters in my book to help me study.	1	2	3	4	5	6	7
55	I work hard to get a good grade even when I don't like a class.	1	2	3	4	5	6	7
56	When reading I try to connect the things I am reading about with what I already know.	1	2	3	4	5	6	7

[1=Not at all true of me.....7=Very true of me]

8- Item Grit Scale

Directions for taking the Grit Scale: Please respond to the following 8 items. Be honest – there are no right or wrong answers!

1. New ideas and projects sometimes distract me from previous ones.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

2. Setbacks (delays and obstacles) don't discourage me. I bounce back from disappointments faster than most people.

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

3. I have been obsessed with a certain idea or project for a short time but later lost interest.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

4. I am a hard worker.

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

5. I often set a goal but later choose to pursue (follow) a different one.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

6. I have difficulty maintaining (keeping) my focus on projects that take more than a few months to complete.*

- Very much like me
- Mostly like me
- Somewhat like me

Not much like me
Not like me at all

7. I finish whatever I begin.

Very much like me
Mostly like me
Somewhat like me
Not much like me
Not like me at all

8. I am diligent (hard working and careful).

Very much like me
Mostly like me
Somewhat like me
Not much like me
Not like me at all

School Survey

Performance in academic subjects

<i>How do you think you're doing in each of these subjects?</i>	Failing	Below Average	Average	Above Average
a. Reading, English, Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interest in academic subjects

This scale helps us understand how interested you are in your classes at school. It goes from 0 to 10 with 0 being “not interested” and 10 being “very interested.”

0	1	2	3	4	5	6	7	8	9	10
Not interested			Moderately interested				Very interested			

How interested are you in:

1. Reading, English, Language Arts	1	2	3	4	5	6	7	8	9	10
2. History or social studies	1	2	3	4	5	6	7	8	9	10
3. Arithmetic or math	1	2	3	4	5	6	7	8	9	10
4. Science	1	2	3	4	5	6	7	8	9	10
5. Other _____	1	2	3	4	5	6	7	8	9	10

Motivation in academic subjects

This scale helps us understand how motivated you are to do well in your classes at school. It goes from 0 to 10 with 0 being “not motivated and 10 being “very motivated.”

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not motivated**Moderately motivated****Very motivated**

How motivated are you in:

6. Reading, English, Language Arts	1	2	3	4	5	6	7	8	9	10
7. History or social studies	1	2	3	4	5	6	7	8	9	10
8. Arithmetic or math	1	2	3	4	5	6	7	8	9	10
9. Science	1	2	3	4	5	6	7	8	9	10
10. Other _____	1	2	3	4	5	6	7	8	9	10

Effort in academic subjects

This scale helps us understand how satisfied you are with your effort in school right now. It goes from 1 to 5 with 1 being “I’m not trying at all” and 5 being “I’m trying as hard as I can.”

1	2	3	4	5
---	---	---	---	---

I’m not trying at all I’m not really trying I should be trying harder I’m trying hard enough but could try harder I’m trying as hard as I can

How satisfied are you with your current effort in:

11. Reading, English, Language Arts	1	2	3	4	5
12. History or social studies	1	2	3	4	5
13. Arithmetic or math	1	2	3	4	5
14. Science	1	2	3	4	5
15. Other _____	1	2	3	4	5

Peer Pressure Inventory

Here are some *PAIRS of STATEMENTS* describing *PEER PRESSURE* which is when friends encourage you to do something or not do something else. For each pair, **READ** both statements and decide whether friends mostly encourage you to do the one on the **LEFT** or the one on the **RIGHT**. Then, **MARK AN "X"** in one of the boxes on the side toward the statement you choose, depending on **HOW MUCH** your friends encourage you to do that ("A Little," "Somewhat" or "A Lot"). If you think there's no pressure from friends to do either statement, mark the middle ("No pressure") box. Remember, mark **just ONE "X"** for **each** pair of statements.

How strong is the pressure from your friends to: ...	LOT	SOMEWHAT	LITTLE	NO PRESSURE	LITTLE	SOMEWHAT	LOT	Or to: ...
Study hard, do your homework								NOT study or do homework
Take DIFFERENT classes than your friends take								Take the SAME classes that your friends take
Be part of one (or more) of the "crowds" at school								NOT be part of any of the "crowds" at school
Take accelerated (advanced level) classes								NOT take accelerated (advanced level) classes
Try NOT to be friends with the popular kids								Try to be friends with the "popular" kids
Wear the SAME types of clothes your friends wear								Wear styles of clothes DIFFERENT than your friends
Finish high school								Drop out of school
Talk or act DIFFERENTLY than your friends do								Talk or act the SAME way your friends do
Not to be TOO much of a "brain"								Be as smart as you can be
Be liked by teachers								NOT be liked by teachers
Wear your hair (or make-up) DIFFERENT than your friends								Wear your hair (or make-up) like your friends do
NOT ask your friends who you should go out with								Go out only with someone your friends say is okay to date
NOT cut classes or skip school								Cut classes or skip school
Have the SAME opinion about things as your friends do								Have DIFFERENT opinions than your friends do
Try to get good grades								NOT try for good grades
Listen to the music, groups your friends think are good								Listen to music and groups that no one else likes
Give teachers a hard time								Be nice to teachers

Current Health Behaviors- Youth Version

Now you will be using this rating scale to indicate how many days in a typical week you engaged in the behavior described.

	0 0 days	1 1 day	2 2 days	3 3 days	4 4 days	5 5 days	6 6+ days
1. How many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard (basketball, soccer, running, swimming, fast bike-riding, fast dancing, or other aerobic activities)?	0	1	2	3	4	5	6
2. How many days did you exercise or participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard (fast walking, slow bicycling, skating, pushing a lawn mower)?	0	1	2	3	4	5	6
3. How many days did you attend a physical education class in school?	0	1	2	3	4	5	6
4. How many days did you attend a class or group outside of school that involves physical activity (dance class; sports team)?	0	1	2	3	4	5	6
5. How many days did you eat “junk food” such as pop, chips, or fried food?	0	1	2	3	4	5	6
6. How many days did you eat from a fast food restaurant?	0	1	2	3	4	5	6
7. How many days did you eat 5 servings of fruits and vegetables (one serving is equal to one piece of fruit or ½ cup of fruit/vegetable)?	0	1	2	3	4	5	6
8. How many days did you eat a healthy breakfast?	0	1	2	3	4	5	6
9. How many nights did you go to bed at “bed time”?	0	1	2	3	4	5	6
10. How many nights did worrying about school keep you up?	0	1	2	3	4	5	6
11. How many days did you wake up in the morning feeling rested for the day?	0	1	2	3	4	5	6
12. How many days did you wake up in the morning without the aid of an alarm clock or other person?	0	1	2	3	4	5	6
13. How many days did you take a nap prior to going to sleep in the evening?	0	1	2	3	4	5	6
	0 0 nights	1 1 night	2 2 nights	3 3 nights	4 4 nights	5 5 nights	6 6+ nights
14. How many nights did your sleep get interrupted by other people (in your home or calling/texting your phone)?	0	1	2	3	4	5	6

SCARED Brief Assessment of PTS and School Symptoms

Directions: I'm going to read you a list of statements. Think about the statement carefully and decide if it is "**Not True or Hardly Ever True**", "**Somewhat True or Sometimes True**", or "**Very True or Often True**" for you. Then tell me the answer that seems to describe you **now**. Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. I have scary dreams about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I try not to think about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I get scared when I think back on a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions: I'm going to read some statements about school that may describe how people feel. Listen and decide if each phrase is "**Not True or Hardly Ever True**" or "**Somewhat True or Sometimes True**" or "**Very True or Often True**" for you in the last *3 months* of school.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
5. I get headaches when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get stomachaches at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I worry about going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX D – FEEDBACK MANUAL AND MATERIALS



FEEDBACK MANUAL

S.A.F.E. Learning Project

INSTRUCTIONS:

This manual should be reviewed by interviewers prior to beginning feedback sessions. It offers a comprehensive summary of all tasks required by the feedback team before, during, and after the feedback session.

Lilia Mucka

Table of Contents

Tasks to Complete Before Feedback	102
Scoring	102
Completing the feedback form	102
<i>Completing construct/area scores</i>	103
<i>Completing the Youth Interests/Strengths</i>	105
Completing the Family Feedback Preparation Form	105
The Day of Feedback	106
Materials needed for feedback	106
Feedback location rules	107
<i>What if my visit is in the lab?</i>	107
<i>What if my visit is at the school?</i>	107
<i>What if my visit is at their home?</i>	107
Introduction to the feedback session	108
<i>Using MI skills as the Feedback Consultant</i>	109
<i>Assessing use of MI skills as the Feedback Team Member</i>	109
Explaining the tables on the feedback form	110
Feedback record for PARENT REPORT	111
<i>Obtaining and recording parent and child reactions</i>	112
Feedback record for CHILD REPORT	113
<i>Obtaining and recording parent and child reactions</i>	114
Goal setting	115
<i>Recording levels of parent child engagement</i>	115
<i>Assessing motivation</i>	116

Behavior Change Worksheet for Goals	116
<i>Menu of resources and recording levels of parent and child engagement</i>	<i>116</i>
<i>Recording levels of parent and child engagement</i>	<i>116</i>
Ending the feedback session.....	117
<i>Satisfaction surveys.....</i>	<i>117</i>
After Feedback	118
Parent child engagement during feedback	118

Tasks to Complete Before Feedback

Before feedback, it is important that the Feedback Consultant (FC) takes time to become familiar with the family through the assessment results from the initial session. While the assessment team will be responsible for entering the data from measures into SPSS, it will be your responsibility as the FC to translate these scores into meaningful information that can be conveyed to the family. You should allow yourself approximately .5-1 hour to complete the Feedback Materials packet before you are scheduled to meet with the family.

Scoring

The assessment team will enter double checked data into SPSS and run syntax to create the necessary composite variables that will be used for the assessment. The assessors will record the summed and/or averaged scores on the **Child and Family Profile Scoring Worksheet**, which will be placed at the front of the family's manila folder. Based on the scores, you will be able to translate this information into a *red*, *yellow*, or *green* range as established by the cutoffs on the worksheet.

Completing the feedback form

Your initial task after reviewing the **Child and Family Profile Scoring Worksheet** will be to transfer scores to the **Feedback Materials** packet. Feedback will be provided to the family based on both parent and child reported scores. During feedback, you will present this information to the family using the Child and Family Profile, a page that contains a table for parent reported (Family Context and Parent Involvement) and youth reported (Youth Adjustment) measures. The tables include the following areas:

Family Context and Parent Involvement	Youth Adjustment
<ul style="list-style-type: none"> a) Home Environment b) Parent Involvement in Learning c) Parent Stress d) Parent Depression e) Perceived Social Support f) Other 	<ul style="list-style-type: none"> a) School Performance b) School Attendance c) Self-Regulation d) Self-Efficacy e) Behavior Problems f) Grit g) Other <ul style="list-style-type: none"> a. Youth Interests (not on table)

To prepare the information you will be reviewing with the family, you will complete the feedback record within the **Feedback Materials** packet for each of the above listed areas. In the packet, beginning on page 3, you will see approximately half a page dedicated to each area listed on the table (see below for example). Each construct measured serves as the title of the section and the appropriate subscales used to derive the total score are also included in the description.

<u>Construct</u>						
<p>Now let's look at this area called XX. This refers to x, y, and z. (If red or yellow fill in examples of items to improve on lines below, if green include examples of items of strength below).</p>						
<p>Your XX SCORE was _____, which falls in the red/yellow/green range. <i>Note to clinician: elevation due to (circle subscale) x and/or y.</i></p>						
#	#	#	#	#	#	#
R			Y		G	

Completing construct/area scores

Your first task is to fill in the missing information for each of the areas using the following steps:

1. Transfer the score from the **Child and Family Profile Scoring Worksheet** to the blank space in “Your **XX SCORE** was _____, which falls in the red/yellow/green range.”
2. Circle the clinically significant subscales that the elevation was due to.
3. Based on the score in step one, mark where the “**X**” falls on the red-yellow-green bar.
4. Complete the text box with example items.
 - a. If the score falls in the **green** range, write example items from the raw data that exemplify how the construct/area of interest is a strength for the family.
 - b. If the score falls in the **yellow** or **red** ranges, write example items that exemplify how the construct/area of interest may be of concern to the family.

To fill in the appropriate totals, you will use the scores from the following measures:

Area/Construct	Respondent	Measure
		Subscales
Home Environment	Parent	HOME (3-5, 6-9, or 10-14)
		cognitive stimulation + emotional support
Parent Involvement in Learning	Parent	Parent and Teacher Involvement
		parent involvement + teacher relationship quality + parent endorsement
Parent Stress	Parent	Stressful Life Events
		none
Parent Depression	Parent	PHQ-8
		none
Perceived Social Support	Parent	CFQ and SPS
		none
School Performance	School	Youth's Grades
		none
School Attendance	School	Youth's Attendance Records
		none
Self-Regulation	Youth	Motivated Strategies for Learning Questionnaire
		self-regulation
Self-Efficacy	Youth	Motivated Strategies for Learning Questionnaire
		self-efficacy
Behavior Problems	Parent	SDQ
		externalizing (conduct + hyperactivity-inattention) + internalizing (emotional symptoms + peer relationships)
Grit	Youth	Short Grit Scale
		consistency of interest + perseverance of effort

Note, for the Parent Involvement in Learning score you will provide a color range based on an average of the three subscales (parent involvement + teacher relationship quality + parent endorsement). Similarly, for the Perceived Social Support score, you will assess which color

range the CFQ and SPS fall into and separately and consider both together to establish the final score. For example, a CFQ in the green and SPS in the red will result in feedback within the yellow range with some explanation of which areas resulted in the score lowering.

Completing the Youth Interests/Strengths

On page 9 of the **Feedback Materials**, you will find a section labeled OTHER - Youth Interests. This section allows you to identify and record various interests and/or strengths reported by the parent or youth during the assessment. This information will likely be obtained from the second page of the **CBCL** (parent self-report) and from the **Youth Interview** (child self-report). It is preferred that you identify a minimum of three areas of interest/strength with the opportunity to indicate one additional example. Once this is complete, you will have finished filling in the **Feedback Materials** and may now complete the **Family Feedback Preparation Form**.

Completing the Family Feedback Preparation Form

As is typical in the Family Check Up intervention model, you will complete an initial case conceptualization of the family before meeting for feedback. This form is titled the **Family Feedback Preparation Form** and is the first page of the **Feedback Materials** packet. The following areas should be completed using the various parent and youth measures from the initial assessment session.

1. Record the child's first name, age, grade and gender as well as the caregiver's relationship to the child. This will prepare you to address the family appropriately (i.e. Mom, I'm so happy to be meeting with you and Johnny today).
2. Record the child's strengths in the appropriate table.
 - a. These can be taken from the *OTHER – Youth Interests* section on page 9 of the **Feedback Materials**.
3. Record the parent/family's strengths in the appropriate table.
 - a. These examples can be taken from any area in which the family scored in the **green** range.
4. Record any barriers that the family may be facing. This will be particularly important for later in the session when completing the Behavior Change Worksheet for Goals.
 - a. These can come from a variety of measures including *Barriers to Learning*, *Environmental Barriers*, and *Stressful Life Events*.
5. Record potential areas for child improvement in the appropriate table.

- a. These examples can be taken from any area in which the child scored in the **red** range. (If no red scores, use **yellow** range scores).
6. Record potential areas for parent improvement in the appropriate table.
 - a. These examples can be taken from any area in which the parent scored in the **red** range. (If no red scores, use **yellow** range scores).
7. If applicable, record any areas for family improvement in the appropriate table.
 - a. These examples may include items from the *HOME* or any other measures.
8. Based on your initial, brief assessment of the family's strengths, potential areas of improvement, and barriers, review the **Menu of Resources** and select at least three resources that you believe the family may benefit from or choose themselves during the goal setting portion of the feedback session.

As a reminder, the **Family Feedback Preparation Form** allows you to conceptualize the assessment data to develop a snapshot of the family. You may not directly use the information that you have recorded on this form; however, if the family struggles to complete the goal setting portion, you have information based on the parent and child's reports that can be used to help them.

The Day of Feedback

You and another researcher are scheduled to complete a feedback interview today! You should have received an email invitation and you can check whether the visit will be at the home, school or lab on the familyemotion@gmail.com SAFE Learning Feedback calendar. Ensure that you have enough time before the interview to gather materials and travel to the feedback site if necessary. Once you are in the lab, begin assembling all the necessary materials for the session.

Materials needed for feedback

1. Your prepared **Feedback Materials** which includes:
 - a. Family Feedback Preparation Form (pg. 1)
 - b. Feedback Materials instruction page (pg. 2)
 - c. Feedback Record for PARENT REPORT (pgs. 3-5)
 - d. Feedback Record for CHILD REPORT (pgs. 6-9)
 - e. Goal Setting (pg. 10)
 - f. Behavior Change Worksheet For Goals (pg. 11)

- g. END FEEDBACK SESSION to assess value (pg. 12)
 - h. Tally system for the use of MI throughout Feedback (pg. 13)
2. The **Materials for Family** which includes:
 - a. A blank Child and Family Profile with definitions printed on the back (pg. 1)
 - b. A separate set of definitions for use during feedback (pg. 2)
 - c. A blank GOALS sheet (pg. 3)
 - d. A 0-10 Motivation Scale (pg. 4)
 3. Two copies of the **Menu of Resources**
 4. The **Parent and Youth Satisfaction Surveys**
 5. The **Parent Child Engagement During Feedback** form
 6. The \$25 incentive for the parent
 7. The age appropriate school supplies for the youth
 8. The receipt sheet to obtain parent signature
 9. At least three pens for you, child and parent
 10. A clipboard
 11. The laminated 0-10 Motivation Scale with Child and Family Profile Definitions on back

Feedback location rules

What if my visit is in the lab?

If your visit is scheduled in the lab, participants will be instructed to call the lab phone once they reach the third floor waiting area. You will meet the family and escort them to the lab where you will all meet together in one room for the feedback. If there are additional siblings coming, ensure that there is another team member available to provide child care.

What if my visit is at the school?

If your visit is scheduled at one of the schools, participants will be instructed to meet you at the entrance. Ensure that you know which school you are headed to and double check the address and directions before you go. Remember, you should always have at least two people as part of your feedback team and should not be going to any school on your own. Before the family arrives, ensure that your scheduled room is available for the feedback session.

What if my visit is at their home?

If your visit is scheduled at the participant's home, it will be particularly crucial that you are traveling to the home with the second team member. It is suggested that you meet at Wayne State

and carpool in a single vehicle rather than facing any risks or complications that may result from driving separately. Given that it is often difficult to predict home arrangements, be prepared to work with the family to find a quiet, isolated place to complete the feedback session in the home. Setting ground rules at the start of the session to minimize interruptions or discomfort will aid in providing a safe, comfortable space for feedback.

Introduction to the feedback session

The family will have already consented to the feedback session at their initial assessment. While they may feel a little more comfortable with the research process after their first appointment, it is important to remember that you are new to the family and they may feel apprehensive about the feedback process. To ease the family into the session, begin by thanking both the parent and the child for meeting with you and participating in the study.

- a. Thanks to both of you for taking the time to meet with us! Your efforts are helping us learn about what makes children successful in school.*

Next, you can take the time to chat with the family and built rapport. Explore how the assessment visit was and whether the parent or child learned anything valuable during the initial meeting. Provide any support and clarification if necessary and record any noteworthy responses. You can always indicate to the family that you will be recording some of their thoughts and ideas throughout the session because you value their opinions and want to be sure you remember the important things they say.

- b. I wanted to take the time to talk about your last visit. How did that visit go for you? Our hope is that the assessment would be useful for you! What if anything did you learn during the assessment*

Once you have spent some time talking with the family, you may move into the purpose of the meeting to explain to the parent and child what feedback will be like.

- c. That is the purpose of our meeting today -- to give you and CHILD feedback based on the information we learned about how CHILD is doing at school and the ways in which you support his/her school achievement. When we are finished today, we will be giving you a copy of your results to keep. This will include where your child is in comparison to other youth his/her age in a variety of areas related to school achievement and any goals that you decide to make. As I give you the feedback, I'll be very interested in whether you think the information is accurate and helpful.*

Using MI skills as the Feedback Consultant

After the initial introductions and session explanations are complete, you will move into describing the feedback form before beginning the feedback portion of the session. It will be crucial to utilize motivational interviewing (MI) techniques throughout the entire interview. This will include engaging in a generally warm, empathetic and non-directive style that allows the family to feel comfortable and in control. You will use the key OARS skills from MI including open ended questions, affirmations, reflections, and summaries all throughout the session. While you are encouraged to integrate these techniques throughout, there will be reminders within the **Feedback Materials** of key places you should provide summaries.

Assessing use of MI skills as the Feedback Team Member

While the Feedback Consultant is working directly with the parent and child, the secondary Feedback Team Member (FTM) will be available to track the use of MI skills throughout the intervention and record any responses from the family. Ideally, this team member will be one of the original assessors so that the family is already comfortable with one of the team members and so that the team has two members who know about the family's assessment responses.

The FTM will use the **Tally System for the use of MI throughout Feedback** form (pg. 13 in the **Feedback Materials** packet) to assess how often the Feedback Consultant utilizes certain MI techniques. To examine frequency of OARS skills, the FTM will tally the following:

1. Number of open versus closed questions
2. Number of affirmations (i.e. simple affirming words, simple affirming statements, or complex affirming statements)
3. Number of reflections (i.e. basic or complex statements)
4. Number of summaries

Additionally, at the end of the feedback session, the FTM will rank the FC on level of directness versus guidance and overall empathy using a three point scale. It will important to be familiar with these scales prior to the feedback to ensure that an appropriate ranking can be assigned.

1. Directive versus guiding
 - a. 0 = Mostly directive, giving advice without permission, convincing/persuading, confronting, engaging in problem-solving before participant has a chance to come up with their own goal
 - b. 1 = Mixture of directive and non-directive approaches

- c. 2 = Mostly nondirective/guiding: Emphasize participant's choice and personal control, show support and collaboration, ask permission before giving advice
2. Overall empathy
- a. 0 = Low warmth, lack of acceptance of participant. Little interest in participant's perspective. Asks questions to complete the worksheet rather than genuine interest and care for participant
 - b. 1 = Moderate warmth and care conveyed to participant. Shows interest in understanding the participant and their unique perspective but little effort to gain deeper understanding or to connect
 - c. 2 = High warmth, care and understanding is conveyed. Active reflective listening; Connects with family

Explaining the tables on the feedback form

Before beginning the feedback on parent and child scores, it will be critical to provide a clear explanation of how the feedback form works. At this point in the interview, you will be referring to page 2 in your **Feedback Materials** packet and you will also introduce the Child and Family Profile from the **Materials for Family** packet.

You can begin the explanation of tables by laying the Child and Family Profile on the table between you, the parent, and the child before discussing how the colored bars work.

- a. *Here is a table of different areas of child behavior and school functioning. Before I explain those areas, let me tell you how this table works. You can see down here at the bottom that there are three color bars. Each color represents a different level of child functioning.*
 - a. *The red area represents scores where we think there is a significant problem. These are areas of greatest concern, because the scores suggest that this area may be negatively affecting your family or CHILD's school performance.*
 - b. *The yellow area represents scores where families or children may have some trouble and we believe some improvement would benefit CHILD.*
 - c. *The green area represents scores that we see as CHILD's and your strengths for school.*

Make it clear to the family that you are using scores based on their responses for the initial assessment session and that the color area the score falls into is based on scores of other parents and children who have similar strengths or areas of concern. You can also briefly review with the family that the two tables are separated by information related to *Family Context and Parent Involvement* and *Youth Adjustment*.

Assure the family that you will explain what each area means one by one before discussing where the family falls on the colored bar. At this time you can show the family that the back of their Child and Family Profile has definitions of all the areas you will be exploring together. You can then place the secondary definition sheet on the table next to the profile so that it will be easier for the family to understand the areas being discussed.

Feedback record for PARENT REPORT

You will first explore the five areas under the **Family Context and Parent Involvement** table that were derived from scores on parent self-report measures. Begin feedback on each area by first reading the appropriate section on the definitions sheet.

1. Home Environment

- a. The quality of your child's home environment for the encouragement of learning. This includes the amount of cognitive stimulation and emotional support.
 - i. Examples of cognitive stimulation include reading, visiting museums, discussing educational material such as TV, books, and puzzles.
 - ii. Examples of emotional support include verbal and physical interactions a child has with their mother, father, other family members and friends. This includes eating meals together, visiting family and/or friends, or engaging in discussions.

2. Parent Involvement in Learning

- a. The amount of involvement with your child's school and teacher. This includes parent involvement, teacher relationship quality, and parent endorsement.
 - i. Examples of parent involvement include visiting school for special events, attending parent/teacher conferences, and taking your child to the library.

- ii. Examples of teacher relationship quality include feeling welcome at your child's school, feeling your child's teacher cares, and enjoying talking with your child's teacher.
 - iii. Examples of parent endorsement include believing school staff care and are preparing your child for their future
3. Parent Stress
- a. The amount of stressful life events that have occurred in your family.
 - i. Examples include death of a family member, parent has spent time in jail, child has been in foster care, or child has had legal trouble.
4. Parent Depression
- a. How the parent has been feeling in the last two weeks
 - i. Examples include feelings of sadness, hopelessness, or loss of interest.
5. Perceived Social Support
- a. The amount of social support you believe you have from family and friends.

Obtaining and recording parent and child reactions

Once you have explained the construct area, indicate what their score was AND whether it falls in the red, yellow, or green range. You can mark the location of their score with an "X" next to the construct area on the table, parallel to the appropriate spot on the colored bar. Allow the family to process this information before obtaining reactions from both the parent AND the child by asking, "How does this seem like it fits for you and your family?" As a part of this question, you will have three responsibilities:

1. Record who speaks first or second by marking a "1" and "2" in the boxes next to Parent and Child on the feedback record form (mark "1" for both if they speak simultaneously)
2. Briefly record key responses the parent provides
3. Briefly record key responses the child provides

After you have completed these steps for all five areas on the initial table, remember to provide a summary based on the first table and ask whether the family has any questions before moving on to the next table.

Feedback record for CHILD REPORT

You will now explore the six areas under the **Youth Adjustment** table that were derived from scores on child and parent self-report measures. Begin feedback on each area by first reading the appropriate section on the definitions sheet as you did for the first table.

1. School Performance
 - a. The child's grades and/or test scores.
2. School Attendance
 - a. The number of days late or absent from school.
3. Self-Regulation
 - a. A child's ability to approach educational tasks with confidence and plan, set goals and self-evaluate.
 - i. Examples include working hard to get a good grade even when the class is not interesting and thinking about the things a child needs to do and learn before studying.
4. Self-Efficacy
 - a. A child's confidence in their ability to learn and do well in school.
 - i. Examples include expecting to do well in class compared to other students and confidence in ability to learn the material for a class.
5. Behavior Problems
 - a. The amount of emotional and behavioral difficulties a child is experiencing. This includes externalizing difficulties (conduct problems and hyperactivity-inattention), internalizing difficulties (emotional symptoms and peer relationship problems), and a total difficulties score.
 - i. Examples of externalizing include behaviors directed outward. These can include conduct behavior like temper tantrums or disobedience, or hyperactivity like having a hard time sitting still or paying attention.
 - ii. Examples of internalizing include behaviors directed inward. These can include emotional concerns like worrying or being sad, and peer difficulties like not having close friends or wanting to be with peers.
 - iii. Total difficulties is a combination of externalizing and internalizing subscales.

6. Grit

- a. The amount of determination a child demonstrates even when faced with challenges. This includes consistency of interest and perseverance of effort.
 - i. Examples of consistency of interest include interests remaining constant from year to year or maintaining focus on projects that take more than a few months to complete.
 - ii. Examples of perseverance of effort include finishing what is started and working hard.

Obtaining and recording parent and child reactions

Once you have explained the construct area, indicate what their score was AND whether it falls in the red, yellow, or green range. You can mark the location of their score with an “X” next to the construct area on the table, parallel to the appropriate spot on the colored bar. Allow the family to process this information before obtaining reactions from both the parent AND the child by asking, “How does this seem like it fits?” As a part of this question, you will have three responsibilities:

1. Record who speaks first or second by marking a “1” and “2” in the boxes next to Parent and Child on the feedback record form (mark “1” for both if they speak simultaneously)
2. Briefly record key responses the parent provides
3. Briefly record key responses the child provides

After you have completed these steps for all six areas on the initial table, move to OTHER – Youth Interests on page 9 of the record form and say:

1. *We spent some time interviewing CHILD to learn some more about him/her during the assessment session. Based on our conversation, we identified quite a few interests that we see as strengths!*
 - If you also assessed strengths from the CBCL or other parent measures, indicate that to the family.

After reviewing a minimum of three areas of interest/strengths with the family, obtain their reactions by asking, “How does this seem like it fits?” As with previous responses, you will have the below three responsibilities:

1. Record who speaks first or second by marking a “1” and “2” in the boxes next to Parent and Child on the feedback record form (mark “1” for both if they speak simultaneously)

2. Briefly record key responses the parent provides
3. Briefly record key responses the child provides

You will end the feedback portion with a summary for the family of the key problems and strengths identified. Remember to use a positive, strengths based focused here and throughout!

Goal setting

Now that you have provided the parent and child with feedback on their assessment results and ensured there are no question, you will move to the **Goal Setting** form (page 10) using a transition similar to the following:

- a. *Now that we've discussed some of these different areas, I would like to work with both of you to identify 3 goals that you can work on in the weeks to come. Looking at this sheet that summarizes some of the different difficulties and strengths that we have discussed (Child and Family Profile), what do you think are currently the three most important areas you would like to work on?*

Explore with parent and child and maintain a strengths based focus. Provide them with the GOALS sheet (page 3) from the **Materials for Family** packet to record goals and inform them you will also be writing so that the family does not wonder what you are doing. Make sure you record the goals word for word. If a family is struggling, apply a solution focused problem solving approach to help them consider goals and subsequently complete the Behavior Change Worksheet for Goals.

Recording levels of parent child engagement

To assess how engaged the parent and child are in the goal setting process, you will complete the following information for each goal.

Goal #: Parent S P Child S P

1. First, similar to feedback portion, you will indicate who spoke first and second with a "1" or a "2". Mark "1" for both if they speak simultaneously. It may be possible that both the parent and child do not engage in the goal setting portion. This will be important information!
2. Second, to evaluate whether the parent initially spoke spontaneously or with the Feedback Consultant's prompting (i.e. "what do you think about X as a goal?") circle whether the parent spoke spontaneously "S" or with prompting "P".
3. Third, circle whether the child initially spoke spontaneously "S" or with prompting "P".

Assessing motivation

After finishing goal setting, you will assess how motivated the parent and child are to reach the goals they have just set. Provide them with the 0-10 motivation rating scale (page 4) from the **Materials for Family** packet. You can ask something similar to this: “Great! Now I want to know, on a scale from 0 to 10, with 10 being the highest, how motivated are you to change the behavior and reach the goal that you identified above?” You will ask and record responses from both parent and child for all three goals on page 10 of the **Feedback Materials** packet.

Behavior Change Worksheet for Goals

Menu of resources and recording levels of parent and child engagement

With goals set and initial motivation rated, you will move on to the **Behavior Change Worksheet for Goals** form (page 11). You will lay out one copy of the **Menu of Resources** on the table in front of the family while you keep the second copy for yourself. You can say to the family, “I want to take some time to explore some resources available at CHILD’s school and in the community. Which resources may be useful to help you reach your goals (all goals)?” You will first help the family choose resources that apply to all the goals before aiding them in troubleshooting any difficulties that might get in the way of goal achievement.

1. As the family identifies resources, encourage the parent or child to circle them on their copy of the **Menu of Resources** as you circle the same on your own resource sheet.
 - a. Mark a P for Parent or a C for child next to the resource on your own sheet to indicate who initially selected it.
 - b. Then, similar to feedback portion, you will indicate who spoke first and second with a “1” or a “2” on the **Behavior Change Worksheet for Goals**. It may be possible that both the parent and child do not engage in this portion.
 - c. Next, to evaluate whether the parent spoke spontaneously or with the Feedback Consultant’s prompting (i.e. “what about the library?”), circle whether the parent initially spoke spontaneously “S” or with prompting “P”.
 - d. Finally, circle whether the child initially spoke spontaneously “S” or with prompting “P”.

Recording levels of parent and child engagement

You will continue to complete the worksheet using a similar format for the remaining questions.

Below is a list of the questions to ask:

2. Ask, “Who can help you make these changes? How can they help you?”
3. Ask, “What could get in the way of making these changes?” to assess barriers.
4. Ask, “What will you do if the plan isn’t working?” to brainstorm how to overcome barriers, including those listed above.
5. Finally, you will end this portion of the session by asking both the parent and the child to rank order the goals in order of importance. They will verbalize their response and you will record it on the **Behavior Change Worksheet for Goals**.

For questions 2-4, you will also complete the following four steps:

1. Record answers and indicate who spoke by using the notation (P) or (C) after writing the response.
2. Then, similar to feedback portion, you will indicate who spoke first and second with a “1” or a “2” on the **Behavior Change Worksheet for Goals**. It may be possible that both the parent and child do not engage in this portion.
3. Next, to evaluate whether the parent spoke spontaneously or with the Feedback Consultant’s prompting (i.e. “what about your Aunt?”), circle whether the parent initially spoke spontaneously “S” or with prompting “P”.
4. Finally, circle whether the child initially spoke spontaneously “S” or with prompting “P”.

Ending the feedback session

Thank the family for reviewing all the information and taking the time to set goals. Assess whether the family has any questions about the things discussed. Make note of anything mentioned and answer any questions that arise.

Assess what has been valuable about the feedback for the parent and the child and record any key responses. End the session with a final strengths based summary and offer praise!

- a. *You can take this form with you (Child and Family Profile)! Remember, there is a definition sheet for all the areas we discussed today, in case you want to refresh your memory on what the areas mean.*
- b. *You will keep this goal sheet to help you remember your goals! This resource sheet is also for you so that you can use the resources to help you achieve your goals.*

Satisfaction surveys

Now that you have given the family the three sheets they will keep, indicate to them that you are interested in their thoughts and opinions about the process. Provide the parent and youth with

their respective satisfaction surveys and prepare the parent and child incentives while they respond. Make sure that the participant ID number is already written on the top and ask them to fold the papers when they are done as you cannot see their responses. Remember to have the parent fill out a receipt before ending and remind them that we will be calling them in approximately one month to check in on the family.

After Feedback

Parent child engagement during feedback

After the feedback is complete and the family has left, gather all your materials to put them away back in the lab. Before you double check that the headers of all forms have been completed with ID number, date, and interviewer initials, both the Feedback Consultant and the Feedback Team Member will complete the **Parent Child Engagement during Feedback** form

INDEPENDENTLY. This requires the team members to answer five questions on a 0-10 scale and two questions on a 1-5 scale.

1. On a scale from 0 to 10, how active was the parent in participating in the feedback?
2. On a scale from 0 to 10, how active was the child in participating in the feedback?
3. On a scale from 0 to 10, how active was the parent in interacting with and engaging the child throughout the feedback?
4. On a scale from 0 to 10, how active was the child in interacting with and engaging the parent throughout the feedback?
5. On a scale from 0 to 10, how autonomous was the child during the feedback?
6. On a scale from 1 to 5, how much effort did the parent put into goal setting?
7. On a scale from 1 to 5, how much effort did the child put into goal setting?

Once you complete this form and are back in the lab, file all forms into the family's manila folder and return the clipboard to the lab.

FAMILY FEEDBACK PREPARATION FORM

*Review scores in the Feedback Materials and assign a **RED/YELLOW/GREEN** rating. Record where the parent/child's scores fall on the Feedback form so that you are prepared to transfer these ratings to the Child and Family Profile during Feedback.*

*Based on the scores and the items endorsed, complete this sheet **before** the Feedback session to help you learn about the family and prepare for the session.*

Child First Name:

--

Caregiver relationship: _____

Age: _____ **Grade:** _____

Gender: _____

Child Strengths

Potential Areas for Child Improvement

Parent/Family Strengths

Potential Areas for Parent Improvement

Contextual Influences/Barriers to Change (Stress, Poverty, Illness, Culture, etc.)

Potential Areas for Family Improvement

Menu of Resources

Feedback Materials

Introduction to Feedback/Get to know the family

Thanks to both of you for taking the time to meet with us! Your efforts are helping us learn about what makes children successful in school.

I wanted to take the time to talk about your last visit. How did that visit go for you? Our hope is that the assessment would be useful for you! What if anything did you learn during the assessment? ***Provide support and clarification as needed.***

How about for you, CHILD? What did you like or not like about the assessment?

Thanks for telling us about how your experience has been so far! We hope that talking with you and CHILD about our findings will be useful. That is the purpose of our meeting today -- to give you and CHILD feedback based on the information we learned about how CHILD is doing at school and the ways in which you support his/her school achievement. When we are finished today, we will be giving you a copy of your results to keep. This will include where your child is in comparison to other youth his/her age in a variety of areas related to school achievement and any goals that you decide to make. As I give you the feedback, I'll be very interested in whether you think the information is accurate and helpful.

Do you have any questions or concerns before we continue?

Address any concerns – reflect, empathize, and offer explanations, as needed.

Explain the tables on the feedback form:

Here is a table of different areas of child behavior and school functioning. Before I explain those areas, let me tell you how this table works. You can see down here at the bottom that there are three color bars. Each color represents a different level of child functioning.

- ❖ The *red* area represents scores where we think there is a significant problem. These are areas of greatest concern, because the scores suggest that this area may be negatively affecting your family or CHILD's school performance.
- ❖ The *yellow* area represents scores where families or children may have some trouble and we believe some improvement would benefit CHILD.
- ❖ The *green* area represents scores that we see as CHILD's and your strengths for school.

Family Context and Parent Involvement	Youth Adjustment
<ul style="list-style-type: none"> a) Home Environment b) Parent Involvement in Learning c) Parent Stress d) Parent Depression e) Perceived Social Support f) Other 	<ul style="list-style-type: none"> a) School Performance b) School Attendance c) Self-Regulation or Self-Control d) Self-Efficacy or Confidence e) Behavior Problems f) Grit or Determination g) Other <ul style="list-style-type: none"> a. Youth Interests

Feedback Record for PARENT REPORT

First we'll discuss the list here under **Family Context and Parent Involvement**. I'll explain each of these areas to you as we examine the scores. All these scores are based on your responses at the assessment session.

Home Environment

Now let's look at this area called **Home Environment**. This refers to the quality of your child's home environment for encouraging learning, including the amount of **cognitive stimulation** and **emotional support** provided to your child. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

Your **HOME ENVIRONMENT SCORE** was _____, which falls in the red/yellow/green range.
Note to clinician: elevation due to (circle subscale) cognitive stimulation and/or emotional support.

3-5yo	0	7	13	14	16	18	19	23	26
6-9yo	0	7	13	14	16	17	18	25	32
10+yo	0	7	13	14	16	17	18	24	31
	R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits for you and your family?"

	Parent: _____
	Child: _____

Parent Involvement in Learning

Now let's look at this concept called **Parent Involvement in Learning**. This refers to your involvement with CHILD's school and teacher. This includes **parent involvement, teacher relationship quality, and parent endorsement**. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

Your **PARENT INVOLVEMENT SCORE** was _____, which falls in the red/yellow/green range.
Note to clinician: elevation due to (circle subscale) parent involvement, teacher relationship quality, and parent endorsement.

0	.80	1.56	1.57	2.0	2.26	2.27	3.37	4.0	
	R			Y			G		

Obtain Parent AND Child Reaction: “Does this seem like it fits for you and your family?”

	Parent: _____
	Child: _____

Parent Stress

Now let’s look at this concept called **Parent Stress**. This refers to the stressful life events that occur in families. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

Your **PARENT STRESS SCORE** was _____, which falls in the red/yellow/green range.

22	11	5		4		3	1	0
R			Y			G		

Obtain Parent AND Child Reaction: “Does this seem like it fits for you and your family?”

	Parent: _____
	Child: _____

Parent Depression

Now let’s look at this concept called **Parent Depression**. This refers to how CAREGIVER has been feeling in the past 2 weeks. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

Your **DEPRESSION SCORE** was _____, which falls in the red/yellow/green range.

20	17	15	14	12	10	9	4	0
R			Y			G		

Obtain Parent AND Child Reaction: “Does this seem like it fits for you and your family?”

	Parent: _____
	Child: _____

Perceived Social Support

Now let's look at this concept called **Perceived Social Support**. This refers to the supports you believe are available to you. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

Your **PERCEIVED SOCIAL SUPPORT SCORE** was _____, which falls in the red/yellow/green range.

CFQ	0	4	9.5	9.6	9.8	10.1	10.2	11	12
SPS	0	11	22	23	25	28	29	35	40
	R		Y			G			
	R		Y			G			

Obtain Parent AND Child Reaction: "Does this seem like it fits for you and your family?"

	Parent:	
	Child:	

Summarize the key findings from this first table and ask if the family has any questions before moving to the Youth Adjustment table.

Feedback Record for CHILD REPORT

Now let's move to the second table titled Youth Adjustment. This table will provide you with scores based on CHILD's responses at the last assessment session, information based on standardized tests from CHILD's school, and scores based on your responses at the last assessment session.

School Performance

Now let's look at **School Performance**. This refers to CHILD's grades and test scores. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

CHILD's **SCHOOL PERFORMANCE SCORE** was _____, which falls in the red/yellow/green range.

F	D-	D+	C-	C	C+	B-	B	A
R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

<input type="checkbox"/>	Parent:	_____
<input type="checkbox"/>	Child:	_____

School Attendance

Now let's look at **School Attendance**. This refers to number of days late or absent from school. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

CHILD's **SCHOOL ATTENDANCE SCORE** was _____, which falls in the red/yellow/green range.

	>11%		10%	8%	6%	5%	3%	0%
R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

<input type="checkbox"/>	Parent:	_____
<input type="checkbox"/>	Child:	_____

Self-Regulation or Self-Control

Now let's look at **Self-Regulation or Self-Control**. This refers to how much CHILD is able to approach educational tasks with confidence and plan, set goals and self-evaluate. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

CHILD's **SELF-REGULATION SCORE** was _____, which falls in the red/yellow/green range.

1.0	2.0	4.1	4.2	4.5	4.9	5.0	6.0	7.0
R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

Parent:	
Child:	

Self-Efficacy or Confidence

Now let's look at **Self-Efficacy or Confidence**. This refers to things like CHILD's confidence that he/she can complete school work correctly. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below)

CHILD's **SELF-EFFICACY SCORE** was _____, which falls in the red/yellow/green range.

1.0	2.2	4.4	4.5	5	5.4	5.5	6.0	7.0
R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

Parent:	
Child:	

Behavior Problems

Now let's look at **Behavior Problems**. This refers to a variety of emotional and behavioral areas including **Externalizing (conduct problems and hyperactivity/inattention)** and **Internalizing difficulties (emotional symptoms and peer relationship problems)**. A **Total Difficulties** score is calculated to identify CHILD's overall level of difficulty. Your PARENT answered these questions about you, CHILD. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

CHILD's **TOTAL DIFFICULTIES SCORE** was _____, which falls in the red/yellow/green range.
Note to clinician: elevation due to (circle subscale) Externalizing problems (conduct problems and hyperactivity/inattention) and/or Internalizing problems (emotional symptoms and peer relationship problems)

40	29	17	16	15	14	13	6	0
R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

	Parent: _____
	Child: _____

GRIT

Now let's look at **Grit**. This refers to how much determination CHILD demonstrates, even when faced with challenges. This includes **consistency of interest** and **perseverance of effort**. (If **red** or **yellow** fill in examples of items to improve AND items of potential strengths on lines below, if **green** include examples of items of strength below).

CHILD's **GRIT SCORE** was _____, which falls in the red/yellow/green range.
Note to clinician: elevation due to (circle subscale) consistency of interest and perseverance of effort.

1.0	1.8	2.5	2.6	3.0	3.3	3.4	4.2	5.0
R			Y			G		

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

	Parent: _____
	Child: _____

OTHER - Youth Interests

We spent some time interviewing CHILD to learn some more about him/her during the assessment session. Based on our conversation, we identified quite a few interests that we see as strengths!

Strength 1	
Strength 2:	
Strength 3:	
Other:	

Obtain Parent AND Child Reaction: "Does this seem like it fits?"

	Parent: _____
	Child: _____

Once you complete review of the tables and strengths, provide Y

Move to the goal setting portion of the intervention. Throughout the intervention, continue to use:

- *Reflections*
- *Affirmations/Praise*
- *Open-Ended Questions*
- *Summarizing*

Behavior Change Worksheet for Goals

1. Provide list of resources available at CHILD's school and in the community. I want to take some time to explore some resources available at CHILD's school and in the community. Which resources may be useful to help you reach your goals (*all goals*)? ****Circle resources the family and you suggested on your own Menu of Resources****

Circle who contributed: Parent S P Child S P

2. Who can help you make these changes? How can they help you?

Circle who contributed: Parent S P Child S P

3. What could get in the way of making these changes? ***If the family struggles to think of barriers, refer to your initial conceptualization and share with them barriers identified during the assessment.***

Circle who contributed: Parent S P Child S P

4. What will you do if the plan isn't working? ***Help the family brainstorm how to overcome barriers.***

Circle who contributed: Parent S P Child S P

5. When you look at your goals, which one do you think is the most important to work on? Second? Third?

Parent Importance	Goal #:	Child Importance	Goal #:
First/Most		First/Most	
Second		Second	
Third		Third	

.....
END FEEDBACK SESSION

ANSWER PARENT AND CHILD QUESTIONS

Thanks for taking the time to review all this information and to set these goals! Do you have any questions for me about the things we've discussed?

Interviewer Notes: _____

What has been the most valuable part of this feedback for you, PARENT? How about for you, CHILD?

Parent: _____

Child: _____

Allow family to respond and end with an overall, strengths based summary of the session. Praise!

You can take this table with you (Child and Family Profile)! Remember, there is a definition sheet for all the areas we discussed today, in case you want to refresh your memory on what the areas mean.

You will keep this goal sheet to help you remember your goals! This resource sheet is also for you so that you can use the resources to help you achieve your goals.

Remember to give the family their incentive and fill out a receipt.

Tally system for the use of MI throughout Feedback

Open vs Closed-ended Questions	0	1
0 = closed ended question		1 = open ended question

Affirmations	0	1	2
0 = Simple affirming words (e.g., “great, good job”)			
1 = simple affirming statements (e.g., I am confident you can reach your goal)			
2 = <i>complex</i> affirming statements explain <i>reasons</i> why you’re applauding their efforts by highlighting specific <i>strengths, efforts, or supporting self-efficacy</i> (e.g., "I'm really impressed with how well you've thought through your goal and the challenges you may encounter"... "Wow, you really seem motivated and prepared to meet your goal - I'm sure you'll be able to do it!")			

Reflections	0	1
0 = <i>basic</i> reflection (e.g., restatement)		
1 = <i>complex</i> reflection (e.g., adding meaning or reflecting feeling – “you want to do better in school so you’ll have more options in the future.”)		

Summaries	0
0 = provides summary	

Directive vs Guiding	0	1	2
0 = Mostly directive, giving advice without permission, convincing/persuading, confronting, engaging in problem-solving before participant has a chance to come up with their own goal			
1 = Mixture of directive and non-directive approaches			
2 = Mostly nondirective/guiding: Emphasize participant’s choice and personal control, show support and collaboration, ask permission before giving advice			

Overall Empathy	0	1	2
0 = Low warmth, lack of acceptance of participant. Little interest in participant’s perspective. Asks questions to complete the worksheet rather than genuine interest and care for participant			
1 = Moderate warmth and care conveyed to participant. Shows interest in understanding the participant and their unique perspective but little effort to gain deeper understanding or to connect			
2 = High warmth, care and understanding is conveyed. Active reflective listening; Connects with family			

Child and Family Profile

Family Context and Parent Involvement

Home Environment	
Parent Involvement in Learning	
Parent Stress	
Parent Depression	
Perceived Social Support	
Other:	



Needs Attention

Strength

Youth Adjustment

School Performance	
School Attendance	
Self-Regulation	
Self-Efficacy	
Behavior Problems	
Grit	
Other:	



Needs Attention

Strength

Family Context and Parent Involvement

Home Environment: the quality of your child's home environment for the encouragement of learning. This includes the amount of **cognitive stimulation** and **emotional support**.

- Examples of **cognitive stimulation** include reading, visiting museums, discussing educational material such as TV, books, and puzzles.
- Examples of **emotional support** include verbal and physical interactions a child has with their mother, father, other family members and friends. This includes eating meals together, visiting family and/or friends, or engaging in discussions.

Parent Involvement in Learning: the amount of involvement with your child's school and teacher. This includes **parent involvement**, **teacher relationship quality**, and **parent endorsement**.

- Examples of **parent involvement** include visiting school for special events, attending parent/teacher conferences, and taking your child to the library.
- Examples of **teacher relationship quality** include feeling welcome at your child's school, feeling your child's teacher cares, and enjoying talking with your child's teacher.
- Examples of **parent endorsement** include believing school staff care and are preparing your child for their future.

Parent Stress: the amount of stressful life events that have occurred in your family.

- Examples include death of a family member, parent has spent time in jail, child has been in foster care, or child has had legal trouble.

Parent Depression: how the parent has been feeling in the last two weeks

- Examples include feelings of sadness, hopelessness, or loss of interest.

Perceived Social Support: the amount of social support you believe you have from family and friends.

Youth Adjustment

School Performance: the child's grades and test scores.

School Attendance: the number of days late or absent from school.

Self-Regulation: a child's ability to approach educational tasks with confidence and plan, set goals and self-evaluate.

- Examples include working hard to get a good grade even when the class is not interesting and thinking about the things a child needs to do and learn before studying.

Self-Efficacy: a child's confidence in their ability to learn and do well in school.

- Examples include expecting to do well in class compared to other students and confidence in ability to learn the material for a class.

Behavior Problems: the amount of emotional and behavioral difficulties a child is experiencing. This includes **externalizing** difficulties (conduct problems and hyperactivity/inattention), **internalizing** difficulties (emotional symptoms and peer relationship problems), and a **total difficulties** score.

- Examples of **externalizing** include behaviors directed outward. These can include conduct behavior like temper tantrums or disobedience, or hyperactivity like having a hard time sitting still or paying attention.
- Examples of **internalizing** include behaviors directed inward. These can include emotional concerns like worrying or being sad, and peer difficulties like not having close friends or wanting to be with peers.
- **Total difficulties** is a combination of **externalizing** and **internalizing** subscales.

Grit: the amount of determination a child demonstrates even when faced with challenges. This includes **consistency of interest** and **perseverance of effort**.

- Examples of **consistency of interest** include interests remaining constant from year to year or maintaining focus on projects that take more than a few months to complete.
- Examples of **perseverance of effort** include finishing what is started and working hard.

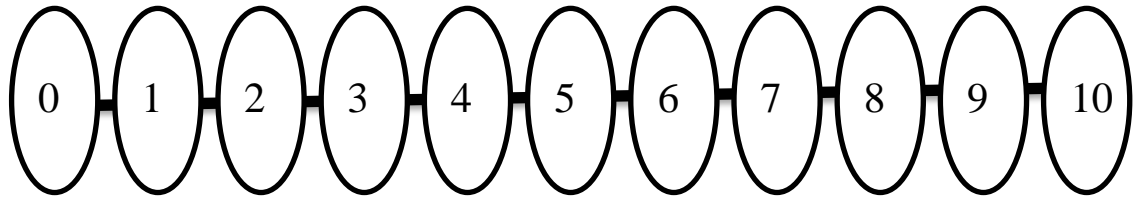


Goal 1

Goal 2

Goal 3





Not motivated

Moderately
motivated

Very motivated

Menu of Resources

We appreciate your participation. Below are some contact numbers which may be helpful to you in a variety of situations. Let's take some time to find the best resources for you!

Alcohol/Drug Problems

Alcoholics Anonymous

Metro East Substance Abuse

Recovery Project

Arts & Crafts

Scrap Junction

Art Center (\$120 fee, ages 9-12)

Domestic Violence

Hotline

Food & Shelter Assistance

Soup Kitchen

Church

Gifted & Talented Programs

Art Center

Association for Gifted Children

Health Care

Health Care Center

Community Health Connection

Libraries and Research Tools (including internet)

Park Library

Library

Mental Health Services/Family Counseling

Family Development

Center for Psychological Health

Guidance Center:

Adult Center

Child Services

State Psychology Clinic

University Psychology Clinic

Parenting Resources

The Children's Center

Big Brother/Big Sister

Recreation and Volunteer Activities

Recreation Center

Boys and Girls Clubs

Resources Available at Your Local School


ES (*Success Coach to help families find resources on site*) (xxx) xxx-xxxx




Tutoring
Cheerleading
Basketball
Football
Academic Games
Chess
Big Brother/Big Sister



E/MS (*Community Schools Coordinator to help families find resources*) (xxx) xxx-xxxx





Tutoring
Inside Out Writer's Program
Boys and Girls Basketball
Academic Games
Robotics Club
Glee Club




Health Clinic (xxx) xxx-xxxx
Parent Center (xxx) xxx-xxxx


HS (*Community Schools Coordinator to help families find resources*) (xxx) xxx-xxxx





Marching Band
Chess
Robotics Team
Medical Club
Debate Team
Football
Basketball
Cross-Country
Volleyball
Track
Golf
Tennis





Advanced Placement Courses/ Dual Enrollment Program/Votech
9th, 10th, 11th and 12th grade Counselors
Parent Center at E/MS open to HS Parents (xxx) xxx-xxxx

Parent Child Engagement during Feedback

After the feedback, every team member present should complete this rating sheet **INDEPENDENTLY** to assess level of parent and child engagement in the feedback session.

1. On a scale from 0 to 10, how active was the parent in participating in the feedback?

Parent was not active			Parent was moderately active				Parent was very active			
0	1	2	3	4	5	6	7	8	9	10

2. On a scale from 0 to 10, how active was the child in participating in the feedback?

Child was not active			Child was moderately active				Child was very active			
0	1	2	3	4	5	6	7	8	9	10

3. On a scale from 0 to 10, how active was the parent in interacting with and engaging the child throughout the feedback?

Parent did not engage child				Parent sometimes engaged child			Parent was very active in engaging the child			
0	1	2	3	4	5	6	7	8	9	10

4. On a scale from 0 to 10, how active was the child in interacting with and engaging the parent throughout the feedback?

Child did not engage parent				Child sometimes engaged parent			Child was very active in engaging the parent			
0	1	2	3	4	5	6	7	8	9	10

5. On a scale from 0 to 10, how autonomous was the child during the feedback?

Child was not autonomous				Child was moderately autonomous			Child was fully autonomous			
0	1	2	3	4	5	6	7	8	9	10

6. On a scale from 1 to 5, how much effort did the parent put into goal setting?

1	2	3	4	5
<i>The parent did not try to work towards goal creation</i>	<i>The parent put in a little effort towards goal creation</i>	<i>The parent put in some effort towards goal creation</i>	<i>The parent put in a lot of effort towards goal creation</i>	<i>The parent put in full effort towards goal creation</i>

7. On a scale from 1 to 5, how much effort did the child put into goal setting?

1	2	3	4	5
<i>The child did not try to work towards goal creation</i>	<i>The child put in a little effort towards goal creation</i>	<i>The child put in some effort towards goal creation</i>	<i>The child put in a lot of effort towards goal creation</i>	<i>The child put in full effort towards goal creation</i>

Parent Satisfaction Survey

Thank you for your participation! Your thoughts and opinions about this process are very important to us. If you could take a few minutes to answer the following questions, we will make sure you are heard and that we continue to make this process as positive as possible for families into the future.

1. How helpful did you find the session?

Very unhelpful Unhelpful Helpful Very Helpful

2. How satisfied were you with the Feedback helping in areas you are concerned with for your child?

Very unsatisfied Unsatisfied Satisfied Very Satisfied

3. How satisfied were you with your Feedback Consultant's attitude to you overall?

Very unsatisfied Unsatisfied Satisfied Very Satisfied

Are there any other areas you wish we would have asked about or would have been helpful to explore more?

Please let us know if you have any additional comments or questions:

Youth Satisfaction Survey

Thanks for talking with us today! We think your ideas about this session are really important. If you could take a few minutes to answer these questions, we can learn how you felt about the things we did today to make sure we are doing the best job possible.

1. How helpful did you find the session?



Very unhelpful



Unhelpful



Helpful



Very Helpful

2. How satisfied were you with the Feedback helping in areas you are worried about.



Very unsatisfied



Unsatisfied



Satisfied



Very Satisfied

3. How satisfied were you with your Feedback Consultant's attitude to you overall?



Very unsatisfied



Unsatisfied



Satisfied



Very Satisfied

Are there any other things you wish we asked about or you wanted to bring up?

Please let us know if you have any other comments or questions:

REFERENCES

- (CPPRG), C. P. P. R. G. (1991). Parent-Teacher Involvement Questionnaire: Parent Version.
Retrieved from <http://www.fasttrackproject.org/>
- Achenbach, T., & Rescorla, L. (2001). Manual for the ASEBA school-age forms & profiles: an integrated system of multi-informant assessment Burlington, VT: University of Vermont. *Research Center for Children, Youth, & Families.*
- Association, A. P. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Baker, P. C., & Mott, F. (1989). *NLSY child handbook 1989: a guide & resource document for the National Longitudinal Survey of Youth 1986 Child Data*: Center for Human Resource Research, The Ohio State University.
- Baltes, P. B. (1987). Theoretical propositions of life-span developmental psychology: On the dynamics between growth and decline. *Developmental Psychology*, 23(5), 611.
- Barnett, E., Sussman, S., Smith, C., Rohrbach, L. A., & Spruijt-Metz, D. (2012). Motivational interviewing for adolescent substance use: A review of the literature. *Addictive Behaviors*, 37(12), 1325-1334. doi:10.1016/j.addbeh.2012.07.001
- Becker, A., Rothenberger, A., & Sohn, A. (2015). Six years ahead: a longitudinal analysis regarding course and predictive value of the Strengths and Difficulties Questionnaire (SDQ) in children and adolescents. *European Child & Adolescent Psychiatry*, 24(6), 715-725. doi:10.1007/s00787-014-0640-x
- Benard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school, and community.

Berg-Smith, S. M., Stevens, V. J., Brown, K. M., Van Horn, L., Gernhofer, N., Peters, E., . . .

Smith, K. (1999). A brief motivational intervention to improve dietary adherence in adolescents. *Health Education Research, 14*(3), 399-410. doi:10.1093/her/14.3.399

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American psychologist, 32*(7), 513.

Bronfenbrenner, U. (1979). *Ecology of Human Development: Experiments by Nature and Design*: Harvard university press.

Brown, B. B., Clasen, D. R., & Eicher, S. A. (1986). Perceptions of peer pressure, peer conformity dispositions, and self-reported behavior among adolescents. *Developmental Psychology, 22*(4), 521-530. doi:10.1037/0012-1649.22.4.521

Burgess, A. L., & Borowsky, I. W. (2010). Health and home environments of caregivers of children investigated by child protective services. *Pediatrics, 125*(2), 273-281.

Chang, H. N., & Romero, M. (2008). Present, Engaged, and Accounted for: The Critical Importance of Addressing Chronic Absence in the Early Grades. Report. *National Center for Children in Poverty*.

Chiapa, A., Smith, J. D., Kim, H., Dishion, T. J., Shaw, D. S., & Wilson, M. N. (2015). The Trajectory of Fidelity in a Multiyear Trial of the Family Check-Up Predicts Change in Child Problem Behavior. *Journal of Consulting and Clinical Psychology*. doi:10.1037/ccp0000034

Clynes, T. (2016). How to raise a genius: lessons from a 45-year study of super-smart children. *Nature, 537*, 152-155.

Compas, B. E., Hinden, B. R., & Gerhardt, C. A. (1995). Adolescent development: Pathways and processes of risk and resilience. *Annual review of Psychology, 46*(1), 265-293.

- Connell, A. M., Klostermann, S., & Dishion, T. J. (2012). Family Check Up effects on adolescent arrest trajectories: Variation by developmental subtype. *Journal of Research on Adolescence*, 22(2), 367-380. doi:10.1111/j.1532-7795.2011.00765.x
- Corpus, J. H., McClintic-Gilbert, M. S., & Hayenga, A. O. (2009). Within-year changes in children's intrinsic and extrinsic motivational orientations: Contextual predictors and academic outcomes. *Contemporary Educational Psychology*, 34(2), 154-166.
- Corrigan, A. (2002). Parent-teacher involvement questionnaire: Parent version (Fast Track Project Technical Report). Retrieved June, 13, 2007.
- Covington, M. V. (2000). Goal theory, motivation, and school achievement: An integrative review. *Annual review of Psychology*, 51(1), 171-200.
- Cushing, C. C., Jensen, C. D., Miller, M. B., & Leffingwell, T. R. (2014). Meta-analysis of motivational interviewing for adolescent health behavior: Efficacy beyond substance use. *Journal of Consulting and Clinical Psychology*, 82(6), 1212-1218. doi:10.1037/a0036912
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in personal relationships*, 1(1), 37-67.
- Cutrona, C. E., & Troutman, B. R. (1986). Social support, infant temperament, and parenting self-efficacy: A mediational model of postpartum depression. *Child Development*, 57(6), 1507-1518. doi:10.2307/1130428
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological inquiry*, 11(4), 227-268.
- Deković, M. (1999). Risk and protective factors in the development of problem behavior during adolescence. *Journal of youth and adolescence*, 28(6), 667-685.

- Dishion, T., & Kavanagh, K. (2003). *Intervening in adolescent problem behavior: A family-centered approach*. New York, NY, US: Guilford Press.
- Dishion, T. J., & Kavanagh, K. (2003). *Intervening in adolescent problem behavior: A family-centered approach*: Guilford Press.
- Dishion, T. J., Kavanagh, K., Schneiger, A., Nelson, S., & Kaufman, N. K. (2002). Preventing early adolescent substance use: A family-centered strategy for the public middle school. *Prevention Science, 3*(3), 191-201. doi:10.1023/A:1019994500301
- Duckworth, A., Peterson, C., Matthews, M., & Kelly, D. (2007). Grit: perseverance and passion for long-term goals. *Journal of personality and social psychology, 92*(6), 1087.
- Duckworth, A., & Quinn, P. (2009). Development and validation of the Short Grit Scale (GRIT-S). *Journal of personality assessment, 91*(2), 166-174.
- Dunlosky, J., Rawson, K. A., Marsh, E. J., Nathan, M. J., & Willingham, D. T. (2013). Improving Students' Learning With Effective Learning Techniques: Promising Directions From Cognitive and Educational Psychology. *Psychological Science in the Public Interest, 14*(1), 4-58. doi:10.1177/1529100612453266
- Dunn, L. M., Dunn, D. M., & Lenhard, A. (2015). *Peabody picture vocabulary test: PPVT 4*: Pearson.
- Epstein, J. L. (1996). Perspectives and previews on research and policy for school, family, and community partnerships. *Family-school links: How do they affect educational outcomes, 209-246*.
- Epstein, J. L., Sanders, M. G., Simon, B. S., Salinas, K. C., Jansorn, N. R., & Van Voorhis, F. L. (2002). *School, family, and community partnerships: Your handbook for action (2nd ed.)*. Thousand Oaks, CA, US: Corwin Press.

- Epstein, M. H. (1998). Assessing the Emotional and Behavioral Strengths of Children. *Reclaiming Children and Youth: Journal of Emotional and Behavioral Problems*, 6(4), 250-252.
- Fryer, R. G., & Levitt, S. D. (2006). The black-white test score gap through third grade. *American Law and Economics Review*, 8(2), 249-281.
- Girolametto, L., Verbey, M., & Tannock, R. (1994). Improving joint engagement in parent-child interaction: An intervention study. *Journal of Early Intervention*, 18(2), 155-167.
doi:10.1177/105381519401800204
- Goodman, A., & Goodman, R. (2009). Strengths and Difficulties Questionnaire as a dimensional measure of child mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(4), 400-403.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, 38(5), 581-586.
- Gottlieb, B. H., & Bergen, A. E. (2010). Social support concepts and measures. *Journal of psychosomatic research*, 69(5), 511-520.
- Gross, D., Julion, W., & Fogg, L. (2001). What motivates participation and dropout among low-income urban families of color in a prevention intervention? *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 50(3), 246-254. doi:10.1111/j.1741-3729.2001.00246.x
- Group, C. P. P. R. (1991). Parent-Teacher Involvement Questionnaire: Parent version. Retrieved June, 29, 2005.

- Guthrie, J. T., Wigfield, A., Humenick, N. M., Perencevich, K. C., Taboada, A., & Barbosa, P. (2006). Influences of stimulating tasks on reading motivation and comprehension. *The Journal of Educational Research*, 99(4), 232-246.
- Harry, B. (1992). *Cultural diversity, families, and the special education system: Communication and empowerment*. New York, NY, US: Teachers College Press.
- Heckhausen, J., Wrosch, C., & Schulz, R. (2010). A motivational theory of life-span development. *Psychological review*, 117(1), 32.
- Hill, N. E., & Taylor, L. C. (2004). Parental school involvement and children's academic achievement pragmatics and issues. *Current directions in psychological science*, 13(4), 161-164.
- Hochschild, J. L. (2003). Social class in public schools. *Journal of social issues*, 59(4), 821-840.
- Hoover-Dempsey, K. V., & Sandler, H. (2005). Final performance report for OERI Grant# R305T010673: The social context of parental involvement: A path to enhanced achievement. *Project Monitor, Institute of Education Sciences, US Department of Education*.
- Hornby, G., & Lafaele, R. (2011). Barriers to parental involvement in education: An explanatory model. *Educational Review*, 63(1), 37-52. doi:10.1080/00131911.2010.488049
- Hoven, M. R. (2012). Investigating the relationship between perceived social support and parent self-efficacy in parents of preschool-aged children.
- Ingoldsby, E. M. (2010). Review of interventions to improve family engagement and retention in parent and child mental health programs. *Journal of Child and Family Studies*, 19(5), 629-645. doi:10.1007/s10826-009-9350-2

- Janisse, H. C., Barnett, D., & Nies, M. A. (2008). Perceived Energy for Parenting: A New Conceptualization and Scale. *Journal of Child and Family Studies, 18*(3), 312-322.
doi:10.1007/s10826-008-9232-z
- Jencks, C. (1972). *Inequality: A reassessment of the effect of family and schooling in America*. New York, NY, US: Basic Books.
- Jessor, R., Turbin, M. S., & Costa, F. M. (1998). Risk and protection in successful outcomes among disadvantaged adolescents. *Applied Developmental Science, 2*(4), 194-208.
doi:10.1207/s1532480xads0204_3
- Jeynes, W. H. (2005). A Meta-Analysis of the Relation of Parental Involvement to Urban Elementary School Student Academic Achievement. *Urban Education, 40*(3), 237-269.
doi:10.1177/0042085905274540
- King, G., Currie, M., & Petersen, P. (2014). Review: Child and parent engagement in the mental health intervention process: A motivational framework. *Child and Adolescent Mental Health, 19*(1), 2-8. doi:10.1111/camh.12015
- Klem, A. M., & Connell, J. P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health, 74*(7), 262-273.
- Kohl, G. O., Lengua, L. J., & McMahon, R. J. (2000). Parent involvement in school conceptualizing multiple dimensions and their relations with family and demographic risk factors. *Journal of school psychology, 38*(6), 501-523.
- Kohlberger, B. A. (2014). *Health-related behaviors in low-income, minority youth: The role of motivation, basic needs, mental health, and environmental barriers*. WAYNE STATE UNIVERSITY.

- Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals*, *32*(9), 509-515.
- Kroenke, K., Strine, T. W., Spitzer, R. L., Williams, J. B. W., Berry, J. T., & Mokdad, A. H. (2009). The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders*, *114*(1-3), 163-173.
doi:<http://dx.doi.org/10.1016/j.jad.2008.06.026>
- Kumanyika, S. K., & Grier, S. (2006). Targeting interventions for ethnic minority and low-income populations. *The future of children*, *16*(1), 187-207.
- Laija-Rodriguez, W., Grites, K., Bouman, D., Pohlman, C., & Goldman, R. L. (2013). Leveraging strengths assessment and intervention model (LeStAIM): A theoretical strength-based assessment framework. *Contemporary School Psychology*, *17*(1), 81-91.
- Lassen, S. R., Steele, M. M., & Sailor, W. (2006). The relationship of school - wide positive behavior support to academic achievement in an urban middle school. *Psychology in the Schools*, *43*(6), 701-712.
- Leachman, M., & Mai, C. (2014). Most States Still Funding Schools Less Than Before the Recession. *Center on Budget and Policy Priorities*, October 16, 2014, <http://www.cbpp.org/cms/index.cfm?fa=view&id,4213>.
- Leijten, P., Shaw, D. S., Gardner, F., Wilson, M. N., Matthys, W., & Dishion, T. J. (2015). The Family Check-Up and service use in high-risk families of young children: A prevention strategy with a bridge to community-based treatment. *Prevention Science*, *16*(3), 397-406. doi:10.1007/s11121-014-0479-x

- Lepper, M. R., Corpus, J. H., & Iyengar, S. S. (2005). Intrinsic and extrinsic motivational orientations in the classroom: age differences and academic correlates. *Journal of educational psychology, 97*(2), 184.
- Lightfoot, S. L. (1978). *Worlds apart: Relationships between families and schools*: Basic Books New York.
- McClelland, D. C. (1985). How motives, skills, and values determine what people do. *American psychologist, 40*(7), 812.
- McCluskey, C. P., Bynum, T. S., & Patchin, J. W. (2004). Reducing chronic absenteeism: An assessment of an early truancy initiative. *Crime & Delinquency, 50*(2), 214-234.
- McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments: A review of current efforts. *American psychologist, 65*(2), 73-84. doi:10.1037/a0018121
- McKown, C. (2005). Applying ecological theory to advance the science and practice of school-based prejudice reduction interventions. *Educational Psychologist, 40*(3), 177-189.
- Miller, W., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. 2nd The Guilford Press. *New York*.
- Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy, 11*(2), 147-172. doi:10.1017/s0141347300006583
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd edition)*. New York, NY, US: Guilford Press.
- Miller, W. R., & Rollnick, S. (2014). The effectiveness and ineffectiveness of complex behavioral interventions: impact of treatment fidelity. *Contemporary clinical trials, 37*(2), 234-241.

- Mucka, L. E., Hinrichs, J., Upton, F., Hetterscheidt, L., Kuentzel, J., Bartoi, M., & Barnett, D. (2016). Barriers to Adherence to Child Assessment Recommendations. *Journal of Child and Family Studies*, 1-11. doi:10.1007/s10826-016-0621-4
- Muris, P., Merckelbach, H., Schmidt, H., & Mayer, B. (1998). The revised version of the Screen for Child Anxiety Related Emotional Disorders (SCARED-R): Factor structure in normal children. *Personality and Individual Differences*, 26(1), 99-112.
- Núñez, J., Suárez, N., Rosário, P., Vallejo, G., Valle, A., & Epstein, J. (2015). Relationships between perceived parental involvement in homework, student homework behaviors, and academic achievement: differences among elementary, junior high, and high school students. *Metacognition and learning*, 10(3), 375-406.
- Ory, M. G., Ahn, S., Jiang, L., Lorig, K., Ritter, P., Laurent, D. D., . . . Lee Smith, M. (2013). National study of chronic disease self-management: Six-month outcome findings. *Journal of Aging and Health*, 25(7), 1258-1274. doi:10.1177/0898264313502531
- Pearlman, D. N., Zierler, S., Gjelsvik, A., & Verhoek-Oftedahl, W. (2003). Neighborhood environment, racial position, and risk of police-reported domestic violence: a contextual analysis. *Public health reports*, 118(1), 44.
- Pintrich, P. R., & De Groot, E. V. (1990). Motivational and self-regulated learning components of classroom academic performance. *Journal of educational psychology*, 82(1), 33.
- Pryor-Brown, L., & Cowen, E. L. (1989). Stressful life events, support, and children's school adjustment. *Journal of Clinical Child Psychology*, 18(3), 214-220.
- Ratanavivan, W. (2015). *Using motivational interviewing as a strength-based approach with children in a disciplinary alternative education program*. Texas A&M University-Corpus Christi.

- Reardon, S. F., & Robinson, J. P. (2008). Patterns and trends in racial/ethnic and socioeconomic academic achievement gaps. *Handbook of research in education finance and policy*, 497-516.
- Resnicow, K., Davis, R., & Rollnick, S. (2006). Motivational interviewing for pediatric obesity: Conceptual issues and evidence review. *Journal of the American Dietetic Association*, 106(12), 2024-2033.
- Rutter, M. (1983). School effects on pupil progress: Research findings and policy implications. *Child Development*, 54(1), 1-29. doi:10.2307/1129857
- Rutter, M., & Maughan, B. (2002). School effectiveness findings 1979–2002. *Journal of school psychology*, 40(6), 451-475.
- Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology*, 25(1), 54-67.
doi:10.1006/ceps.1999.1020
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296-305.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). *Positive psychology: An introduction* (Vol. 55): American Psychological Association.
- Shaw, D. S., Dishion, T. J., Supplee, L., Gardner, F., & Arnds, K. (2006). Randomized trial of a family-centered approach to the prevention of early conduct problems: 2-year effects of the family check-up in early childhood. *Journal of Consulting and Clinical Psychology*, 74(1), 1-9. doi:10.1037/0022-006X.74.1.1
- Shepard, S., Armstrong, L. M., Silver, R. B., Berger, R., & Seifer, R. (2012). Embedding the family check-up and evidence-based parenting programmes in head start to increase

- parent engagement and reduce conduct problems in young children. *Advances in School Mental Health Promotion*, 5(3), 194-207. doi:10.1080/1754730X.2012.707432
- Stephoe, A., & Marmot, M. (2004). Socioeconomic status and coronary heart disease: a psychobiological perspective. *Population and development review*, 133-150.
- Stormshak, E. A., Fosco, G. M., & Dishion, T. J. (2010). Implementing interventions with families in schools to increase youth school engagement: The family check-up model. *School Mental Health*, 2(2), 82-92. doi:10.1007/s12310-009-9025-6
- Strait, G. G., Smith, B. H., McQuillin, S., Terry, J., Swan, S., & Malone, P. S. (2012). A randomized trial of motivational interviewing to improve middle school students' academic performance. *Journal of Community Psychology*, 40(8), 1032-1039. doi:10.1002/jcop.21511
- Suldo, S. M., & Shaunessy-Dedrick, E. (2013). Changes in stress and psychological adjustment during the transition to high school among freshmen in an accelerated curriculum. *Journal of Advanced Academics*, 24(3), 195-218.
- Tough, P. (2012). *How children succeed: Grit, curiosity, and the hidden power of character*. Boston, MA: Houghton Mifflin Harcourt.
- Turney, K., & Kao, G. (2009). Assessing the private safety net: Social support among minority immigrant parents. *The Sociological Quarterly*, 50(4), 666-692. doi:10.1111/j.1533-8525.2009.01157.x
- Walters, E., & Hill, L. G. (2000). Parent-Teacher Involvement: Parent (Technical Report) [Online].
- Weiss, R. (1974). The provisions of social relationships. *Doing unto others*, 17-26.

- Weissman, M. M., Leckman, J. F., Merikangas, K. R., Gammon, G. D., & Prusoff, B. A. (1984). Depression and anxiety disorders in parents and children: Results from the Yale family study. *Archives of General Psychiatry*, *41*(9), 845-852.
doi:10.1001/archpsyc.1984.01790200027004
- Williams, T. T., & Sánchez, B. (2013). Identifying and decreasing barriers to parent involvement for inner-city parents. *Youth & Society*, *45*(1), 54-74. doi:10.1177/0044118X11409066
- Wolf, S., Aber, J. L., & Morris, P. A. (2015). Patterns of time use among low-income urban minority adolescents and associations with academic outcomes and problem behaviors. *Journal of youth and adolescence*, *44*(6), 1208-1225. doi:10.1007/s10964-015-0294-0
- Zhang, M. (2003). Links between school absenteeism and child poverty. *Pastoral Care in Education*, *21*(1), 10-17.

ABSTRACT**SCHOOLS AND FAMILIES EMPOWERING LEARNING (SAFE LEARNING): AN INTERVENTION FEASIBILITY STUDY**

by

LILIA ELIZABETH MUCKA**August 2017****Advisor:** Dr. Douglas Barnett**Major:** Psychology (Clinical)**Degree:** Doctor of Philosophy

For parents, academic achievement is an important part of their child's development. Generally, parents, teachers and the community are expected to play a supporting role in learning, yet many students struggle in an educational system some believe is in crisis (Dunlosky, Rawson, Marsh, Nathan, & Willingham, 2013). Low-income minority youth are particularly at risk for negative outcomes, such as higher absence rates in school and lower achievement scores (Hochschild, 2003; Zhang, 2003), as compared to suburban White middle/upper-income youth. This study aimed to examine the feasibility of implementing the SAFE-Learning intervention, an adaptation of the Family Check Up, with urban public school families and to understand family protective and risk factors. Sixty-four urban public school children between 5-18 years old ($M = 12.28$, $SD = 3.53$) and their parents (M age = 43.34, $SD = 9.82$) consented to participate. Sixty-two children were African American (97%), 26 were boys (41%), and 22 families reported an income <10,000 (34%).

Both the parent and child completed assessment measures examining protective and risk factors in the first session. The second visit included the utilization of motivational interviewing to review scores and set goals with the parent and child. Results across 11 domains revealed

families presented with a high average of strengths ($M = 7.47$, $SD = 2.14$). Boys were found to feel less self-efficacious in their ability to learn as compared to girls and both parent-teacher involvement and self-regulation for learning were significantly lower for high schoolers. Sixty-three dyads created 3 goals and identified potential barriers. Results provide initial promise for the feasibility of implementing the SAFE-Learning intervention with both the parent and child across various developmental periods with low-income, urban public school families. However, it is important to consider that only a small number of hundreds of urban public school children and their families participated in the study. To better understand how to engage families, future steps may include additional follow-up as well as the incorporation of trusted supports into the recruitment for and implementation of SAFE-Learning. Psychologists, teachers, and school counselors can then team together to highlight parent-child strengths and address potential risk factors in school.

AUTOBIOGRAPHICAL STATEMENT

The author was born in Detroit, Michigan, June 25, 1989. She graduated from Fraser High School, Fraser, Michigan, in June 2007. She graduated with her Bachelor of Science in Psychology from Wayne State University, Detroit, Michigan, in December 2010. She graduated with her Master of Arts in Clinical Psychology from Wayne State University, Detroit, Michigan, in December 2013. She will graduate with her Doctorate in Philosophy in Clinical Psychology from Wayne State University, Detroit, Michigan, in August 2017.