CHAPTER 15

Implementation of a Family-Centered, School-Based Intervention to Prevent Student Academic and Behavioral Problems

Elizabeth A. Stormshack, Kathryn Margolis, Cindy Huang, and Thomas J. Dishion

Family-centered interventions have been found to reduce the risk of problem behavior developing in youth who are most vulnerable for adjustment problems. In this chapter we describe an ecological approach to treatment called EcoFit that was inspired by research suggesting that the most successful integrative interventions are those which target multiple domains (e.g., home, family, peers, and school) of children and families. In addition to describing the intervention model and its effectiveness in decreasing youth problem behavior, we also discuss issues relevant to implementation in the school context.

Students' disruptive behaviors at school can cause serious problems for teachers, parents, and society. Youth who exhibit problem behaviors at school often exhibit a combination of other issues, such as low school attendance, poor academic achievement, anxiety, depression, and substance use. In the school setting, risk for problem behaviors increases as youth aggregate into high-risk peer groups (Dishion et al., 1994). Moreover, the number of children with mental health needs has increased dramatically in the past decade, with some reports estimating as many as one in five children experiencing a mental health problem; worse yet, only 20 percent of these children receive the services they need (Biglan et al., 2003; Katoaka, Zhang, & Wells, 2002). Because academic outcomes are closely linked with emotional and physical well-being, youth mental health concerns pose a significant challenge for schools. Nationwide policies such as the No Child Left Behind Act hold schools accountable for youth academic progress and for overcoming the barriers that impede academic progress among those who don't achieve to their expected levels. However, the No Child Left Behind Act has also compromised broader educational goals, such as social skill development and support for at-risk youth who may have strengths in other areas, such as art or music (Cawelti, 2006). Taken together, these circumstances clearly suggest that schools are an ideal setting for implementing interventions that reduce problem behaviors and prevent academic failure (Greenberg et al., 2003).
A FAMILY-CENTERED SCHOOL-BASED INTERVENTION

Developmental science has accumulated a wealth of information about the etiology of student problem behavior and its associated outcomes, such as later school failure (Conduct Problems Prevention Research Group, 1999; Dishion & Patterson, 2006; Blair & Diamond, 2008). Studies examining the development of problems in youth over time reveal a series of difficulties that often begin in the family and community contexts and eventually lead to problems in the school setting, including the academic and peer arena. We have known for many years that poverty, unsafe neighborhoods, and caregiver mental health problems are associated with student problem behavior and academic failure. Despite these contextual risks and stressors, consistent research suggests that parenting practices, such as family management skills, are linked with reductions in youth problem behavior and improved outcomes (Patterson, Reid, & Dishion, 1992; Gorman-Smith, Henry, & Tolan, 2004). Parenting support and skill training can be effective for reducing risk behavior, even in the context of other risk factors and stressors.

The Home-School Link

Schools traditionally have used individualized education plans (IEPs) or other mandated educational planning to manage students’ challenges and follow up with a child-focused, school-based intervention to promote academic success. In addition, educational planning is commonly provided only for youths who are at highest risk. Although successful at one level, these child-focused interventions do not address all the factors that contribute to youth problems and are not reinforced by inclusion of parents and families (Christenson, 2003).

Generally, family-centered interventions and school-based interventions have continued to be separate approaches to managing students at risk for academic failure. School personnel are comfortable implementing programs such as Second Steps and the Promoting Alternative Thinking Strategies Curriculum (PATHS) to groups of children because they target specific problem behaviors, such as aggression and social skills. These programs may provide youth with crucial skills for succeeding in the school environment, but research has shown that approaches to youth mental health must involve the child and the family to be truly effective (Weisz, Jensen-Doss, & Hawley, 2006). Recent studies suggest that the exclusion of parents from child treatment actually can worsen child problem behaviors (Szapocznik & Prado, 2007). In fact, the success rate of school-based approaches to social skills training is improved when parenting is a component of the curriculum (Lochman & Wells, 2004; Spoth, Redmond, & Shin, 1998).

It is increasingly evident that parenting practices can be a risk factor for the onset and development of youth problem behavior and that a solution is to target parenting in intervention and prevention practices (Dishion & Stormshak, 2007; Spoth, Kavanagh, & Dishion, 2002). Other risk factors also must be considered, especially for low-income children, who may encounter additional barriers that directly affect their academic achievement. As shown in Figure 15.1, indicators of school success (e.g., self-regulation, social competence, and literacy skills) shape problem behavior and academic achievement and are the main targets of school-based interventions. Developmental research implies that this model and its variants are robust and significant across ages and cultural groups (Ackerman, Brown, & Izard, 2004; Raver, Gershoff, & Aber, 2007). Contextual stressors caused by poverty, hardship, and parent mental health problems negatively affect parents’ ability to use effective parenting strategies at home and decrease the likelihood of parental involvement in the child’s learning. Thus, improving family management skills can decrease the negative influence of contextual stress on youth and improve their school outcomes. Our research has shown that our family intervention is linked with changes in child behavior and emotional control (Fosco et al., forthcoming; Stormshak, Fosco, & Dishion, 2010). We investigated
Contextual Stress
- Poverty
- Maternal depression
- Adult mental health problems
- Family stress
- Family hardship
discrimination

Family mediators linked to school success
- Parent–school involvement
- Positive support at home
- Reductions in coercion/harsh parenting

Skills for school success
- Self-regulation
- Social competence
- Behavioral Control

School competence outcomes
- Low problem behavior
- Academic achievement
- Positive peer relationships

Figure 15.1: A developmental model for intervening in problem behavior to promote school competence.

how the Family Check-Up (FCU; described later in this chapter), a component of EcoFIT designed to enhance family-school partnership to reduce problem behaviors, affected youth self-regulation, depression, and school engagement from the sixth to the ninth grades (Stormshak et al., 2010) and found that it was linked with increased youth self-regulation in seventh grade, controlling for sixth grade levels. In turn, self-regulation was associated with decreased levels of depressive symptoms in eighth grade and increased levels of school engagement in ninth grade. Interestingly, self-regulation was a better predictor of changes in school engagement than was depression, further underscoring the central importance of youth self-regulation processes.

In a second study (Fosco et al., forthcoming), we examined the FCU within a three-wave meditational model of parenting, self-regulation, and antisocial behavior from the sixth to the eighth grades. Consistent with other developmental research results, youth reports of skillful parenting practices were associated with increases in youth self-regulation, which, in turn, were associated with lower levels of antisocial behavior. When intervention effects were added to the model by using an intention-to-treat framework, the findings were similar. Students in the intervention group had greater increases in self-regulation than did those in the control group. Of particular interest, these effects also were true when previous and concurrent levels of parenting practices were accounted for.

Given all the evidence that supports parenting interventions as the most effective means of changing child behavior, it is interesting that family-based interventions are not used more commonly in school settings. School systems have been reluctant to include families in interventions for a variety of reasons, which can be viewed as barriers to effective family-school partnerships (Christenson, 2003). The first barrier is hesitancy on the part of school personnel to get involved with parents about concerns with parenting and family problems. These issues typically are seen as separate from school and therefore should be handled in another context (e.g., mental health agency). The assumption that hard-to-reach families are not invested in education or are somehow unable to support learning at home exacerbates the problem (Mapp & Hong, 2009).

Next, schools must deal with budget cuts and the staff's high workload, both of which can prevent involvement with parents and parenting interventions. Last, many of the professionals who work in schools, including school counselors, behavioral support staff, and psychologists, are trained in an
individual, child-centered approach to problem reduction and lack the background to work with parents or families. As a result, schools and families have remained separate entities in the treatment of child mental health issues.

The EcoFIT Model

Given the effectiveness of family-centered interventions, the field of family intervention research has shifted its focus to designing intervention programs that are brief, cost-effective, adaptive, and applicable in settings that serve a large number of youth and their families, such as schools (Lochman & van den Steenhoven, 2002; Spoth et al., 2002). The Ecological Approach to Family Intervention and Treatment Model (EcoFIT) surfaced from a series of intervention trials with preschoolers and young adolescents at risk for later problem behavior (Dishion & Kavanagh, 2003; Dishion & Stormshak, 2007; Stormshak et al., 2005).

The EcoFIT Model is empirically based

It is grounded in the developmental research about child and adolescent psychopathology and specifically relevant to behavioral problems (e.g., Dishion & Patterson, 2006; Patterson, Reid, & Dishion, 1992). Parenting practices, especially family management, have been shown to be highly correlated with rates of child and adolescent problem behavior across longitudinal studies examining the etiology of problem behavior (e.g., Loeber & Dishion, 1983). Pertinent to these findings, family management is a central component of the EcoFIT model for effective ecological intervention with children and families.

The EcoFIT Model targets social interactions in which mental health problems of children and adolescents are embedded

During the past thirty years, researchers have made great progress in the identification and measurement of the function of relational dynamics between family members and youth and between peers and youth that contribute to mental health concerns for children and adolescents (Dishion & Patterson, 2006). In particular, antisocial behavior correlates with coercive parent-child interactions (e.g., Patterson, Reid, & Dishion, 1992), and interventions that address these dynamics can reduce problem behavior (Dishion, Patterson, & Kavanagh, 1992; Forgatch, 1991; Forgatch & DeGarmo, 2002). An ecological perspective explains individual adjustment in relation to relationship dynamics, and therefore, it is necessary that interventions aiming to strengthen child
adjustment and reduce problem behavior
assess and target social interactions.

THE ECOFIT MODEL TARGETS SOCIAL INFLUENCES IN A CHILD'S LIFE BY ADDRESSING PARENTAL MOTIVATION TO CHANGE

The model draws from research about increasing internal motivation to change and assessing readiness to change in its use of motivational interviewing as an effective method (Miller & Rollnick, 2002; Prochaska & Norcross, 1999). Motivational interviewing is used to address parental resistance, which is a common obstacle to change and is related to insufficient family management skills, adult depression, and poor treatment outcomes (Stoolmiller et al., 1993).

Providing parents with feedback about the family assessments in a nonconfrontational way helps to engage parents in the intervention for their child.

THE ECOFIT MODEL USES A HEALTH-MAINTENANCE FRAMEWORK

Routine and brief interventions are provided to individuals at key transitional points, and they can be informed by the specific needs of the child (Sameroff & Fiese, 1987). For example, transitional points, such as the shift from elementary to middle school, can present risks for children, who therefore may warrant a brief intervention during that change. In addition, children experiencing contextual risks, such as divorce, may benefit from an intervention timeline that is tailored to their unique individual and family needs. Brief contacts over a long period of time can be used in the treatment, reduction, and prevention of harm relevant to problem behavior and emotional distress in children and adolescents. Integration of the EcoFIT model into a public school or other community setting conforms well with the health-maintenance model because children and families can engage from a setting that has built-in structure and familiarity (Stormshak & Dishion, 2002). For example, schools may find it useful to conduct assessments at the beginning of the year for lower-risk children and at more frequent time points (e.g., weekly, monthly, or quarterly) for higher-risk children.

THE ECOFIT MODEL IS DERIVED FROM A DEVELOPMENTAL-ECOLOGICAL MODEL

As such, the model adaptable to a variety of cultural and contextual factors that may have an impact on child mental health and service delivery. An approach that draws on family strengths ensures that cultural patterns in parenting are integrated into the intervention. In addition, at developmental time periods, such as middle childhood and adolescence, critical attention is given to peer relationships and social interactions because gaining information about these contexts clarifies the protective or risk factors that affect the child’s adjustment. Unique cultural values and developmental factors can be incorporated into the model, making EcoFIT an adaptable approach to various cultural groups and families.

Using EcoFIT to Improve Youth Adjustment in School Settings

The critical need to bridge the gap between parents and schools was described earlier in this chapter. The EcoFIT model is a response to that need. The model was designed for implementation in schools and comprises specific components that facilitate parent involvement and family-school connectedness. Components of EcoFIT include the family resource center, the family checkup, and a structured menu of intervention options. Each component is described in the following three subsections.

The Family Resource Center

The family resource center (FRC) is a physical location in the school where caregivers can go to access information about resources and supports for their children. The idea has existed since the 1970s and 1980s, when it was used for parents of children with disability status or who were on an IEP, but typically the centers have not been a resource for parenting or for reducing child problem
A FAMILY-CENTERED SCHOOL-BASED INTERVENTION

behavior. The FRC is a universal level of intervention in schools that targets children from all risk levels and focuses on parenting and family management skills that can enhance school success. The FRC provides an infrastructure that enables parent-school collaboration, a mechanism for implementation and coordination of family-centered interventions and educational services, and a service for promoting successful adjustment through family management practices that are evidence-based. Essential steps to formation of the FRC include: (1) creating a physical space within the school where meetings with parents can be held, (2) integrating the FRC into the existing educational plan (e.g., positive behavior support), (3) identifying a parent consultant or team of trained school staff, and (4) working with school administrators to actively endorse the importance of home-school collaboration.

The FRC should be integrated with existing systems that promote school success, such as School-Wide Positive Behavior Support (SWPBS) (Sprague & Golly, 2005, Sugai et al., 2000, 2001). The FRC is compatible with systems such as SWPBS because it proactively alerts parents to their child's behavior problems at school so that parents can become more actively involved in the remediation of these problems. For example, our research projects have used an ABC report that is sent to parents on a daily (very high-risk students), weekly (at-risk students), or monthly/quarterly basis (all students) (Dishion & Kavanagh, 2003). The ABC report consists of the following components: A refers to attendance (e.g., excused and unexcused, tardiness), B refers to behavior (e.g., referrals and teacher reports of students' compliance with behavioral expectations), and C refers to completion of academic tasks (e.g., turning in homework, satisfactorily completing courses). Periodic communication such as the ABC reports helps to establish a collaborative home-school link.

After creating the physical FRC space and integrating its services into the existing school behavioral plan, the next step is to identify a parent consultant. This person will serve as the parents' ally when they are addressing their child's problem behavior or emotional difficulties. Ideally, the parent consultant is a school staff person, such as the school counselor or vice principal. The consultant acts as a liaison between the school and home; as such, he or she develops behavior plans that work in both settings, coordinates with teachers, communicates with parents, and works with the school system by being involved in system-level planning and change.

It is important that parent consultants are trained to conduct interventions with families and are knowledgeable about school practices. The parent consultant helps to engage parents in a proactive way so that problems can be remediated more effectively. As mentioned previously, an important aspect of remediating problem behavior is supporting parents as they refine their family management skills and motivating parents to change their parenting behaviors. Working with parents to change their parenting practices is a difficult job that requires meeting parents at their stage of change (Prochaska & DiClemente, 1986) and building on their existing skill set. In doing so, it is crucial that the parent consultant is sensitive to parents' struggles with change and can work effectively with resistance to change (e.g., Patterson & Forgatch, 1985). Other necessary skills include building rapport with parents from diverse cultural and contextual backgrounds and collaborating with the student's best interest in mind (Henggeler et al., 1998; Szapocznik & Kurtines, 1989).

After the FRC has become established within the school, parents will begin to use it as a place through which information about their children is disseminated. FRCs in our research project in Portland, Oregon, offer brochures about various aspects of family life and behavior, such as parental monitoring and involvement, limit setting, and completing homework. Our research indicates that parents most often meet with FRC staff about parenting skills and family management, such as limit setting and supervision (41 percent), school problems as identified in the ABC report (52 percent), family problems such as parent distress (e.g., mental health concerns or marital
distress) (16 percent); or child adjustment problems, including substance use, depression, and safety (18 percent). It is becoming increasingly clear that the FRC is an important resource for parents in that it supports home-school collaboration and fosters a systemic mechanism for promoting positive youth adjustment and school success.

The Family Checkup

The family checkup (FCU) is a selected intervention that can be delivered from the FRC to children and adolescents at higher risk and their families. It offers family assessment, professional support, and motivation to change. The FCU is based on Miller and Rollnick's (2002) motivation-based "drinker's checkup." The FCU accurately assesses the child's risk level relevant to various dimensions, such as home and school behavior, and is followed by a menu of empirically validated interventions. The FCU can be implemented in a public school setting and has been effective in reducing substance use, problem behavior at school, and academic problems in middle and high school, and it effectively enhances parenting skills in early childhood (Dishion et al., 2002; Dishion & Stormshak, 2007).

The FCU consists of three sessions: (1) an initial interview, (2) a comprehensive multiagent, multimethod assessment, and (3) a family feedback session. During the initial meeting, the parent consultant establishes rapport and facilitates discussion about family goals and concerns. This meeting is collaborative and establishes the home-school connection.

The second session involves the integration of diverse ecological perspectives that motivate change in the unique areas of risk for each child and family. During this process, structured reports are gathered from parents, teachers, and the child and are then compared with normative standards. Caregivers who may not be actively involved in the child's life, such as stepparents, are engaged in this process in order to promote collaboration among family members and between the home and the school, which will help to motivate changes in behavior. In addition to gathering family and teacher reports, the parent consultant or staff member conducts direct observations in the home and at school. Direct observations provide an objective report about family interactions. These diverse perspectives are combined into one family-centered assessment report for which all perspectives are weighed equally and discrepancies in reports can be easily noted and discussed. During the feedback session, this information is presented to parents in a comprehensive format that devotes attention to strengths and areas of concern for the family.

During the third component of the FCU, the feedback session, assessment data are communicated in a motivating and strengths-based manner. Information about the parents' and child's areas of risk (e.g., the need to increase parental supervision or child/parent mental health concerns) and the family's areas of strength (e.g., parent-child relationship) are presented through a collaborative process that elicits parents' perceptions relevant to each dimension. Teacher report and observation data are especially useful for providing validation and building motivation because parents repeatedly report feelings of isolation as they manage their child's problem behavior. An essential characteristic of the process is that feedback is delivered in a supportive and motivating way that focuses on family strengths and encourages parent participation. The final part of the feedback session is the collaborative setting of goals by the parent consultant and parents and the provision of a structured menu of intervention options.

Menu of Intervention Options

The FCU enables us to tailor interventions that target the specific goals that parents have identified as necessary areas of growth. Offering a menu of intervention options suggests that a variety of intervention services can be equally effective at reducing problem behavior (Webster-Stratton, Kupacoff, & Hollingsworth, 1988). This strategy makes it possible to work with parents' readiness to change because parents can proactively
select from the various options. For instance, involved parents who may be aware of their child’s poor academic performance but know only to criticize the child’s poor performance may benefit from a targeted intervention about positive reinforcement. In this case, the FCU would have identified a need for more positive reinforcement and determined that parental involvement was a strength; through motivational interviewing, the caregivers would be encouraged to bolster their skills in involvement by using increased positive interactions.

The intervention menu typically consists of three levels of intervention sessions (Dishion & Stormshak, 2007). The first level provides parents with motivation, support, and the problem-solving skills needed for relatively low-risk problems and issues. For example, after engaging in the FCU, parents may request minimal follow-up telephone calls from the parent consultant that are designed to provide brief, immediate consultation about a problem behavior. These telephone conversations are referred to as phone check-ins.

The second level of indicated intervention is referred to as skill-building interventions. These interventions help parents to refine skills that are targeted by the FCU as needing improvement, and they closely follow the principles of parental management training (Forgatch, Patterson, & DeGarmo, 2005). Skills that parents often elect to improve through this level of intervention include limit setting, positive reinforcement, parental monitoring, problem solving, and communication. These sessions are conducted either individually with parents or in a group setting with other parents.

The third level of indicated intervention consists of family adaptation and coping interventions. Families who experience multiple problems resulting from stressful life events, family disruption such as divorce and remarriage, and potential abuse often struggle to use family management skills because of their emotionally dysregulated environment. Families in this category may benefit from interventions that provide parental support (e.g., individual therapy) and reduce emotional dysregulation (e.g., child or family therapy).

Effectiveness of the EcoFIT Model

Research conducted by means of randomized prevention trials has enabled us to test the effectiveness of EcoFIT by using random assignment of families to receive the FRC and FCU or to receive middle school as usual. Parent consultants were assigned to schools with the task of engaging parents of teacher-identified at-risk youth into the studies. Notable findings for parent engagement and intervention effects were revealed over a ten-year time span.

Engagement

Contrary to common belief that higher-risk families are less likely to seek services, our first research project indicated that parents with higher-risk children were more likely to engage in the FCU. Those who engaged most often were single-parent families, families with students involved in a deviant peer group, and families whose children were rated as highest risk by teachers (Connell, Dishion, & Deater-Deckard, 2006). The second research project actively engaged 40 percent of families in the FCU and revealed that the average number of contacts per family was approximately six, with contacts increasing with child risk level (Dishion et al., 2002).

Finally, an effectiveness trial of the EcoFIT that spanned four public middle schools yielded findings that suggested the number of parent contacts in sixth, seventh, and eighth grades was related to reductions in teacher ratings of risk level (Stormshak et al., 2005).

Effectiveness

Three randomized prevention studies have yielded optimistic findings that support the effectiveness of the EcoFIT model for early and middle childhood, preadolescence, and adolescence. In general, random assignment of families to EcoFIT has been found to lower child risk level in terms of reductions
in substance use, including marijuana and tobacco use (Dishion et al., 2002); affiliation with deviant peer groups (Dishion, Bullock & Granic, 2002); number of arrests (Connell et al., 2006); and days absent from school (Stormshak, Connell, & Dishion, 2009). The most dramatic effects of assignment to EcoFIT were observed in sixth grade students from the most at-risk families (Connell et al., 2007). For example, reductions in drug use for the highest-risk youth were mediated by changes in observed parental monitoring practices (Dishion, Nelson, & Kavanagh, 2003).

One dimension of antisocial behavior is measured in terms of youth arrest records and school truancy, and assignment to the FCU yielded a dramatic effect on these indicators. Families who engaged in the FCU intervention group evidenced a reduction in the percentage of youth who had been arrested at least once (15 percent arrest record) compared with youth in the control group families who received middle school as usual (10 percent arrest record). Furthermore, sixth graders of families who did not engage in the FCU were six times more likely to be arrested during the next five years than were children of families who received the FCU. In addition to a reduction in arrest frequency, children of families who participated in the FCU attended school more frequently than did those in the control group. Children of families who received the FCU intervention reduced the number of days absent from high school by more than 50 percent from sixth through eleventh grade (Stormshak et al., 2009). Specifically, youth in the control group missed thirty-two days on average compared with thirteen days absent for youth of families who received the FCU. Youth who received the FCU also had higher average grade point averages (GPAs) at high school completion.

These findings indicate that the EcoFIT model successfully reduces substance use, teacher reports of problem behavior, affiliation with deviant peer groups, and days absent from school. Furthermore, the high adaptability of EcoFIT to diverse family and cultural values has yielded high rates of intervention effectiveness across large, ethnically diverse samples from metropolitan areas.

Dissemination of EcoFIT: Considerations for Successful Implementation

Successful dissemination and implementation of an empirically based program are crucial, especially because of growing demands that schools be accountable for students' academic progress. To implement the EcoFIT model successfully, school systems should follow the steps discussed by Flay et al. (2003) for dissemination of evidence-based programs. The first step is that schools must have the resources necessary for successful implementation, including the capability to establish an FRC and provide a school staff person who is able and willing to take on delivery of the intervention.

Next, a training protocol and clearly stated manuals must be disseminated. The training includes specific information about how support for implementation will be provided throughout the school year, how monitoring of school staff will be accomplished, and when consultation with school leaders will occur to evaluate the program's uptake. Intervention manuals that spell out clear content targets and provide multiple tools for targeting each behavior are ideal in a school setting. For example, we focus on three main areas of competence: positive behavior support, limit setting, and family relationships. Teachers, school counselors, and principals can address these areas by using various tools, such as brochures and handouts, that we provide to the school (see Figure 1).

The third step is to assess the fidelity of program implementation. Ensuring fidelity of the EcoFIT model requires that descriptive information is made available to staff about how many students are served. It also requires the use of fidelity measurement tools that can be administered quickly. An example of a measurement tool is the Fidelity of Implementation Rating System (FIMP) (Knutson, Forgatch, & Rains, 2005), which is used at the Child and Family Center (CFC) to check fidelity to the EcoFIT model. Preferably, parent consultants in each school provide a videotaped segment of a parent feedback session to the
CFC, where trained coders use the FIMP to code the tapes and provide feedback to each school about implementation fidelity. This process can be completed online through an interactive website or in person with a consultant to the schools.

We are currently funded to research large-scale evaluation and dissemination of the EcoFIT model. The study will explore factors associated with successful adoption and implementation of the model, such as school environment, school behavioral management practices, and support for staff for implementing the model. This grant project, funded by the Department of Education, will involve random assignment of 44 public middle schools in Oregon to either training and support in the EcoFIT model or school as usual. We will be studying factors that determine successful uptake of the model, such as school-level support, training of staff, and school contact with families. Our current sample of schools already includes very discrepant districts with a wide range of resources for implementation of our project.

**Issues for Implementation and Use**

Its flexible approach makes the EcoFIT model ideal because interventions can be tailored to meet the individual needs of each family. However, it is essential for school systems and those implementing the program to be cognizant of barriers that may prevent the EcoFIT model from being successful with some families. Some of these barriers are historical (e.g., past trauma, history of oppression and discrimination), some are contextual (e.g., poverty), and some are chronic (e.g., health and mental health problems, disability). For instance, a family faced with the possibility of becoming homeless may be more concerned with those immediate circumstances than they are about their children completing homework. In this case, the parent consultant’s appropriate intervention and support will be to guide the parents to services that will ensure their safety and recovery.

Similarly, ensuring successful adoption and implementation of EcoFIT requires appropriate adaptations of the model for families from diverse cultural groups. As such, the interventions must be consistent with each family’s own values in terms of parenting, which often are based in cultural experiences and beliefs (Hill, Bush, & Roosa, 2003). It is critical for the parent consultant and school personnel to work with each family’s values and beliefs and still be able to differentiate culturally based parenting practices from ineffective parenting. The
FCU component of the EcoFIT model can be used to address these culturally specific considerations by tailoring the feedback to each family to convey new parenting skills and provide guidance for supportive parenting that is effective in each cultural context.

Conclusion

The EcoFIT model is an effective family-centered, school-based approach to improving youth outcomes in schools and at home. By focusing on parental involvement and addressing parental resistance to change, child problem behaviors and academic concerns are reduced, as evidenced by randomized trials conducted with a diverse population of families. Successful adoption and implementation of the EcoFIT model within schools involves several requisite components, such as school resources and infrastructure, proper training and implementation manuals, and program fidelity checks. Finally, school personnel must be aware of the concerns that may pose a threat to successful implementation, including the context and values of individual families.

Acknowledgments

This work has been supported by Grant 018374 from the National Institutes of Health to the first author and Grant R324A000111 from the Department of Education to the first and fourth authors.

References


strategy for the public middle school ecology.


promoting student competence (pp. 345–6). New York: Routledge/Taylor & Francis Group.