

## CHAPTER 1

# Introduction and Overview

This chapter provides important background information about the Family–School Success (FSS) program, including a description of unique features of the program. More specifically, this chapter describes:

- background information about attention-deficit/hyperactivity disorder (ADHD) and evidence-based interventions
- the major components of FSS
- a brief summary of the theoretical and empirical support for FSS
- unique features of the FSS program and this book

The chapter concludes by describing how the book is organized and how to use the book in practice and research.

### **BACKGROUND INFORMATION ABOUT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND EVIDENCE-BASED INTERVENTIONS**

ADHD is a highly common condition; an estimated 10% of children and adolescents are diagnosed with this disorder (Danielson et al., 2018; Visser et al., 2014). ADHD generally results in impairments across multiple domains, including academic and homework performance, family relationships, teacher–student relationships, peer relationships, self-esteem, and behavior compliance (Power et al., 2017). In addition, children with ADHD are at risk for significant impairments in occupational, social, and mental health functioning in adulthood, even if they no longer meet full criteria for this condition by adolescence (Hechtman et al., 2016).

Evidence-based approaches to treating ADHD include psychosocial and pharmacological interventions (Barbarese et al., 2020a; Wolraich et al., 2019). Although hundreds of studies provide evidence of the efficacy of pharmacological treatment, especially the stimulants, psy-

chosomal interventions provide a critical foundation for intervention by focusing on improving skills (i.e., self-regulation, organization, time management) and strengthening important relationships (e.g., parent–child, teacher–student; DuPaul & Power, 2008; Evans et al., 2019). For the majority of families who view medication as an acceptable treatment for this condition, the combination of psychosocial intervention and medication generally is more effective in reducing ADHD-related impairments than medication alone (Conners et al., 2001; Pelham et al., 2016). For the subset of families who perceive medication as unacceptable, in particular those from groups who historically have been minoritized, psychosocial intervention is the only type of treatment they may receive (Krain et al., 2005), but there are substantial barriers to obtaining this type of treatment in community practice (Weisenmuller & Hilton, 2020).

An important consideration in treating ADHD is that 25–50% of children with this condition have at least one biological parent with ADHD (Takeda et al., 2010). Parents with ADHD generally have more difficulty establishing and maintaining helpful routines for their children, consistently implementing behavioral strategies, and regulating the emotions involved in parenting (Johnston et al., 2012), which may result in poorer outcomes in response to psychosocial intervention (Dawson et al., 2016; Sonuga-Barke et al., 2002). As such, for families in which there is a parent and child with ADHD, it is likely the effects of intervention will be improved by addressing the psychosocial needs of the parent with regard to organization, time management, planning, and emotion regulation (Chronis-Tuscano et al., 2017).

Most psychosocial approaches to intervention for childhood ADHD focus on improving child functioning in either the family or the school (Evans et al., 2018). The intervention described in this book, Family–School Success (FSS), is one of the few approaches that combines evidence-based family and school interventions (see also Piffner et al., 2013, 2014). FSS is unique as a family–school intervention in its emphasis on parent–teacher collaboration and problem solving. FSS targets the families of children with ADHD in grades 1–5, although the program can be readily adapted for younger children. The program can be applied with families of children in preschool, although some of the intervention components (i.e., classroom behavioral intervention, behavioral homework intervention) require adaptation for use with younger children. In addition, the program can be applied with families of middle school students, but significant adaptations are required to include a stronger focus on skills training and motivational interviewing for youth (Evans et al., 2016; Sibley et al., 2016).

A distinguishing feature of the FSS program is its major focus on strengthening critical relationships that promote child self-regulation and academic competence (parent–child, family–school, teacher–student). Another hallmark of the program is the emphasis on promoting family self-empowerment to solve problems collaboratively among caregivers and between caregivers and school professionals. FSS was originally designed as a group family intervention that includes children, but it has been adapted so that it can be offered without children present and as an individualized family therapy.

## **MAJOR COMPONENTS OF FSS**

The FSS program includes six main components (see Table 1.1). First, FSS incorporates foundational components of **behavioral parent training**, including modification of behavioral antecedents, positive reinforcement, active ignoring, and strategic punishment (McMahon & Forehand,

**TABLE 1.1. Description of the Major Components of FSS**

Component of FSS	Example of strategies
Behavioral parent training	Modification of behavioral antecedents (e.g., giving instructions effectively, giving prompts and precorrections) and consequences (e.g., using positive reinforcement for adaptive behaviors frequently; using active ignoring for nonadaptive, high-frequency behaviors; using strategic punishment for targeted behaviors)
Conjoint behavioral consultation	Establishing and strengthening the family–school relationship; collaborating with teachers to develop and sustain a problem-solving partnership to address homework, academic, and behavior concerns
Classroom behavioral intervention	Positively reinforcing teachers for their efforts to apply effective strategies; working with teachers to develop a daily report card (DRC); providing positive reinforcement at home based on DRC ratings
Behavioral homework interventions	Understanding the antecedents of homework behavior; establishing a helpful homework routine; setting reasonable time limits for homework completion; applying goal-setting and time management strategies
Motivational interviewing	Identifying family values and goals; asking open-ended questions; responding to parents with empathy; affirming parents for efforts to change that are consistent with values; rolling with resistance
Coping and organizational strategies for parents	Strengthening parent organization, time management, and planning skills; enhancing parent emotion self-regulation skills; coaching parents to expand their social support network to cope with ADHD and obtain needed services for their child

2003). Second, FSS places emphasis on building a collaborative, problem-solving relationship between parents and teachers, incorporating elements of **conjoint behavioral consultation** (Sheridan & Kratochwill, 2007). Third, FSS includes **classroom behavioral interventions**, in particular the daily report card (DRC), to address concerns at school identified by parents and teachers (DuPaul & Stoner, 2014; Volpe & Fabiano, 2013). Fourth, FSS is distinct in its use of **behavioral homework interventions**, including the implementation of a helpful homework routine and the use of goal-setting and time management strategies (Power et al., 2001). Fifth, FSS sessions are conducted following principles and strategies of **motivational interviewing**, an approach to promote the self-empowerment of individuals to change in a manner that is consistent with their values and goals (Miller & Rollnick, 2023). Sixth, FSS includes a focus on improving **parent coping and organizational skills** in addition to parenting skills, which may enhance the effectiveness of intervention (Chronis-Tuscano et al., 2017). A further description of each component is included in Chapter 2.

## **THEORETICAL JUSTIFICATION FOR THE PROGRAM**

FSS is strongly grounded in several theoretical models related to child development and behavior change. FSS can be considered a behavioral, social learning, relational, ecological, and

**self-empowering approach to promoting behavior change.** First, FSS is rooted in applied behavioral psychology (Patterson, 1982), which highlights that behavioral antecedents and consequences are essential determinants of behavior change. Second, FSS has a strong foundation in social learning theory (Bandura, 1971), affirming that behavior is strongly influenced by observing others, including observations of how behavior is changed by positive reinforcement and punishment. Third, FSS is firmly grounded in attachment theory, which asserts the critical importance of secure, nurturing relationships between children and caregiving adults (e.g., parents, teachers) to promote self-regulation and interpersonal competence (Sroufe et al., 1999). Fourth, FSS is based upon ecological systems theory and strongly emphasizes the critical importance of interactions between systems (i.e., family and school) on child development in each system (Bronfenbrenner, 2009). Finally, FSS is strongly rooted in self-determination theory, emphasizing key factors in promoting the empowerment of caregivers to achieve their goals for parenting (Ryan & Deci, 2018). A more in-depth description of the theoretical underpinnings of FSS is provided in Chapter 2.

### **EMPIRICAL SUPPORT FOR FSS**

Each component of FSS has extensive empirical support. Behavioral parent training and classroom behavior management have been extensively investigated and these approaches are considered well established psychosocial interventions for children with ADHD (Evans et al., 2018; Pelham & Fabiano, 2008). Several randomized controlled studies have demonstrated that conjoint behavioral consultation is an effective approach for promoting family–school collaboration to address targeted academic and behavioral concerns for children, including those with ADHD (Sheridan et al., 2012, 2017). In addition, there is a growing body of literature to support the effectiveness of behavioral homework interventions for children with ADHD (Abikoff et al., 2013; Langberg et al., 2018; Merrill et al., 2017). Further, motivational interviewing has been shown to be an effective approach to changing behavior among children, adolescents, and adults with a wide range of presenting concerns (Miller & Rollnick, 2023), including ADHD (Sibley et al., 2016), and coping and organizational supports can be helpful for parents of children with ADHD (Chronis-Tuscano et al., 2017).

The FSS program in its entirety has also been evaluated by research funded by the National Institute of Mental Health (NIMH) and U.S. Department of Education (MH068290, MH080782). The program has been shown to improve parenting practices, family–school relationships, and child outcomes (Mautone et al., 2012; Power et al., 2012). Empirical support for the multicomponent FSS program as well as its components is described in detail in Chapter 2.

### **UNIQUE FEATURES OF FSS AND THIS BOOK**

This book is designed as a guidebook for practitioners who work with children with ADHD and their families in settings such as clinical practices, schools, and primary care. The following are some of the unique features of this book.

## ***Detailed Manual for Implementing FSS***

The book includes a detailed, session-by-session manual for how to implement the FSS program. The manual emphasizes for practitioners the importance of building on the insights and experience of each parent and the collective wisdom of the group. Unlike most behavioral parent training programs, didactic presentations of parenting strategies are designed to be very brief. In contrast, education in FSS is generally provided through group discussion, and parents are guided through a process of self-discovery. A hallmark of the manual is a series of open-ended questions to guide discussions in a manner that builds on parents' current knowledge and skills, offers opportunities for parents to support each other in exploring alternative actions, and provides affirmation to parents for efforts to change and implement new strategies.

## ***Handouts for Parents***

Included in Appendix A are handouts for parents to promote their understanding of behavior-change approaches and guide them in implementing recommended strategies. The handouts are designed to complement information discussed in each FSS session and in some ways take the place of didactic presentations of the material during sessions. Each session of FSS includes at least one parent handout.

## ***Between-Session Homework Assignments for Parents***

Our research on FSS has demonstrated that parental completion of homework assignments between sessions is associated with better outcomes with regard to parenting practices and child behavior change (Clarke et al., 2015; Morris et al., 2019). Parents are given at least one homework assignment after each program session. The homework assignment is designed to encourage them to implement and practice strategies that were discussed during the session. At the end of each homework assignment, parents are asked to identify any challenges they encountered in implementing the strategy and potential solutions to support them in working through difficulties with implementation. These homework assignments are used to guide discussion during FSS sessions focused on the rationale for each strategy and suggestions to support consistent implementation of recommendations. A full set of between-session homework assignments are included in Appendix A of this book.

## ***Fidelity Checklists for Promoting High-Quality Implementation***

The book includes checklists to promote high-quality implementation of FSS sessions and to evaluate the degree to which components of each session have been implemented as intended (see Appendix B). A set of content fidelity checklists is included to determine whether the steps and components of the session have been implemented by clinicians. In addition, a process fidelity checklist is included to examine the extent to which clinicians have implemented motivational interviewing and group process strategies (e.g., promoting change talk, facilitating connections among parents, maintaining the focus of participants on evidence-based strategies).

### ***Methods for Assessing Parental Implementation of Intervention Strategies***

Research has shown that parental implementation of strategies learned in behavioral parent training programs is associated with a favorable response to intervention (Clarke et al., 2015; Morris et al., 2019; Rooney et al., 2018). We recommend two strategies for examining intervention implementation. One method is to collect and score homework the session after it is assigned to parents; these assignments can readily be scored for degree of completion (Clarke et al., 2015). The codebook for scoring between-session homework assignments is included in Appendix C. Another method is for clinicians to use a Likert scale to rate parental implementation of each homework assignment based upon parental reports during the homework review period at the beginning of each session (Rooney et al., 2018).

### ***Measures for Evaluating Child and Family Progress***

The book includes several measures assessing variables targeted by the FSS program, including scales assessing child behavior, parenting practices, and the family–school relationship. A major consideration in identifying measures for assessing child and family progress has been to select scales that are relatively brief and feasible to use in practice as well as research. For the assessment of changes in child behavior, we have included a parent-report measure assessing child ADHD, externalizing symptoms, and internalizing symptoms, as well as child strengths (e.g., self-regulation, and interpersonal competence; Mautone et al., 2020; Power, Koshy, et al., 2013). To assess reductions in impairment, we recommend a parent- and teacher-report measure commonly used in assessing the broad range of impairments associated with ADHD (Fabiano et al., 2006). In addition, because FSS has such a strong focus on improving student homework behavior, we have included a parent- and teacher-report measure of homework performance (Power et al., 2015).

The FSS program is effective in part because it changes parenting practices, specifically by reducing negative and ineffective parenting practices (Booster et al., 2016). As such, we have included a parent-report measure of negative/ineffective parenting (Furman & Giberson, 1995). Further, a major target of change for the FSS program is the family–school relationship, so we have included a parent- and teacher-report measure of this variable (Kohl et al., 2000).

### ***Strategies for Including Children in FSS***

The FSS program was originally designed to include children in most of the sessions. In fact, the version of FSS evaluated by a NIMH-funded randomized controlled trial included children in the intervention (Power et al., 2012). For many of the sessions, parents and children met in separate groups simultaneously and came together at designated times. The purpose of including children is to prepare them to work on strategies their parents are learning and to offer parents and children opportunities to learn and practice skills together in session. As a rule, we recommend the inclusion of children in the program, but we understand that it is sometimes not feasible to do so because of the additional staff needed to conduct separate parent and child group meetings and the preparation time involved. For clinicians who are able to involve chil-

dren in sessions, the book includes detailed guidelines for conducting sessions with children present.

### **Strategies to Address Parental ADHD**

Because so many parents of children with ADHD have symptoms of this condition themselves (Chronis-Tuscano et al., 2017), the FSS program incorporates strategies to assist parents in managing the aspects of ADHD that can have an effect on parenting. The program includes an explicit focus on helping parents identify challenges they encounter in implementing behavioral interventions and develop strategies to address these. A major portion of Session 2 is devoted to helping parents understand how their own attention, organization, and self-control difficulties can have an effect on their parenting practices. This session includes a discussion of strategies to enable parents to be better organized in implementing family routines, more successful in regulating their emotional reactions to their children's misbehavior (e.g., frustration, hurt, anger), and more effective in seeking out and obtaining needed support from other caregivers, relatives, and friends.

### **Adapting FSS**

The FSS program was originally designed to be offered in groups with students in grades 1–5. However, the program can be adapted quite readily for individualized care, with younger children, and in a range of settings. This section briefly describes these adaptations. For further discussion see Chapter 14.

There are clear advantages to involving parents in groups, such as offering parents opportunities to learn from and support each other. However, a noteworthy limitation of group care is that sessions are conducted on a fixed schedule, which may serve as a barrier for some families. In contrast, individualized care may offer more flexibility in scheduling and provides ongoing opportunities to tailor strategies to the individual needs of each family. In addition, it is much more practical to involve children when FSS is provided on an individualized basis to families.

Adaptations of the program are needed for kindergarten and preschool students who usually are not assigned homework by teachers. Young children are involved in educational activities in the home and the strategies in FSS can be adapted to support children in performing these tasks.

The FSS program can be applied in schools, clinics based in health and mental health organizations, primary care practices, and private practices. There are tremendous advantages to providing the program in schools, in particular the enhanced opportunities for practitioners to become involved in conjoint family–school collaboration and the increased feasibility of collecting progress evaluation data from teachers. Health and mental health settings are appropriate for delivering FSS, and families often seek out services for ADHD in these venues. In addition, primary care practices that include integrated or co-located behavioral health clinicians may be well suited as a venue for service delivery and may reduce some barriers to care, including reduced stigma associated with accessing behavioral health care. The FSS program and similar parent training programs are often provided using telehealth methods (Fogler et al., 2020), which may also reduce barriers to accessing the program. See Chapter 14 for details.

### ***Providing FSS with Cultural Humility***

The FSS program has evolved substantially over the years to be responsive to families from diverse backgrounds. The infusion of motivational interviewing strategies into every session of the program has been highly useful in enabling clinicians to practice with cultural humility. In particular, practitioners are trained to ask open-ended questions, listen carefully, reflect empathy, identify family values and goals, roll with resistance, and affirm family efforts to change in the direction consistent with family values and goals. In addition, the training of practitioners involves ongoing inquiry into the dynamics of privilege and oppression to identify potential ways that systemic and structural factors (e.g., barriers to access and engagement), clinician identity (e.g., age, race, ethnicity, cultural background, religion, gender identity, and sexual orientation), parent identity, and perceptions of the other's identity may contribute to the marginalization of families (Nixon, 2019).

### **HOW THE BOOK IS ORGANIZED**

This book is organized into three sections (see Table 1.2). Section I (Chapters 1–4) provides a foundation for the FSS program. It summarizes the theoretical and empirical support for the program, and it describes how to set up the program and conduct sessions. Section II (Chapters 5–13) contains the program manual, that is, a detailed description of how to conduct each session. Each chapter in this section is focused on describing how to implement the nine core sessions of FSS. Section III (Chapters 14–16) describes how to adapt the program across settings and how to evaluate intervention fidelity and progress. The book also includes several appendices, which provide clinicians with useful resources for conducting and evaluating FSS. Included in the appendices are parent handouts and between-session homework assignments for parents, intervention fidelity checklists, and measures for assessing child and family progress and program satisfaction.

**TABLE 1.2. How This Book Is Organized**

Sections of the book	Chapters
I. Foundations of the Family–School Success Program	Chapter 1. Introduction and Overview Chapter 2. Theoretical and Empirical Justification for Family–School Success Chapter 3. Setting Up the Family–School Success Program Chapter 4. Conducting Family–School Success Sessions
II. The Family–School Success Manual	Chapters 5–13. Program Manual for Nine Family–School Success Sessions
III. Adaptations and Evaluation	Chapter 14. Adaptations across Settings, Populations, and Time of Year Chapter 15. Assessing Intervention Fidelity, Engagement, and Outcomes Chapter 16. Assessing the Outcomes of Family–School Success