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A Rationale for Integrating Behavioral School Consultation and Behavioral Family Theories: A Case Design

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Abstract

The purpose of this article is to provide a rationale for the integration of behavioral school consultation and behavioral family therapy theories. There are several common assumptions within the two models including the idea that all behaviors are learned, functional interactions are a critical focus of change, and assessment is needed to quantifiably observe and evaluate that change. This article presents the theoretical parallels between the two theories and provides a case study to demonstrate how the two ideologies are easily merged to establish a more comprehensive model for school counselors to use when working as liaisons between school and family.

Keywords: school counseling; consultation; behavioral family theory

School counselors implement specific action plans for collaborative consultation. These detailed action plans are shared with all stakeholders to better facilitate the collaborative relationship. The behavioral model of consultation is ideal due to its problem-solving approach and clear guidelines for setting, attaining, and evaluating goals (Bergan, 1977; Putnam, Handler, Rey, & McCarty, 2005). However, within this theory of consultation, there are no guidelines for school counselors to follow when actively engaging family systems; providing effective collaboration requires the school counselor to have an understanding of the family unit (Eppler & Weir, 2009). School counselors who utilize the behavioral school consultation model would benefit from clear guidelines as to when to engage the family. In addition to implementing the behavioral interventions and conducting an in-school evaluation, it is also efficacious to focus on the interventions and evaluate behavioral changes in the home. Therefore, it is central that theoretical perspectives from family theory be integrated into the consultation model. There is limited research focusing on family theory with school consultation models; when the two are presented together, research typically integrates family systems concepts with general consultation (Mullis & Edwards, 2001; Taylor & Adelman, 2000).

Presented in this article is a model unifying two conceptual frameworks into an easily implemented model for school counselors to utilize when collaborating with stakeholders. Behavioral models from both collaborative consultation and family therapy are integrated. Considering the theoretical parallels between the two, these ideologies merge to establish a more comprehensive model to use when working as a liaison between school and family.

Behavioral Consultation Concepts

The behavioral model of consultation is a problem-solving approach with research supporting its use as an efficient model in schools (Putnam et al., 2005; Sheridan, Eagle, & Cowan, 2001). Designed to resolve issues, formulate and implement plans, and evaluate goal attainment, this theory prescribes behaviors as a consequence of events and places emphasis on environmental factors (Bergan, 1977; Bergan & Kratochwill, 1990). The primary goal in the behavioral model is to observe a rapid, positive change in targeted behaviors.

The underlying assumptions in the behavioral model of consultation include the idea that all behaviors are learned, there is a focus on functional interactions, and assessments are used so behaviors can be quantifiably observed and evaluated (Brown, Pryzwansky, & Schulte, 2001). This model can be used to help parents and teachers work through issues with students, and it can be employed to directly help the student work through problems with peers (Bergan & Kratochwill, 2006). Although the behavioral model of consultation recommends working with parents, it does not specifically take into consideration the family as a unit. A paradigm shift is needed to assist in conceptualizing the family unit as a system whereby circular causality governs transactional patterns. Behavioral change in the child is more likely to be maintained when parents are aware of their own interpersonal behaviors. Given the focus on behavioral sequences, guidelines are needed in this model for school counselors to use when working in collaboration with parents to implement the desired change in the

student's behavior. To strengthen this aspect of the consultation model, it becomes central to integrate behavioral family theory concepts.

Behavioral Family Theory Concepts

Similar to the behavioral model of consultation, the behavioral model in family theory focuses on modifying a child's behavior through changing behaviors in key family members (Sanders & Dadds, 1993; Smith & Schwebel, 1995). Using tools such as behavioral contracts, reward systems, and reinforcements, this model is designed to elicit goal-oriented results in a short period of time (Sanders & Dadds, 1993). The behavioral model in family theory focuses on child-parent interactions, their relationship with one another, and reinforcements for behaviors (Smith & Schwebel, 1995; Steinberg, Sayger, & Szykula, 1997). Behavioral family theory also focuses on cognitions. Unrealistic schemas stemming from family-unit communications, core beliefs the individual has about self, and underlying self-perceptions are central aspects of focus (Smith & Schwebel, 1995). Common distortions occurring in families include arbitrary inferences, selective abstractions, overgeneralizations, dichotomous thinking, and mind-reading (Sanders & Dadds, 1993).

Compatibility

Behavioral models of both consultation and family theory share commonalities that, when unified, enrich their utility and flexibility for school counselors working as a liaison between school and family. Both models have research supporting efficiency and effectiveness (Nicoll, 1992; Sheridan et al., 2001; Smith & Schwebel, 1995), making each model ideal to use in a school system where time is limited. Underlying assumptions of behavioral consultation and family theory parallel one another (see Figure 1), as both highlight the family as a system, conceptualize behaviors as learned, focus on interpersonal interactions, and use assessments to quantify behaviors (Brown, Pryzwansky, & Schulte, 2001). By gathering family-related information, school counselors establish a working relationship with the system to advocate for change, implement the intervention in both school and home environments, and address barriers to learning and living (Mullis & Edwards, 2001; Taylor & Alelman, 2000).

The counselor's role in both models also appears to be parallel. In behavioral family theory, the counselor's role is to facilitate correction in distorted thinking, collect baseline information regarding maladaptive behaviors, develop and implement behavioral strategies for change, help the family implement strategies, and follow interventions with evaluations and re-assessments (Smith & Schwebel, 1995). Similarly, the school counselor's role in the behavioral model of consultation includes identifying the problem area, analyzing the problem in context, developing and implementing a plan for change, and following-up the intervention with evaluations and re-assessments (Taylor & Adelman, 2000). In both models, the counselor collaborates with other systems to assess behaviors, develops a plan to alter the behavior, implements the intervention, evaluates effectiveness, and alters the intervention as necessary.

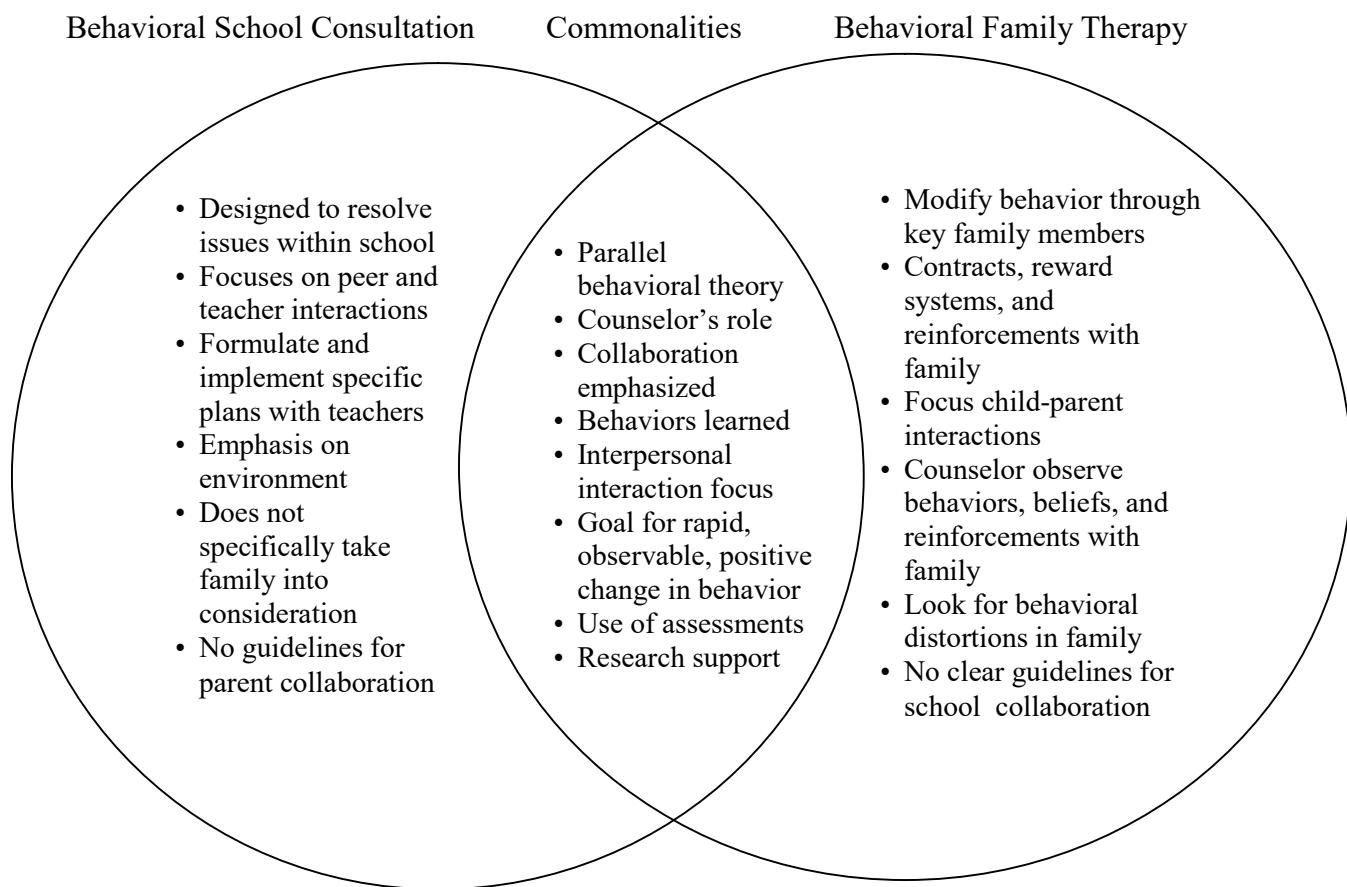


Figure 1. Differentiations and commonalities between behavioral school consultation and family therapy.

Implementation of this new model requires the counselor to make a rigorous and detailed assessment of the student against multiple paradigms, keeping in mind how family dynamics, antecedent events, and the school environment impact the student's concerns. Once the situation is assessed, a collaborative and dynamic plan of intervention can be constructed with specific behavioral milestones, allowing for adjustments to the plan as it evolves. Through utilizing a combined technique from both behavioral school consultation and behavioral family theory, the school counselor maximizes efficacy and advocates for positive change for the student.

Implementation of Integration

The behavioral model of consultation is based on a four-stage process, which includes problem identification, problem analysis, plan implementation, and problem evaluation (Bergan, 1977; Bergan & Kratochwill, 1990). Integrating behavioral family theory into this consultation model is essential to better address the presenting issue in a more comprehensive light. During the problem identification stage, the school counselor discusses the nature of the issue presented with teachers, family, and other stakeholders who may have influence on the child's behavior. Also discussed in the problem

identification stage are antecedent events, current consequences, and tentative goals for interventions. Throughout the problem analysis stage, the counselor observes the behaviors discussed, clarifies with the teacher and family any issues that may arise, develops possible interventions, analyzes data collected, and works with stakeholders to solidify previously identified goals. In the plan implementation stage, the teacher and family both apply interventions developed in the problem analysis stage while the school counselor monitors the student's behavior.

Table 1

Guidelines for Collaboration: A Model of Integration

Behavioral School Consultation Steps	Infusion of Behavioral Family Theory
Problem Identification	During this step, the decision is made to include the family in the consultation team
Problem Analysis	A detailed assessment is conducted, and interventions are identified collaboratively with the family
Plan Implementation	Behavioral family interventions are applied in the home
Problem Evaluation	In addition to a school based evaluation, a home-based evaluation is conducted

Note. Table 1 presents the descriptive steps infusing behavioral family theory and behavioral school consultation.

Once the plan is implemented, monitored, and adjusted, it can be evaluated for overall effectiveness. The problem evaluation stage is commonly divided into three sub-stages. The first, evaluating attainment of set goals, includes determining if the goals were met. Evaluating the plan's overall effectiveness, the second stage, is the process of determining how well the mutually conceived and constructed plan is working in current circumstances. The final sub-stage, planning post-implementations, entails discussing implications and further proceedings with stakeholders. Each of these stages and sub-stages form a comprehensive system to implement the behavioral model while fully involving both the school system and the family (see Table 1).

Case Design Illustration

In a rural, public middle school, Loa, a 12-year old girl, sat by herself at lunch. At recess, she sat alone on the swings. In the halls, students teased her about her name. During class, she frequently asked for bathroom passes, avoided answering questions, and shrugged her shoulders when called on by the teacher. Although she does not disrupt the class, the teacher, Mr. Johnson, was worried. He noticed that, once an active participant in class with good grades, Loa's grades steadily fell. Mr. Johnson approached the school counselor, Mrs. Maxwell, and asked her for advice.

Mrs. Maxwell, a supporter of the behavioral consultation model, decided she needed to meet with the student and assess both the environment and the behavior. She would accomplish this assessment through observations, talking with the student directly, and discussing potential interventions with stakeholders. Mrs. Maxwell also realized a plan for implementation and problem evaluation must occur, noting these could wait until clear goals were set and a collaboration team was established.

Problem Identification

After their initial short discussion, Mrs. Maxwell and Mr. Johnson decided to meet formally to discuss possible interventions. Before this meeting, Mrs. Maxwell struggled to decide if she would meet with just the teacher or both the teacher and family simultaneously. She decided to meet with Mr. Johnson alone to better understand the presenting issue.

During Mr. Johnson's and Mrs. Maxwell's meeting, a great deal of information was discussed. Mr. Johnson quickly expressed the concerns he had about Loa and disclosed the behaviors observed over the past several weeks. He explained his attempts to rearrange the classroom and integrate activities in lesson plans. He noted these changes did not seem to help the behaviors. Mr. Johnson reported Loa asks to leave class often and is behind in her work. He noted an increase in her avoidance of questions and desire to leave class. This change seemed to happen gradually over the first quarter of the semester. Before this change in behavior, Loa would ask to leave about once a week and was only gone for a few minutes, but she now leaves daily and is gone for a significant amount of time. It seemed to Mr. Johnson that the behavior change could be a result of Loa's diminished self-esteem from the bullying she has received from her peers, but he is also worried about an undiagnosed learning disorder.

After Mr. Johnson described the student's behaviors, Mrs. Maxwell attempted to assess if the presenting issue is based on behavioral factors or if they are a result of a learning disorder. She decided to meet with Loa to discuss Mr. Johnson's concerns. In the discussion with Loa, Mrs. Maxwell took note that Loa does not like to talk in class and is scared of her peers. Loa also described being lonely and not knowing how to make friends. She stated her favorite time of day is the after-school fine arts program, where she enjoys working on projects, learning new material, and talking with students from other grades. The after-school fine arts program provides a platform for Loa to safely express her thoughts and emotions among other students who accept her.

After the discussion, Mrs. Maxwell decided the behaviors were most likely adjustment-based, because Loa excels in the after-school fine arts program but avoids everyday classes. Mrs. Maxwell also noted Loa is new to the school this year as her family recently moved into the community. She informed Mr. Johnson and Loa about her desire to incorporate the family into the consultation team. Through collaboration efforts, parents, teachers, student, and counselor would come together to help alter behaviors. By including Loa's parents, she hoped to enhance the student's well-being and learning experiences while also exploring home issues that may influence Loa's behavior at school. After a brief discussion, it was agreed that teaming with the family was essential for a comprehensive behavioral modification plan.

Mrs. Maxwell contacted the family, keeping in mind that successful collaboration requires an established rapport with the family to create a working relationship (Putnam

et al., 2005). In the phone conversation, she briefly relayed her concerns to Loa's parents, who also noted a change in their daughter's behavior and not understanding what their child was thinking anymore. Agreeing to collaborative efforts, the counselor and family decided on a time for the new consultation team to meet. The meeting was scheduled for the following week and included the teacher, Loa's parents, and the school counselor. Loa was invited to the meeting, and she was also given the option to decline.

In the team meeting, which included Loa, members prioritized Loa's present behaviors and the team's goals. Mr. Johnson desired grade improvement and for Loa to build a social network. Mrs. Maxwell agreed and added the additional goal of increasing Loa's self-esteem. Of the three goals, Loa's mother prioritized her daughter's grades and self-esteem as the most important goals. Loa stated she wanted more friends and to not be scared in class. The team agreed to address Loa's behavioral goals in the following order: improve social skills, create meaningful friendships, increase academic achievement, and empower self-esteem. Loa's parent goals were placed last due to the first two contributing to an increase in her self-esteem.

The collaboration team decided on data collection techniques. Assessment, intervention, and evaluation are intertwined in the behavioral model (Bergan & Kratochwill, 1990); therefore, observing and assessing student's behaviors are essential so improvements can be quantifiably measured. Behaviors are empirically observed so data are both objective and accurate. The team established that Mrs. Maxwell would observe students in both the classroom and on the playground, while the teacher recorded the frequency of Loa's request to leave class, length of time she was gone, and base-line grades. Loa would track when she wanted to leave class, how long she thought she was gone for, and whom she was most afraid to talk to during school.

The team agreed that, once this data was collected and interventions implemented, they would like to see measurable improvement within 3 months. These assessments will be re-evaluated to quantify improvement. Should improvement not be observed, they agreed to re-assess the behaviors, the plan, and the set intervention. After a brief summarization of the meeting's content, team members organized a schedule for upcoming meetings. The team decided to meet once a month to discuss intervention effectiveness and behavioral techniques requiring re-assessment.

Problem Analysis

After presenting issues were discussed, a problem analysis was conducted. Throughout this stage, Mrs. Maxwell observed Loa's behaviors and conducted a functional behavior assessment as well as received Mr. Johnson, Loa's parents, and Loa's feedback on three measures. Loa's behavioral assessment included obtaining data on her motivation, functional abilities, and problematic behavior via questionnaires. Mrs. Maxwell clarified issues with the team that arose from direct observations and assessments. Furthermore, Mrs. Maxwell worked closely with Loa, the teacher, and Loa's parents to develop and design interventions to address the goals.

A few days after the meeting, Mrs. Maxwell observed Loa in the classroom, on the playground, and in the lunchroom. In class, Mrs. Maxwell took note that Loa did not make eye contact with other students, kept to herself, did not speak in class, and asked permission to leave three times in 40 minutes. In the lunchroom, Mrs. Maxwell observed the student alone at the end of the table. After nearly 10 minutes, Mrs. Maxwell saw Loa

leave the lunchroom to go to the playground, where she was observed swinging alone and not interacting with other students. She also heard some of Loa's peers calling her names and teasing her.

Continuing the assessment, Mrs. Maxwell met with Loa the next day. Loa shared that she feels lonely and does not have many friends. Loa also reported that she worries about getting good grades in school, and she does not want to disappoint her parents. Further in the session, Loa commented that she gave her lunch money to peers who said they needed it. While discussing homework and her home life, Loa stated that she studies hard; however, she is nervous to ask for help because her parents are often busy with work and chores.

With the observations and assessments completed, Mrs. Maxwell reviewed the data. She believed the consultation team had legitimate concerns about Loa's behaviors. Resulting from discussions, observations, and assessments, Mrs. Maxwell noted Loa has few self-assertion skills and displays a good attitude toward home and teachers, but exhibited mixed emotion towards her peers. She also believed Loa experienced both high social stress and low locus of control. After Mrs. Maxwell finished reviewing the data, she scheduled a second meeting with the collaboration team to clarify the issues, brainstorm plans, and set interventions. At this meeting, the team briefly reviewed behavioral goals for Loa and formulated interventions to help meet these goals.

Loa's parents acknowledged they are willing to make changes at home to help Loa experience academic success. Mrs. Maxwell agreed to work with the family, in collaboration with a parenting class offered within the community, to teach behavioral family interventions. After meeting with Loa's parents, Mrs. Maxwell determined the need for them to attend parenting classes based on behaviors they disclosed Loa performs at home and based on cognitive distortions she observed during the meetings. Targeted behaviors to be changed include disobedience, blaming others, and arguing with parents. Additional changes to implement included homework contracting, constructing a reward system for desirable behaviors, adding reinforcements, focusing on communication skills learned from the parenting class, and identifying cognitive distortions.

The consultation team agreed that the original goals continue to fit the needs of the student. A primary goal remained to increase Loa's social skills and assertiveness through psychoeducational group work and classroom re-organization. The goal of increasing academic performance remained and would be addressed through implementing classroom reorganization and cooperation activities. The team agreed self-esteem would likely change through the other interventions, such as involvement in the group work, classroom reorganization, and peer-to-peer learning activities. If there were no changes, new interventions would be established in the plan implementation stage.

To solidify the goals established, team members agreed on the following interventions:

- Enroll Loa in the ongoing psychoeducational group at the school, which focuses on improving friendship skills and developing self-assertiveness in bullying situations.
- Implement peer learning in the classroom. The teacher will pair students as "buddies," and they can read to each other, do homework together, and play games to improve social-peer collaboration within the classroom.

- Enroll the family in the evening monthly parenting group, where both parents can learn skills and how to implement them at home; such skills include, homework contracting, token economies, and social skill behavioral interventions.
- Loa is to keep a daily journal to track feelings.
- The school counselor will work with the family to educate them on implementing token economies, contracting, and previously agreed upon behavioral adjustments at home.

Plan Implementation

After goals were solidified and interventions set, the next step would be implementing the plans. Mr. Johnson and the family applied interventions while Mrs. Maxwell monitored progression. If interventions were in need of adjustment, the consultation team could alter plans as necessary (Bergan & Kratochwill, 1990).

After the first collaborative consultation meeting, Loa was enrolled in the psychoeducational group. The family reported attending the parenting group and integrating token economies, such as shopping for new art supplies, into Loa's homework regimen. Mrs. Maxwell made a point to watch the interventions and stayed in touch with the student, teacher, and family. Through the implementation and observation period, Loa seemed to demonstrate improved behaviors. Her grades improved, she socialized with other children, and she remained in class.

Problem Evaluation

The plan was evaluated for effectiveness after the implementation, monitoring, and adjustment period. The problem evaluation stage is divided into evaluating goal attainment, evaluating the plan's effectiveness, and planning post-implementations. Through these substages, goal attainment, effectiveness of interventions, and implications for further proceedings are assessed (Bergan & Kratochwill, 1990).

There appeared to be a great deal of improvement in Loa's behaviors as a result of the collaborative interventions. At the final meeting, the team decided that goals were attained. Loa now generally acted assertively when needed, had friends, interacted with peers, and significantly improved her grades. The behavior changes were due to the interventions set in place and each goal was met by Loa, her parents, and her support staff. Loa's parents expressed pride in their daughter because she now talked about friends, asked for help with homework, and had improved grades on her report cards. The teacher, family, and student reported improvement in behaviors. With these results, the team decided the goals were successfully accomplished.

The collaboration team decided to take note of the intervention plan's effectiveness. The plan was highly effective because it was well structured, organized, and cost-efficient. As the goals were met successfully, the intervention is considered highly valuable. The family explained they now had more effective communication in their home, believed token economies helped Loa in her motivation, and no longer attempted to guess what other family members were thinking. The attainment of goals, ability to prevent future incidents, and cost-effectiveness makes this plan both successful and efficient.

During the last collaborative consultation meeting, members agreed to contact Mrs. Maxwell if situations changed or if satisfaction with the intervention plan decreased.

The team decided to continue in the interventions until the end of the school year, at which time the interventions would be terminated. Notes from meetings and interventions were kept in the school counseling office in case Loa was referred at a later date. Interventions implemented created an experience that successfully increased the student's academic, behavioral, and social development.

Implications for School Counseling

The purpose of this article was to outline a model via a case study that depicts the integration of behavioral school consultation and behavioral family theories. Three emphases were established. The first point was to depict how constructs within behavioral family theory could strengthen behavioral school consultation. Second, it was postulated that the behavioral school consultation model lacked focus on the family as a unit. The first two purposes were addressed by highlighting behavioral family theory constructs such as modification of child behavior through family interaction; use of behavioral contracts, reward systems, and reinforcements; focus on child/parent interactions; and identification of cognitive distortions within the family. The final purpose of the article was to address the lack of clear guidelines for maintaining collaboration between the parents and the school counselor. By unifying the behavioral model of family theory and the behavioral model of consultation, school counselors can build their repertoire of collaborative interventions.

Integrating the family unit into the consultation process presents a framework for progressive insight into the presenting issue, continual family contact, open communication, and continuity of care for the student. To implement such a collaborative consultation unit, guidelines to follow include building a rapport with key family members, inviting family into the consultation team, maintaining continuous contact with the family, and providing skills to family members needed to maintain interventions suggested in consultation meetings. Amalgamating the two behavioral models strengthens school counselors' ability to stimulate effective change in students' lives.

Although the introduction of behavioral family theory strengthens the behavioral school consultation model in a number of areas, it is not without challenges. School counselors who may be overburdened are asked to add yet another focus to their burgeoning workload. With the suggested average school counselor-to-student ratio being 250-to-1 and the actual ratios being 475-to-1 (American School Counselor Association, 2009), this could be a daunting task to add the focus of students' families. The school counselor may also experience challenges that are rooted in the family. These may include overdependence on detached parental figures, parental bias, and parental resistance (Campbell, 1993; Gysbers & Henderson, 2006; Mullis & Edwards, 2001).

Despite the challenges to maximize efficient intervention strategies when working with children and families, school counselors are in a unique position to employ behavioral consultation and family theories. The merging of behavioral family theory constructs and behavioral consultation provides a bridge for the school counselor to link school and family. The student and family also benefit from interventions from two schools of thought that are theoretically parallel and result in a more comprehensive behavioral school consultation model.

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