

DECREASING THE PERVASIVE ACHIEVEMENT GAP BETWEEN LATINO AND  
WHITE STUDENTS THROUGH TARGETED SCHOOL-BASED,  
FAMILY-CENTERED INTERVENTIONS

by

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## DISSERTATION ABSTRACT

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Title: Decreasing the Pervasive Achievement Gap Between Latino and White Students Through Targeted School-Based, Family-Centered Interventions

This dissertation, presented in the form of a grant application, intends to deliver a technique for decreasing the pervasive achievement gap between White and Latino students. Specifically, the aim of the proposal is to identify and implement a school-embedded, family-centered intervention designed to address the local values and concerns of a southern Oregon Latino population. Latino students face unique acculturation stressors under the current U.S. system that create academic difficulties, place strain on familial relationships, and put students at greater risk for problem behavior. In addition, barriers in the U.S. school system present challenges for recently immigrated Latino parents to participate within the school. When embedded in schools, family-centered interventions addressing the needs of Latino students will strengthen the parent-child-teacher relationship and create support structures across family and school social systems to help decrease the achievement gap and produce positive academic and behavioral results.

The research approach includes both qualitative and quantitative methods. Initially, a systematic process derived from a model of evidence-based practice will be used to determine a locally-appropriate family-centered intervention for implementation

in an educational context with a southern Oregon Latino population. After the selection of an appropriate family-centered intervention, a pilot randomized control trial will be employed to gather data on preliminary outcome measures, including intervention feasibility, fidelity, and effects of the intervention on parents and students. Finally, project results will be disseminated to key stakeholders and funding options for larger efficacy studies will be explored.

Three outcomes will result from this project: (1) identification and selection of a locally-appropriate, evidence-based, family-centered intervention for use in a southern Oregon educational context with the Latino population; (2) pilot research to determine the feasibility, implementation fidelity, and initial program effects on student and parenting outcomes; and (3) dissemination of project results and exploration of options for funding intervention efficacy research.

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## CHAPTER I

### INTRODUCTION

The U.S. education system has failed many Latino children. Under the current system, Latino students show lower academic achievement in comparison to White students, creating a gap that persists as the U.S. Latino population grows. Not only does the education system inhibit the achievement of Latino children, but also its adverse, disproportionate impact on Latino families, communities, and the general population at large inhibits the nation's progress as a whole. It is difficult to dispute that an overarching inequality and injustice are at play in the current system, yet no meaningful change has addressed this adverse impact on the Latino community. Such impact—arising sometimes from patently immoral discriminatory treatment—demands reform. As discussed herein, this proposal will develop a technique for decreasing the pervasive academic achievement gap between White and Latino students in a rural and suburban southern Oregon community through analysis of school-based and family-centered interventions.

New methods for interventions must be developed to address the achievement gap. Existing interventions remain child-centered and neglect to involve the family—the most important factor in a child's development (Stormshak, Dishion, & Falkenstein, 2010). A child's behavioral and academic success is closely connected to familial parenting practices (Burchinal, Peisner-Feinbert, Pianta, & Howes, 2002; J. Hill, 2002), and a child's behavioral and academic problems develop early and continue later in school (Jessor, 1991; Shaw, Hyde, & Brennan, 2012). Consequently, implementing family-centered interventions which involve the child *and* parent in targeting behavioral

risk factors and strengthening familial protective factors will increase student academic achievement.

Furthermore, new methods for interventions must consider local Latino cultural norms to decrease the achievement gap. Family-centered interventions have been insufficiently tested with families from diverse family contexts (Brotman et al., 2011), particularly among rural and suburban Latino populations (Martinez & Eddy, 2005). Under the current system, interventions allow the achievement gap to prevail by failing to address the sociocultural obstacles Latinos face, such as discrimination and language struggles (Martinez, DeGarmo, & Eddy, 2004). Such barriers lead to academic difficulties, parent-child conflict, and child aggression (Smokowski & Bacallao, 2006).

Prior to program implementation, the intervention's structure and techniques must be studied to understand how the interventions will address the local needs of the Latino students and the specific community. Successful implementation will require an understanding of Latino cultural norms and an understanding of embedding adapted family interventions within schools (Garza, Kinsworthy, & Watts, 2009). As such, local stakeholders of the Latino community and school system must be consulted to refine the proposed interventions and overall program.

When implemented in schools, the targeted interventions will decrease the achievement gap between Whites and Latinos. They will focus on teaching needed parenting techniques, strengthening the parent-child-teacher relationship, and creating support structures across family and school social systems (Kaminski, Valle, Filene, & Boyle, 2008; Leidy, Guerra, & Toro, 2010b). By focusing on these areas, the targeted interventions will incorporate Latino cultural norms and integrate the parents into the

educational system—leading to greater academic achievement (Dishion et al., 2014; Stormshak, Connell, & Dishion, 2009).

### **Specific Proposal Aims**

There are three specific aims for the proposed study:

1. Through close collaboration with community stakeholders, identify and select a locally-appropriate, evidence-based, family-centered intervention for use in a southern Oregon educational context with the Latino population.
2. Determine feasibility and initial program effects on student and parent outcomes through a small-scale randomized control trial with careful attention to fidelity of intervention implementation.
3. Disseminate project results and explore options for funding intervention efficacy research.

We will use qualitative and quantitative methods, including focus groups, surveys, and rating scales to collect the data needed to address these aims.

### **The Growing Latino Community Faces Barriers Causing an Achievement Gap**

Reform in the Oregon education system to address the academic achievement gap between White and Latino students has never been more pronounced. Between 2000 and 2010, the Latino population in Oregon grew 64%, and currently 12% of all Oregon residents are Latino (U.S. Census Bureau, 2000, 2010). Southern Oregon’s Latino population is also rapidly growing, and of the 10,700 residents in the local community intended for this proposal, 16% identify as Latino (U.S. Census Bureau, 2010).

Meanwhile, as the Latino population grows, Latino students compared to White students underperform as confirmed by recent test scores and graduation statistics. Scores on the 2013 National Assessment of Educational Progress (NAEP), for example, reveal a significant gap between Oregon White and Latino students in both math and reading: Between 18% and 26% more White than Latino students demonstrated proficiency on the math and reading subtests of the NAEP in grades 4 and 8 (Oregon Department of Education, 2014c). This discrepancy in achievement rates persists into high school where only 61% percent of Oregon Latino students graduate high school in four years compared to 71% of Oregon White students (Oregon Department of Education, 2014a).

Barriers that impede Latino student growth contribute to the pervasive achievement gap between White and Latino students. For one, sociocultural barriers, such as the barriers Latino students and families face when acculturating to the U.S. contribute to the achievement gap. Acculturation is a process “resulting from continuous contact between groups of individuals from different cultures, including subsequent changes in the cultural patterns of one or both groups” (Martinez, 2006, p. 307). Acculturation stress can have a negative impact on parenting practices and is strongly related to Latino youth behavior problems (Martinez, 2006). Other sociocultural barriers, such as linguistic environment and English language proficiency, also lead to Latino academic challenges (Reardon & Galindo, 2009).

Compared to other regions, the Latino students and families in southern Oregon experience unique obstacles and barriers. Because southern Oregon is a suburban and rural area, limited social service resources exist to support non-English speaking families

(Martinez, McClure, & Eddy, 2009). Having limited resources, combined with the high percentage of monolingual Spanish speaking parents in the southern Oregon community, places many families in high language brokering contexts where the child is translating for the family. Families who experience contexts of high language brokering also experience heightened familial and cultural stressors (Martinez et al., 2009).

In addition to having limited social support resources, southern Oregon's community demographics represent barriers for Latino students. Most of the Latino families in southern Oregon, for example, have recently emigrated from Mexico (U.S. Census Bureau, 2013b). Students from Mexico and Central America demonstrate lower rates of academic proficiency when compared to other Latino groups (Reardon & Galindo, 2007). Socioeconomically, southern Oregon's demographics inhibit student achievement. While the national median income is \$53,000 and approximately 15% of citizens live below the poverty level, the median household income in southern Oregon is only \$41,000 and an alarming 21% of residents live below the poverty level (U.S. Census Bureau, 2010). Consideration of the critical role socioeconomic status plays with respect to educational outcomes is important given that recent research (Reardon & Galindo, 2007) indicates that Latinos from low socioeconomic backgrounds who have recently immigrated to the U.S. exhibit lower levels of achievement compared to their Latino peers from more affluent backgrounds and who have spent more time in the U.S.

Both acculturation stressors and language barriers result in Latino families having access to fewer educational resources than White children (Reardon & Galindo, 2009). Existing interventions fail to appropriately address the family acculturation stressors Latino students face when educated in the U.S. (Kumpfer, Alvarado, Smith, & Bellamy,

2002; Turner, 2000). Given the rapidly growing Latino population and unique barriers in the southern Oregon community, the local education system must evolve and target obstacles and risk factors the Latino students face. We therefore plan to identify and implement an intervention addressing the specific stressors and barriers that the southern Oregon Latino community faces in the educational system.

### **Interventions Incorporating Latino Cultural Norms Will Address Barriers**

Interventions that address and incorporate Latino cultural norms provide more personalized treatment (Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009) and increase family engagement and outcomes (Kumpfer et al., 2002; Martinez & Eddy, 2005). Latino parents report a strong desire for parenting interventions to be culturally relevant and responsive (Parra-Cardona et al., 2009). In addition, schools that integrate the families' cultures into the school climate are more effective in fostering involvement from the family (Downer & Myers, 2010). Therefore, we propose implementing an intervention that incorporates and addresses Latino cultural norms to decrease the achievement gap.

**Latino cultural norms.** Several Latino cultural norms have been identified in the literature (Garza et al., 2009; Garza & Watts, 2010; Jani, Ortiz, & Aranda, 2009; Leidy et al., 2010b; Santiago & Wadsworth, 2011), four of which are particularly important in developing family-centered interventions in school contexts: (a) *colectivismo*, (b) *familismo*, (c) *respeto*, and (d) *personalismo*. Careful consideration and incorporation of Latino norms and values into interventions can improve program outcomes (Durlak & DuPre, 2008; Griner & Smith, 2006). In the sections that follow, each of these norms is

briefly defined and connected to family-centered interventions that are intended for study in this proposal.

***Colectivismo (importance of the group).*** *Colectivismo* refers to a sense of belonging to a larger group and consideration that the interests of the group are more powerful than individual interests (Leidy et al., 2010b). Latino populations value working towards the improvement of lives in the community (Parra-Cardona et al., 2009). Often when Latino families first immigrate to the U.S., they lack strong social networks, which frequently leaves Latinos feeling disconnected and isolated (Garza & Watts, 2010). Consequently, interventions should consider focusing on components that impact the entire family (Jani et al., 2009) and support families to build strong social networks (Leidy, Guerra, & Toro, 2010a).

***Familismo (importance of the family).*** *Familismo* consists of identifying family members as an extension of the self, valuing family interdependence, and holding family above all other values (Garza & Watts, 2010). Higher levels of *familismo* in Latino families have been related to lower levels of aggression and lower incidences of mental health disorders in children (Santiago & Wadsworth, 2011; Smokowski & Bacallao, 2006). Because family connection is important to the Latino community, interventions that include work with the whole family can be particularly effective (Leidy et al., 2010a).

***Respeto (importance of respect).*** *Respeto* refers to the Latino community's adherence to a hierarchical system that differentiates respect towards others based on age, gender, social position, economic status, and authority (Garza & Watts, 2010; Leidy et al., 2010b). Latino children tend to acculturate more quickly than their parents because

of their immersion in schools—acquiring the language and adapting to dominant culture more quickly (Smokowski, Rose, & Bacallao, 2008). The discrepancy between parent and child acculturation levels can cause friction and may place a strain on the parent-child relationship (Smokowski & Bacallao, 2006). Children end up overpowering their parents because they are expected to navigate the dominant cultural systems for their parents, which is a violation of *respeto* (Leidy et al., 2010a). Interventions should help repair the parent-child relationship and restore effective parenting to promote increased respect for parents as they acculturate to the U.S. (Garza et al., 2009).

***Personalismo (importance of interpersonal relationships).*** *Personalismo* refers to the Latino interest in building deep, interpersonal, and friendly relationships and taking an active interest in others (Garza et al., 2009; Garza & Watts, 2010; Leidy et al., 2010b). Interventions that occur in group settings permit building relationships through open communication, shared stories, and interpersonal connections (Garza et al., 2009). When interventions are embedded in schools, they provide an opportunity for Latino parents to build an interpersonal relationship with school staff and other families in the community.

**Adapting interventions for cultural purposes.** Though several common values appear important to Latino culture, the population of Latino families in the U.S. is largely heterogeneous, and program adapters should avoid making generalizations regarding cultural values (Parra-Cardona, Córdova, Holtrop, Villarruel, & Wieling, 2008). Culturally adapting an intervention involves creating an equivalent evidence-based intervention that addresses the cultural needs of a population while simultaneously adhering to the original intents and purposes of the intervention as proposed by the developers (Castro, Barrera, & Martinez, 2004). When culturally adapting interventions,

the program adapters should consult and collaborate with the local community to address the specific needs of the population (Burrow-Sanchez, Martinez, Hops, & Wrona, 2011).

Adaptations may compromise program fidelity; however, previously developed models and steps provide strategies for decreasing threats to implementation fidelity while optimizing the cultural considerations (Barrera, Castro, & Steiker, 2011; Ferrer-Wreder, Sundell, & Mansoor, 2012). Cultural adaptations improve program outcomes, particularly when the program providers made the adaptations in collaboration with program developers (Durlak & DuPre, 2008). Consequently, involving program developers, community members, stakeholders, and participants of the intervention in the adaptation process can increase participation in the interventions (Colby et al., 2013).

Similar steps appear in various approaches to culturally adapting evidence-based interventions (Barrera et al., 2011). Initially, program adapters gather information from stakeholders, the literature, experts, and researchers to identify cultural variables for use in the intervention (Burrow-Sanchez et al., 2011). Next, they conduct interviews and focus groups with local stakeholders and target population to determine specific needs (Colby et al., 2013; Rodríguez, Baumann, & Schwartz, 2011). Finally, program adapters develop the adaptations based on information and recommendations gathered from the initial steps.

The program adapters may also pilot the original evidence-based program with minor changes to the intervention's structure (Kumpfer, Pinyuchon, de Melo, & Whiteside, 2008). When making program adaptations, the adapters simultaneously evaluate the effectiveness of the intervention using culturally-appropriate qualitative and quantitative measures (Barrera et al., 2011; Rodríguez et al., 2011). The program

adapters gather feedback from the stakeholders and participants to make any necessary revisions (Rodríguez et al., 2011). Our current proposal incorporates these evidence-based techniques to gather information from local stakeholders for identifying and developing a culturally-appropriate family-centered intervention for southern Oregon.

### **Family-Centered Interventions Build Protective Factors Across Ecological Systems**

Family-centered, or family-based, interventions refer to interventions where the first level of involvement encompasses direct work with the parents and child while parents actively acquire and practice parenting skills (Leidy et al., 2010b). Essentially these inventions incorporate parents *and* children in an attempt to simultaneously reduce problem behavior in children and support parents in their adoption and use of evidence-based parenting practices, which are the most reliable predictors of later problem behavior and academic difficulty (Burchinal et al., 2002; N. E. Hill et al., 2004; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995; Shaw et al., 2012). For example, Shaw et al.'s (2012) longitudinal study that followed boys from 18 months old to 15 years old, found parenting practices (i.e., parents' acceptance, responsivity, and involvement with their child and environment predictability and learning opportunities for the child) are the most significant predictors of whether a child develops anti-social behavior in adolescence. With relation to academic achievement, Burchinal et al. (2002) found parenting practices (i.e., parental support, parental involvement, and parent-child relationship) among the strongest predictors ( $r=.15$  to  $r=.40$ ) of language development and academic achievement for preschool and elementary aged children. Likewise, Pianta and Harbers (1996) reported positive correlations ( $r=.30$  to  $r=.49$ ) between parent-child relationship and student academic achievement in elementary school. Additional

research suggests that parenting practices also impact social development, math achievement, reading achievement (Bradley, Corwyn, Burchinal, McAdoo, & Coll, 2001), school attendance (Stormshak et al., 2009), and grades (N. E. Hill et al., 2004). Thus, family-centered interventions that target parenting practices and parent-child relationship offer promising outcomes for both pro-social behavior development and academic achievement (Gonzales et al., 2012; Martinez & Eddy, 2005; Stormshak et al., 2010).

The targeted interventions must also address several factors and social systems that play a role in a child's development. In particular, interventions must focus on building protective factors through school and family social systems because children spend most of their time within these two contexts (Henry, 2012; Leidy et al., 2010b). One theoretical framework that commonly serves as the foundation of many existing family-centered interventions because it takes into consideration both of these social systems is Bronfenbrenner's (1986) ecological model. Bronfenbrenner's model (see Figure 1), which consists of five interrelated systems that guide human development, illustrates the relationships and interactions between the child, parent, teacher, and surrounding social systems and environment.

*Microsystems*, those most proximate to the individual, include malleable factors such as parent-child relationships and parenting practices. These factors most directly influence child behavior and impact all other systems (Bronfenbrenner, 1986). The use of family-centered interventions with Latinos can help strengthen the child's microsystem, which includes the parent-child relationship that may be disrupted by acculturation stressors. *Mesosystems* encompass the interconnection between the

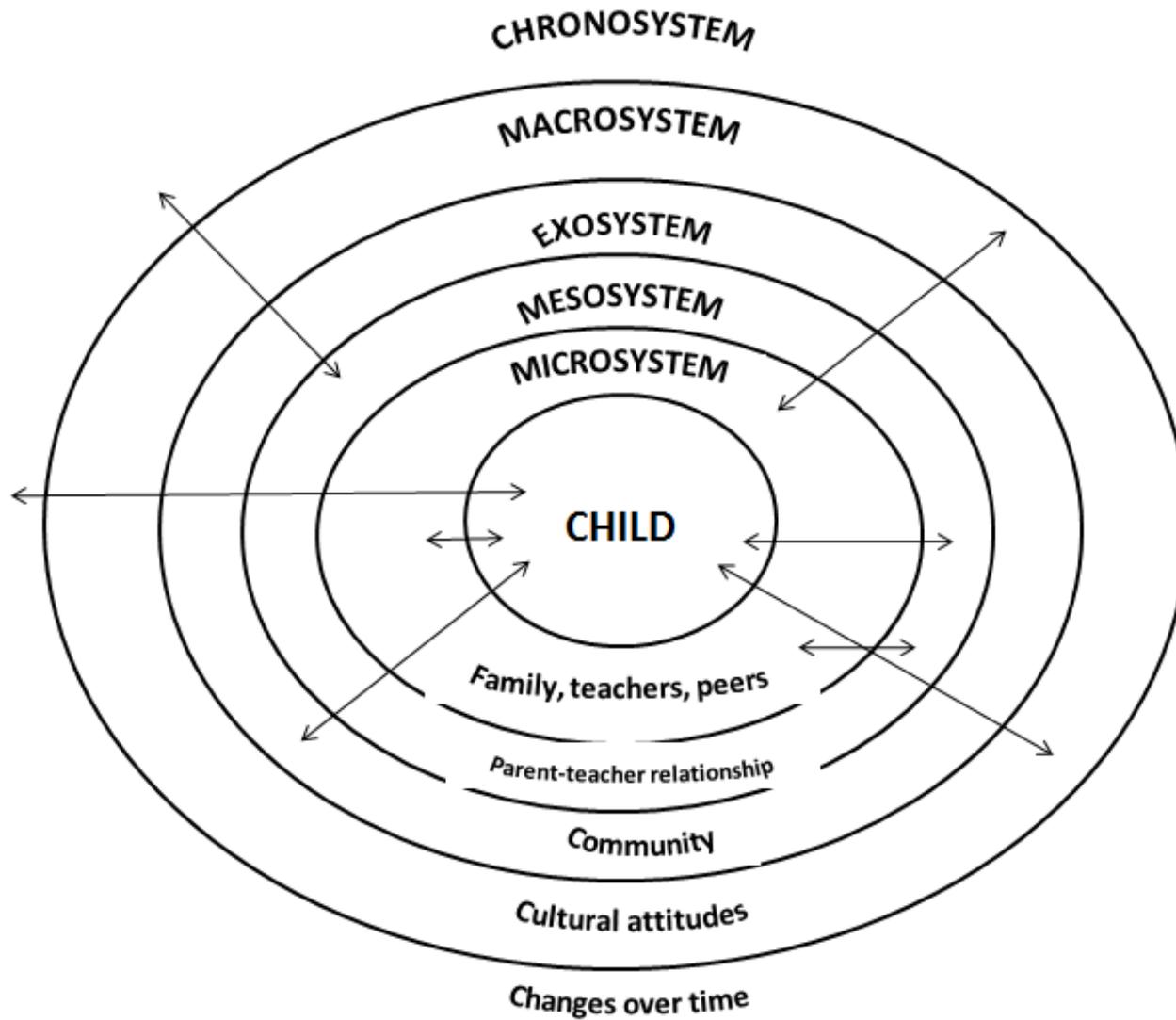


Figure 1. Bronfenbrenner's (1986) ecological model of human development

microsystems, for example, the interaction between parents and teachers in family-centered interventions. When there is high interaction at this level, an individual will perform better (Bronfenbrenner, 1986). Therefore, family-centered interventions within schools that incorporate Latino cultural norms should help promote the parent-child-teacher relationship by addressing any potential barriers such as language or cultural differences. *Exosystems* include interactions between the child's parents with work or community. Family-centered interventions aimed at reducing the achievement gap must take into account the surrounding Latino and school community. This community focus will help the child-parent-school relationship and facilitate the exosystems of a parent's social networks. *Macrosystems* consider the sociocultural environment where the individual lives (Bronfenbrenner, 1986). Family-centered interventions need to address local Latino culture, in addition to the barriers Latino families face while acculturating to the local community. The broadest and final system, *chronosystem*, reflects changes over time within the individual or the other systems (Bronfenbrenner, 1986). As Latino families and students acculturate and the U.S. educational system changes, Latino students' needs will change over time. Interventions need to be flexible in addressing the changing needs.

**Building relationships between Latino families and schools.** Existing interventions often focus solely on the student and take place isolated within the school (Stormshak et al., 2010). These child-focused interventions fail to incorporate the most important factor—the family—for improving child behavior. Fostering collaboration between family and schools through family-centered interventions can strengthen the ecological supports for the student (Downer & Myers, 2010). This collaboration is

particularly important with Latino students and families because of the institutional barriers within the U.S. school system and the negative impact the barriers have on student academic success (Martinez et al., 2004).

In general, children of parents who are highly involved in their schools are more likely to succeed academically (Lee & Bowen, 2006; Toldson & Lemmons, 2013), but the type of parental involvement differs among cultures and languages spoken. English-speaking parents, who are fluent in the language of the classroom, are more likely to be involved within the school setting (Toldson & Lemmons, 2013). Although Latino families demonstrate high levels of academic involvement in the home, Latino students and parents report they experience more barriers to participation within the schools (Martinez et al., 2004). These institutional barriers—language barriers, discrimination, and access to needed social resources—that Latino families face can impede student progress in school. When Latino parents face high levels of barriers, students are more likely to have lower grades or drop out of school (Martinez et al., 2004). Although these institutional barriers mainly result from the current educational systems and do not reflect true parental involvement in education, teachers may interpret the lower levels of involvement within the school setting as parents' lack of educational interest in their child (Lee & Bowen, 2006). It follows that this misperception can often damage the parent-child-teacher relationship.

Embedding family-based interventions within the school system provides an avenue for building the tripartite parent-child-teacher relationship. Parents are more likely to be involved in supportive schools that provide information for assisting students at home, share current student objectives and progress, and request parental support with

student activities (Toldson & Lemmons, 2013). When used in schools, family-based interventions enhance parent involvement within the school, especially with families with high risk factors (Stormshak et al., 2010). These interventions can provide parents who experience more barriers to their involvement within the school setting, like Latino parents, an appropriate avenue for increasing the likelihood of their children's academic success. Implementing a family-based intervention in a school setting can lead to increased academic performance (Dishion et al., 2008; Stormshak et al., 2009) and reduced problem behaviors (Stormshak, Dishion, Light, & Yasui, 2005).

Interventions that incorporate both family and school enhance support for the students (Henry, 2012; Martinez et al., 2004). Thus, family-centered interventions provide an appropriate method for increasing protective factors—family involvement and academic importance—to balance risk factors that Latino students face in school. Therefore, the proposed project will identify a family-centered intervention for implementation in a school context that will address the institutional barriers and risk factors Latino families and students face in schools.

### **Research Is Needed for Implementing Interventions in Southern Oregon**

Family-centered interventions that attend to appropriate local cultural factors produce more positive outcomes when used with Latino populations by considering specific needs and concerns of the group (Jani et al., 2009). Most family-centered intervention research has been conducted with White families attending to dominant cultural norms (Bernal et al., 2009; Turner, 2000) or with Latino families in urban areas (Semke & Sheridan, 2012; Sheridan et al., 2012) that have social service resources to

support Latino and non-English speaking residents. The external validity for Latino populations in rural and suburban areas, such as southern Oregon, is unknown.

Many family-centered interventions currently used with Latino populations were developed and evaluated in large metropolitan areas. For example, *Familias Unidas Preventive Intervention*, a family-centered intervention aimed to reduce risk for adolescent behavior problems, was developed and first implemented in Miami, Florida (414,000 total population with 70% Latino), and is intended for use in urban locations (Pantin et al., 2003; U.S. Census Bureau, 2010). *Puentes a la Secundaria* was developed and first implemented in Phoenix, Arizona (6.5 million total population with 40% Latino), and is intended to support adolescents attending schools in urban communities (Gonzales et al., 2012; U.S. Census Bureau, 2010). Similarly, *Familia Adelante-Revised*, a prevention intervention for Latino families, was evaluated using population samples from Los Angeles, California (3.9 million total population with 49% Latino), Miami, Florida, and Las Cruces, New Mexico (101,000 total population with 57% Latino) (Cervantes & Goldbach, 2012; U.S. Census Bureau, 2010). The implementation and results of these interventions may not generalize for use with southern Oregon Latino families where social resources for Latinos are limited and the needs of the Latino community vastly differ from those in urban areas.

The aforementioned family-centered interventions developed and studied in urban areas show promising effects for use with Latino families. Family-centered interventions must be further studied in rural and suburban areas to determine whether similar effects will occur. Implementing a family-centered intervention that is culturally-specific for use with Latino populations provides a logical start for supporting southern Oregon Latino

families. Because the existing culturally-specific family-centered interventions lack sufficient research in suburban and rural areas similar to southern Oregon, the interventions may need to be implemented with flexibility and minor adaptations. In turn, our proposed study will expand existing research to identify and implement a family-centered intervention that will address the unique needs of Latino students and families in southern Oregon.

### **Purpose for Current Research Proposal**

To be effective with the southern Oregon Latino community, the structure and techniques of family-centered interventions must be further studied. Successful implementation in southern Oregon will require an understanding of local Latino cultural norms and an understanding of using family interventions within schools. To meet these needs, local stakeholders of the Latino community and school system should be involved in identifying and refining the programs (Colby et al., 2013; Rodríguez et al., 2011). Implementing locally-appropriate, family-centered interventions provides a novel method for southern Oregon to address the persistent achievement gap between White and Latino students.

The purpose of this proposal is to identify and pilot a family-centered intervention in southern Oregon. As stated previously, the specific aims are as follows:

1. Through close collaboration with community stakeholders, identify and select a locally-appropriate evidence-based, family-centered intervention for use in a southern Oregon educational context with the Latino population.

2. Determine feasibility and initial program effects on student and parent outcomes through a small-scale randomized control trial with careful attention to fidelity of intervention implementation.
3. Disseminate project results and explore options for funding intervention efficacy research.

## CHAPTER II

### METHODS

#### **Research Plan Overview and Timeline**

This development and innovation proposal will address the project aims over a three-year period (see timeline Table 1). Each project aim corresponds to a separate study phase: Phase 1 will address the first aim, Phase 2 will address the second aim, and Phase 3 will address the third aim. Specifically, Phase 1 will employ a systematic process for identifying and selecting an appropriate evidence-based family-centered intervention for a southern Oregon community. Phase 2 will comprise the implementation of the intervention through a randomized control pilot study conducted over the course of a school year. In concluding this proposal, Phase 3 will involve disseminating project data to stakeholders and exploring options for funding larger implementation to determine intervention efficacy within the target southern Oregon community. We hypothesize that our project results will inform current practices and future directions for the southern Oregon community.

#### **Core Research Team**

A team of researchers and experts will accomplish the aims of the project. A Principal Investigator and Co-Investigator will oversee direction and successful completion of the project via the following activities: (a) manage the team's progress towards the proposal aims; (b) monitor intervention implementation; (c) direct recruitment and participant activities; and (d) oversee data collection, management, and analysis. Throughout the project, our Methodologist will support recruitment and random assignment, explore and analyze data, and report and present results. A Lead

Table 1

*Project timeline*

|                        | Aug   | Sept  | Oct | Nov  | Dec  | Jan  | Feb | March  | April | May   | June | July |
|------------------------|---|---|-----|--|--|--|-----|--|-------|---|------|------|
| Phase 1<br>(2015-2016) | Project Start-up: hire team and meet  |   |     |  | Conduct focus groups   |  |     | Review family-centered intervention research |       | Identify and select intervention                  |      |      |
|                        |   | Recruit participants for focus groups and panel of stakeholders |     |  |  | Analyze data from focus groups                                   |     |  |       | Recruit participants for randomized control trial |      |      |
|                        | Consult/collaborate with experts  |   |     |  |  |  |     |  |       |   |      |      |
| Phase 2<br>(2016-2017) | Finish participant recruitment, hold consent meetings, and randomly assign participants |   |     |  | Implement intervention   |  |     |  |       |   |      |      |
|                        |   | Collect baseline data   |     | Collect feasibility data and monitor fidelity; Adjust intervention as needed; Conduct fidelity interviews with control group in Feb. |  |  |     | Collect post-intervention data               |       | Organize and clean data                           |      |      |
|                        | Select & train interventionists   |   |     |  | Hold weekly supervision with Lead Clinician and interventionists |  |     |  |       |   |      |      |
| Phase 3<br>(2017-2018) | Analyze data  |   |     | Prepare results  |  | Hold public meetings, attend conferences, distribute results     |     |  |       | Assess dissemination and follow up                |      |      |
|                        |   |   |     |  |  | Explore funding options for efficacy trials and prepare proposal |     |  |       |   |      |      |

Clinician will oversee intervention implementation by training and supervising interventionists and monitoring fidelity of intervention implementation. A Family Outreach Coordinator will recruit community members to participate in the study, serve as a liaison between Latino participants and the research team, and coordinate participant activities and assessment sessions. Our team's experience (individually described in Appendix D) in substantive research involving family-based interventions with Latino families will ensure that the study remains rigorous and consistent with appropriate research design methodology.

### **Setting**

The research team will conduct the three study phases with a Latino population in a southern Oregon school district and community. This site was determined because of the large Latino population (U.S. Census Bureau, 2013a), the current lack of social service resources for Latino families, and the pervasive achievement gap between White and Latino students (Oregon Department of Education, 2014b). The percentage of Latino students in the school district (31%) is greater than that of the state average for Oregon (22%) and is the largest in the southern Oregon county targeted for this proposal.

The target school district is located in a suburban community within Jackson County, Oregon. The county's principal industries include agriculture, timber, tourism, healthcare, and manufacturing/retail. The median household income of the community is \$41,000 and 21% of the population lives below the poverty level (U.S. Census Bureau, 2013a). Of the households with children, 61% are married-couple households, 29% are single-mother households, and 10% are single-father households (U.S. Census Bureau, 2013b). About 8% of the community residents are foreign-born, with 72% of the foreign-

born residents born in Latin American countries (U.S. Census Bureau, 2013b). Latino residents comprise 16% of the community population (U.S. Census Bureau, 2013b). Of the residents who identify as Latino, 87% identify as Mexican, 3% as Puerto Rican, 1% as Cuban, and 9% as other Latino (U.S. Census Bureau, 2013a). Ten percent of all families in the community indicate they speak Spanish in the home (U.S. Census Bureau, 2013b). In Table 2 the average demographics for the southern Oregon community of interest are compared to those of the state to illustrate the level of need for the target sample.

Table 2  
*Southern Oregon community demographics*

|   | Southern Oregon Community | State of Oregon |
|---|---------------------------|-----------------|
| Median household income                                 | \$41,000                  | \$50,000        |
| Living below poverty line                               | 21%                       | 16%             |
| Foreign-born residents born in Latin American countries | 72%                       | 45%             |
| Latino population                                       | 16%                       | 12%             |
| Residents who speak Spanish at home                     | 10%                       | 7%              |

The target school district contains three elementary schools, one middle school, and one high school with a total enrollment of 2,652 students. Within the district, 31% of the students are Latino and 62% are White (Oregon Department of Education, 2013a). Out of the total student body, 67% qualify for free or reduced lunch and 13% are English language learners (Oregon Department of Education, 2013a, 2013b). The high school

graduation rate and scores from the state assessment, Oregon Assessment of Knowledge and Skills (OAKS), illustrate the achievement gap between White and Latino students in the district: In the most recent 4-year cohort (2009-2010 to 2012-2013), 65% of Latino students graduated from the high school while 82% White students graduated (Oregon Department of Education, 2014a). During the 2012-2013 school year, 62% of White students met or exceeded state standards on the OAKS in math, compared to only 44% of Latino students. Similarly, during this same time frame, 75% of White students met or exceeded state standards in reading compared to only 54% of Latino students (Oregon Department of Education, 2014b). Collectively these data indicate there is a significant achievement gap between White and Latino students, with Latino students meeting or exceeding state standards at significantly lower rates than their White peers (18% and 21% fewer Latinos meeting or exceeding state standards in math and reading, respectively).

The target elementary school was selected as the location for the pilot study because of the large Latino student population (Oregon Department of Education, 2013a) and the persistent achievement gap between White and Latino students (Oregon Department of Education, 2014b). The elementary school has an enrollment of 381 students with the largest Latino population (55%) and largest English language learner population (40%) of the district (Oregon Department of Education, 2013a). There has been a persistent achievement gap between White and Latino students on multiple subtests of the OAKS for the past several years (Oregon Department of Education, 2014b). In 2012-2013, for example, 17% more White students met or exceeded state standards in math compared to their Latino peers, and 27% more White than Latino

students met or exceeded state standards in reading (Oregon Department of Education, 2014b). When compared to the state, the target elementary school greatly surpasses Oregon school average for Latino student population (Table 3). These percentages, combined with the White-Latino achievement gap demonstrated by OAKS, indicate the urgency for intervention.

Table 3

*Setting demographics and Oregon district average demographics*

|  | State of Oregon<br>Average | Study District<br>Setting | Pilot Elementary<br>School |
|--|----------------------------|---------------------------|----------------------------|
| Latino student population  | 22%                        | 31%                       | 55%                        |
| Free/reduced lunch population  | 55%                        | 67%                       | 83%                        |
| Latino students who graduate high school in 4 years                            | 61%                        | 65%                       | N/A                        |
| Percentage more White than Latino students who met or exceeded on OAKS math    | 21%                        | 18%                       | 17%                        |
| Percentage more White than Latino students who met or exceeded on OAKS reading | 25%                        | 21%                       | 27%                        |

**Phase 1**

A systematic procedure for identifying and selecting an evidence-based family-centered intervention appropriate for use in the southern Oregon educational context

described in the previous section is the intended objective of Phase 1. Evidence-based practice “is intended to provide realistic, high-quality, acceptable and effective care” (Satterfield et al., 2009, p. 385) through the consideration of contextual and environmental factors, participant characteristics and values, resources and expertise, and evidence through research. We will use a conceptual model of evidence-based decision-making through the integration of research into practice designed by Satterfield et al. (2009) as our framework for Phase 1 (Figure 2). The model is grounded in theories of ecological systems of development, such as Bronfenbrenner’s (1986) ecological model. The alignment of Satterfield et al.’s (2009) model with ecological models highlights the importance of incorporating the various influential systems at play in a person’s development in order to provide effective care through interventions. Many family-centered interventions are also grounded in ecological models of development (e.g., Gonzales et al., 2012; Martinez & Eddy, 2005; Pantin et al., 2003; Stormshak et al., 2005), which makes Satterfield et al.’s (2009) framework ideal for our Phase 1 conceptual model.

The specific components of Satterfield et al.’s (2009) model provide our steps for Phase 1. The underlying component of the model, and a primary task for our project, involves incorporating elements of the environmental and organizational context when implementing evidence-based practices (Satterfield et al., 2009). To integrate the components of Satterfield et al.’s (2009) model within the southern Oregon environmental and organizational context, we will complete the following steps during Phase 1:

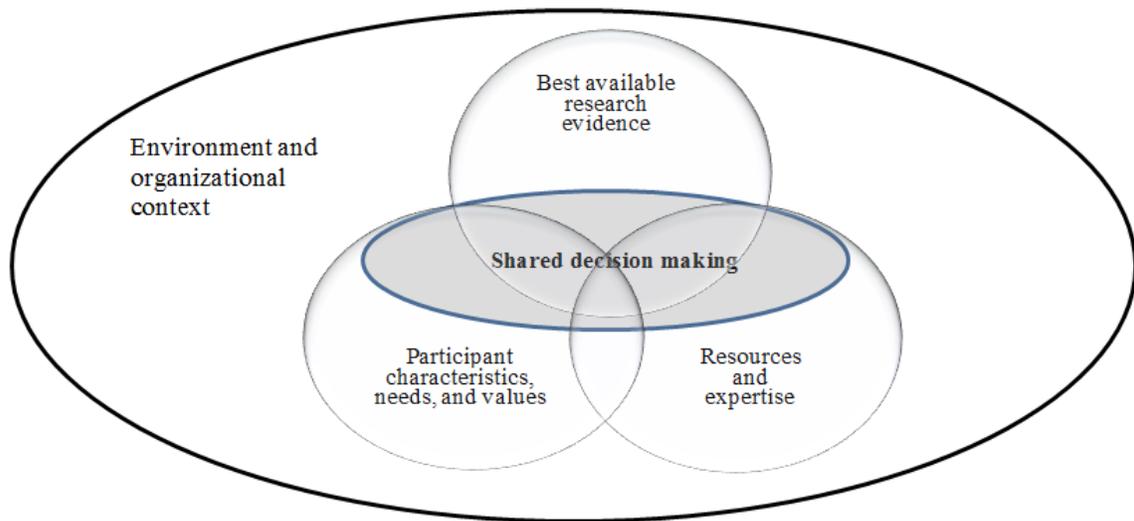
Step 1. Identify participant characteristics, needs, and values.

Step 2. Review the best available research evidence.

Step 3. Explore resources and expertise.

Step 4. Select a family-centered intervention through shared decision-making.

Even though these are listed as numbered steps, they do not require following a rigidly sequential order. Whereas we plan to start with identifying participant characteristics, needs, and values (Step 1), and end with shared decision-making (Step 4), we plan to review research (Step 2) and explore resources and expertise (Step 3) fluidly throughout Phase 1.



*Figure 2.* Conceptual model underlying Phase 1 (Satterfield et al., 2009)

**Step 1: Identify participant characteristics, needs, and values.** Considering perspectives of the community and stakeholders will improve intervention outcomes and program sustainability (Castro et al., 2004; Ferrer-Wreder, Adamson, Kumpfer, & Eichas, 2012). In order to identify the perspectives of the community and stakeholders, we will conduct a total of 11 focus groups with Latino community members and school

district employees (six with community members and five with district employees). Our goal in working with local Latino families will be to uncover their perceptions about family-school partnerships and their children's ability and opportunity to access educational services (including any barriers they perceive exist or have experienced). Our goal in working with school personnel will be to learn about the status of family-school partnerships, their perception of the involvement of Latino families in their children's education, and the school supports that are needed to close the achievement gap between White and Latino students.

***Participants.*** We will initially recruit Latino parents with students attending school in the district during student registration and fall conferences. The initial participants will nominate other Latino community members who might have an interest in participating in our focus groups. We will continue recruiting participants using this technique, known as snowball sampling (Babbie, 2010), until we have reached our desired sample size of 50 participants. Underserved populations, such as Latino populations, can be hard to recruit and retain in research due to a variety of sociocultural or personal characteristics (Sadler, Lee, Lim, & Fullerton, 2010). Recruiting underserved populations using snowball sampling can be advantageous because the inherent trust and the personal communication between participants (*personalismo*) increase the likelihood of successful recruitment (Sadler et al., 2010).

Using this method of convenience sampling may result in biased outcomes because of the characteristics of family and community members willing to participate in research (Babbie, 2010), but the advantage of snowball sampling to increase recruitment outweighs this limitation. We anticipate being able to recruit about 50 Latino participants

initially, but if more information is needed after initial data collection, more participants will be recruited. Each participant will receive a monetary incentive of \$30 for their time participating in the focus groups described in the next section.

We will use concrete parameters to identify school district employees eligible to participate in the focus groups. Specifically, school personnel who are actively involved with parents and community members will be chosen. This method of selection may again cause bias in the evidence collected; however, these selected participants will provide necessary information because of their active involvement in family-school partnerships. The educator participants will include the district superintendent and administrative team ( $n=4$ ), principals from all five schools in the district ( $n=5$ ), pre-selected teachers in the district ( $n=25$ ), and Latino family liaisons ( $n=4$ ). The principals will identify teachers who are actively involved with parents and the community, and we will request their participation in the focus groups. Each educator involved in this process will also receive \$30 for his/her participation.

In addition to using focus groups to incorporate participant needs within the environmental and organizational context, we will also involve a small panel of stakeholders throughout Phase 1. The panel of stakeholders will work closely with our team in reviewing family-centered intervention research and selecting an the appropriate family-centered intervention for integration in schools (described in Steps 2 and 4). This panel will include four representatives from the Latino family community and four representatives from the school district. Participants from the Latino community focus groups will nominate four members to serve on this panel. The district representatives will include a member of the administrative team, and the principal, a teacher, and the

Latino family liaison from the elementary school targeted to receive the intervention during the pilot study. Each panel member will receive \$60 for his/her participation in the research review and intervention selection process.

**Data collection.** Qualitative methods including interviews and focus groups are often used to identify community needs (Neuber, 1981). Focus groups support the Latino value *colectivismo* because the structure allows for participants to collectively build on responses when answering questions from the facilitator (Leidy et al., 2010b). Therefore, we will conduct focus groups to gather data from Latino families, community members, and school personnel in developing a complex picture of the issues and needs of the community from multiple perspectives. To allow for comprehensive, yet flexible data collection, we will use standardized open-ended questions with some semi-structured follow-up probes (Creswell, 2014). Appendix A provides the focus group protocols.

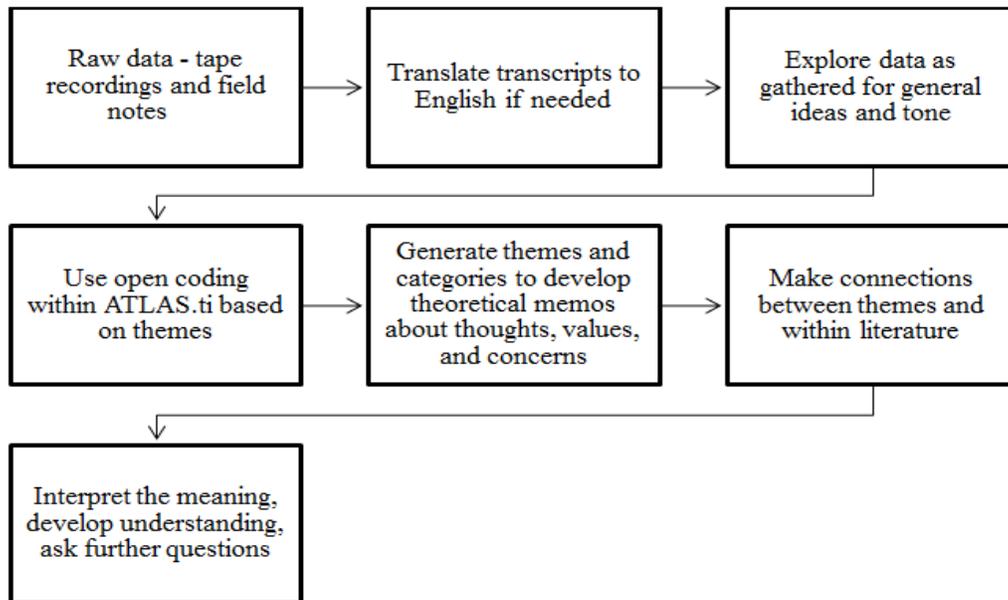
We will conduct at least six focus groups involving Latino parents, students, and community members (total  $n=50$  with each focus group including eight to 10 participants). Focus group facilitators will conduct focus groups at the familiar and central location of the education service district and will conduct sessions in the families' native language, either English or Spanish. We will provide childcare services and transportation for the meetings. Focus group facilitators will digitally record all sessions for later transcription, and a field observer will take notes. Focus groups conducted in Spanish will be transcribed and then translated to English for data analysis.

With regards to educators, we will conduct one focus group with the district administrative cabinet and school principals ( $n=9$ ) and four focus groups with teachers and Latino family liaisons (total  $n=29$  with each focus group including seven to eight

participants). Segmenting educator participants to control for group composition related to job status (i.e., separating administrator groups from teacher groups) will allow free-flowing conversations and comfort during discussions (Morgan, 1997). Blending teacher and administrator groups may cause teachers to hesitate about discussing negative experiences with families, sharing whether a lack of administrative support or resources for building family partnerships exists, and sharing whether they have poor partnerships with some families. Additionally, creating job status homogeneity in our groups will allow us to examine the differences in perspectives between teachers and administrators (Morgan, 1997). Examining these differences in perspectives may provide insight for developing methods that increase supports and strengthen collaboration within schools to help build partnerships with Latino families. Focus group facilitators will conduct educator focus groups at district sites and digitally record sessions for later transcription, and a field observer will take notes during the groups.

***Data analysis.*** Figure 3 provides an overview for analyzing the data gained from the focus groups. Grounded theory will direct the data analysis because of the systematic steps in generating interconnected categories and themes to develop explanations (Corbin & Strauss, 2008). The Methodologist will review the data as it is gathered for general ideas and themes. Then, we will begin to winnow and segment the raw data to collect the most important findings through a process of open coding (Corbin & Strauss, 2008; Guest, MacQueen, & Namey, 2012). Using ATLAS.ti (ATLAS.ti, Version 7), data will be aggregated into themes and categories based on the perspectives, values, and concerns of the participants. We will code the findings across cases and focus groups to develop theoretical memos and identify common thoughts, contrasting results, and overarching

ideas (Creswell, 2014) to draw some inferences from the data in capturing the lessons learned in connection with the existing literature. This process will provide the clearest picture of the participant characteristics, needs, and values to share with the stakeholder panel during Step 4.



*Figure 3.* Qualitative data analysis procedures to identify characteristics, needs, and values of school district personnel and Latino families, students, community members

We will present the data from all focus groups to the decision-making panel during Step 4. Data will include both a descriptive—in the form of graphs or tables—and narrative element. Narratives will provide examples from the focus group to expand on points of agreement, central themes, and common ideas. The identified Latino values and relationship barriers between the families and school will be of particular interest. The expansion on common themes and points of agreement will provide valuable information for the decision-making panel when considering which interventions will best address the needs articulated by the community members.

**Step 2: Review best available research evidence.** A second key aspect of the evidence-based practice model is the integration of the best available research evidence (Satterfield et al., 2009). For our purposes, the best available research evidence refers to quality family-centered intervention research that includes culturally-specified components and studies involving Latino populations.

*Procedure.* Our research team and panel of stakeholders will use indicators of quality research established by the Council for Exceptional Children's (CEC) Division for Research task force when reviewing evidence for each specific intervention (Odom et al., 2005). Research in education is complex and may require the use of multiple methodologies for identifying effective practices (Odom et al., 2005). The task force established by the CEC has developed quality indicators, or features of rigorous research, for each of the following methodological designs: (a) experimental group designs, (b) correlational designs, (c) single subject designs, and (d) qualitative designs (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005; Gersten et al., 2005; Horner et al., 2005; Odom et al., 2005; Thompson, Diamond, McWilliam, Snyder, & Snyder, 2005). Table 4 shows the quality indicators our team will use as guidelines when reviewing the available research on family-centered interventions.

Along with assessing for quality indicators in identifying evidence-based interventions, we will also evaluate the cultural-specificity of the reviewed interventions. Specifically, we will consider interventions including culturally-specified randomized control trials more appropriate for our selection than interventions including efficacy trials without culturally-specific groups (i.e., Latino families or families in suburban and rural areas). Additionally, family-centered interventions that include Latino values—

Table 4

*Research quality indicators established by Council for Exceptional Children’s Division for Research task force*

| Experimental group designs   | Correlational designs  | Single subject designs  | Qualitative designs  |
|--|--|---|--|
| <p>Participants</p> <ul style="list-style-type: none"> <li>• Sufficient descriptions</li> <li>• Comparable across conditions</li> </ul>                                | <p>Measurement</p> <ul style="list-style-type: none"> <li>• Reliability coefficients reported</li> <li>• Evidence is inducted with rationale</li> <li>• Reliability and validity discussed</li> </ul>  | <p>Participants and setting</p> <ul style="list-style-type: none"> <li>• Sufficient descriptions</li> <li>• Selection described</li> </ul>  | <p>Interview studies</p> <ul style="list-style-type: none"> <li>• Appropriate participants selected</li> <li>• Reasonable questions</li> <li>• Adequate recording and transcription</li> </ul>   |
| <p>Intervention implementation</p> <ul style="list-style-type: none"> <li>• Groups clearly described</li> <li>• Fidelity of implementation addressed</li> </ul>        | <p>Practical and clinical significance</p> <ul style="list-style-type: none"> <li>• One or more effect size reported and interpreted for each outcome</li> </ul>   | <p>Dependent variable</p> <ul style="list-style-type: none"> <li>• Described with operational precision</li> <li>• Quantifiable index</li> <li>• Valid and reliable</li> <li>• Measured repeatedly</li> </ul> | <p>Observation studies</p> <ul style="list-style-type: none"> <li>• Appropriate setting/participants</li> <li>• Sufficient time in field</li> <li>• Minimal research impact on setting</li> <li>• Systematic field notes</li> </ul>  |
| <p>Outcome measures</p> <ul style="list-style-type: none"> <li>• Multiple measures</li> <li>• Measured at appropriate time</li> </ul>                                  | <p>Analytic indicators</p> <ul style="list-style-type: none"> <li>• Consider effect size limitations</li> <li>• Results and effects investigated</li> <li>• Univariate method not used with multiple outcome variables</li> <li>• Sufficient statistical methods used</li> </ul> | <p>Independent variable</p> <ul style="list-style-type: none"> <li>• Sufficient description</li> <li>• Manipulated by experimenter</li> <li>• Fidelity addressed</li> </ul>                                   | <p>Document analysis</p> <ul style="list-style-type: none"> <li>• Meaningful documents</li> <li>• Documents obtained appropriately</li> <li>• Documents sufficiently described</li> </ul>  |
| <p>Data analysis</p> <ul style="list-style-type: none"> <li>• Appropriately linked to questions and unit</li> <li>• Inferential statistics and effect sizes</li> </ul> | <p>Confidence intervals</p> <ul style="list-style-type: none"> <li>• Reported for the reliability coefficients, sample statistics, effect sizes</li> <li>• Interpreted by direct and explicit comparisons from prior studies</li> </ul>  | <p>Internal validity</p> <ul style="list-style-type: none"> <li>• At least 3 demonstrations of experimental effect at 3 different times</li> <li>• Results show experimental control</li> </ul>               | <p>Data analysis</p> <ul style="list-style-type: none"> <li>• Results sorted and coded systematically</li> <li>• Establish trustworthiness</li> <li>• Researcher transparency</li> <li>• Conclusion substantiated by evidence</li> <li>• Connections to related research made</li> </ul> |
|  |  | <p>External validity</p> <ul style="list-style-type: none"> <li>• Effects replicated across participants, settings, or materials</li> </ul>   |  |
|  |  | <p>Social validity</p> <ul style="list-style-type: none"> <li>• DV and impact is socially important</li> <li>• Implementation is practical and timely</li> </ul>  |  |

*colectivismo, familismo, respeto, and personalismo*—as core components of the program will be considered more appropriate for our selection. Our review of research will allow us to identify the most beneficial family-centered intervention programs for targeting the needs of the southern Oregon community.

**Step 3: Explore resources and expertise.** A third component in the evidence-based practice model involves exploring resources and expertise (Satterfield et al., 2009). Experts differ from the educated members of our research team in that they are the producers of the research used for evidence-based practices (Satterfield et al., 2009). We will consult the expert groups listed below throughout Phase 1. These experts currently conduct and disseminate research, work directly with Latino families and communities, and develop family-centered interventions within Oregon, across the nation, and internationally. We will consult these groups regarding their work with family-centered interventions, family-school-community partnerships, and equity for Latino families. The information gathered from experts will help support the shared decision-making process in Step 4.

***Center for Equity Promotion.*** The Center for Equity Promotion (CEQP) is a research group that works with communities to support positive development of children and families. In particular, CEQP is committed to building culturally-specific interventions for communities and populations who are underserved by education, health, and social service systems. Their expertise will guide our project work in community engagement, translating research to practice, and identifying a culturally-appropriate intervention to promote positive outcomes for Latino youth by working with schools, families, and communities.

***Oregon Social Learning Center.*** For over 50 years, the Oregon Social Learning Center (OSLC) has been designing and producing parent training programs and family-centered interventions that encourage successful development for children in school and at home. In their design and dissemination of interventions, OSLC completes rigorous studies using a variety of assessments. Their work includes Oregon Latino populations in both rural and urban contexts. Throughout the project, the research team will seek guidance from OSLC about family-centered interventions, the evidence-based practice process, and assessing for intervention efficacy.

***Culture and Prevention Research Lab.*** The Culture and Prevention Research Lab at Arizona State University studies the role of culture in a child's development and well-being. Their research projects aim to reduce academic disparities by integrating aspects of culture into the development, evaluation, and dissemination of effective programs and practices. They have developed and studied specific preventive family-centered programs for Latino students and families. We will consult with the Culture and Prevention Research Lab regarding their expertise in incorporating cultural components into intervention development and implementation research.

***Centro LatinoAmericano.*** Centro LatinoAmericano (Centro) is a community-based organization dedicated to providing services that attend to culture and address language barriers of the Latino population in Lane County, Oregon. They facilitate access to both child-centered and family-driven services. Centro demonstrates expertise in providing culturally-appropriate services and can provide guidance on interventions that include the norms, values, and beliefs of Latino families. Their knowledge of

working with Latino communities in Oregon will provide us with ideas for appropriately choosing interventions from which the local community will benefit.

*National Council of La Raza.* National Council of La Raza (NCLR), the largest Hispanic civil rights and advocacy organization in the U.S., works to improve opportunities for Hispanic Americans through applied research, policy analysis, and advocacy. Community is at the heart of NCLR's work with over 300 community-based organizations belonging nationwide including charter schools, after-school programs, and health centers. We will consult the NCLR regarding their expertise in supporting Latino families through community-based education and health centers.

**Step 4: Select an intervention through shared decision-making.** As indicated in the introduction, when choosing interventions for local use, it is important to collaborate with key stakeholders in making informed decisions about the interventions (Colby et al., 2013; Rodríguez et al., 2011). The final step for Phase 1 will use a model of shared decision-making adopted from the medical field. The research team and key stakeholders will jointly select the appropriate family-centered intervention for use with the southern Oregon community. By participating in the shared decision-making process, members of the community will be able to contribute input about the intervention services, which will enhance program implementation and promote sustainability within the community (Durlak & DuPre, 2008). The decision-making process, described below, will combine participant values and needs, research evidence, and resources and expertise from the previous steps of Phase 1.

*Procedure.* Modified for use in this study, the research team and panel of stakeholders will use elements from medical models of shared decision-making to select

an appropriate evidence-based family-centered intervention. The first essential element for shared decision-making involves a clear explanation of the problem (Makoul & Clayman, 2006). The Principal Investigator and Co-Investigator will provide an initial presentation to the stakeholder panel outlining the White-Latino academic achievement gaps, barriers for Latino students and families, and data from the focus groups and experts. This presentation will provide the panel with knowledge, skills, and abilities to participate in the decision-making.

A second essential element to shared decision-making involves the presentation of options and discussion of pros and cons of the options (Makoul & Clayman, 2006; Towle & Godolphin, 1999). The panel will discuss the different intervention options reviewed during Step 2 and conduct a cost-benefit analysis that rates the pros and cons of each intervention. Pros will include the incorporation of cultural components into the intervention and intervention research, the incorporation of values and concerns identified by our focus groups, and the inclusion of structured training and ongoing support from intervention developers to promote high levels of fidelity of implementation. Cons may include failure to incorporate cultural components or the values and concerns identified by our focus groups, a lack of ongoing support from program developers, high licensing costs, and a lack of efficacy research within suburban and rural communities. After discussing and analyzing the pros and cons of each intervention option, we will list the interventions along with their strengths and weaknesses.

Before choosing the intervention, the team will review all relevant information (e.g., participant and stakeholder needs and values, research evidence, input from experts,

and strengths and weaknesses of interventions) to check and clarify the panel's understanding (Légaré et al., 2008). When the panel feels there is sufficient information and understanding, we will begin the decision-making process. The Principal Investigator and Co-Investigator will facilitate the decision-making through a consensus method similar to a nominal group technique (Delbecq & Van de Ven, 1971). First, the panel members will silently and privately write their top two intervention choices including reasons why those interventions will best fit the needs of the community. Next, in a round-robin fashion, each member will present his/her ideas while the Principal Investigator and Co-Investigator record the ideas on a chart. Then, the group will engage in a structured discussion where panel members seek clarification or further explanation on any of the recorded ideas. New information may be added to the chart but no information or interventions will be removed. Finally, panel members will privately rank each intervention from the chart. The Principal Investigator and Co-Investigator will tabulate the rankings and present the results to the panel.

As the final step in the decision-making process, the Principal and Co-Investigator will present the intervention with the highest rating as the selected intervention. Panel members will share final thoughts and indicate whether they provide consent to implement the intervention. If disagreement remains, we will treat any point(s) of contention as a research question and will conduct small separate focus groups to further investigate the issue. That is, we will reconvene a small group of community members and educators from Step 1 and ask questions to facilitate discussions around the point(s) of contention. Then, we will reconvene the panel to present the new information from the ad-hoc focus groups, and the panel will re-rank the interventions. When the panel

has reached consensus on the selection of an intervention (i.e., all members consent to provide permission for the specific intervention), we will develop a plan of action for implementing the intervention in Phase 2.

## **Phase 2**

Following intervention selection, we will begin intervention planning and training. First, we will contract with a local health agency to hire three bilingual (Spanish and English) interventionists with experience in implementing behavioral evidence-based treatments with diverse communities and families. Then, as described below, we will begin initial intervention training with the interventionists and research team. The interventionists and team will receive ongoing training throughout the intervention implementation to increase fidelity. The specifics of ongoing training is described in the fidelity section.

The Principal Investigator, Co-Investigator, Lead Clinician, and interventionists will receive the appropriately specified training provided by program developers. Program developers and the Lead Clinician will instruct interventionists on the core intervention components, the structure of the intervention sessions, and how to implement the program with fidelity. Throughout the four-month initial training period, the interventionists will also receive three hours of weekly preparation in instructional and clinical skills necessary for leading groups. Intervention sessions will not begin until the program developers and the Lead Clinician have approved that the interventionists are prepared to lead sessions with sufficient skills and high levels of fidelity.

**Research design for Phase 2.** Following training, we will pilot the program in the southern Oregon elementary school. Our interests in piloting the intervention include

determining program feasibility, fidelity, and initial outcomes of the intervention on students and parents. The ultimate goal of full intervention implementation is to increase Latino student achievement and decrease the academic achievement gap between White and Latino students; however, we may not observe the full impact on student achievement in the short five-month intervention period of the pilot study. Therefore, we will collect data on multiple co-occurring dependent variables associated with student academic achievement as some indicators of student achievement may be more sensitive to intervention effects.

Collecting data on co-occurring dependent variables will provide our team with initial information about the potential for the intervention to impact outcomes closely targeted by the family-centered intervention that will in turn lead to increases in student achievement. For example, parent-child relationship and parenting practices are highly predictive of academic success (Burchinal et al., 2002; Dishion et al., 2008; J. Hill, 2002; Stormshak et al., 2009). Additionally, student behavior is closely linked with academic achievement (Jessor, 1991; Shaw et al., 2012). Therefore, we will consider the following questions regarding student and parent outcomes:

1. What are the effects of the intervention on student academic performance?
2. What are the effects of the intervention on student behavior?
3. What are the effects of the intervention on parenting practices?
4. What are the effects of the intervention on parent-child relationships?
5. Do the effects on parenting practices or parent-child relationships mediate the effects of the intervention on student academic performance or behavior?

A randomized controlled, pretest-posttest design will provide data on parent and student outcomes. In addition to parent and student outcomes, the research team will collect and analyze descriptive data to determine intervention feasibility and fidelity. Regular and ongoing analysis of feasibility and fidelity of implementation throughout the pilot study will be critical for making any intervention adaptations. The Co-Investigator and Lead Clinician will review data throughout intervention implementation to provide feedback for intervention adaptations and improvements.

**Participants.** Participants for the pilot study will be recruited from the southern Oregon elementary school previously described. Teachers with students participating in the intervention will constitute the teacher participants. All 110 Latino families from the elementary school will be invited to participate in the study. Of the 110 families, an approximate 50% participation rate is anticipated, providing 55 family participants (similar to participation rates in other studies, e.g., Gonzales et al., 2012; Martinez, McClure, Eddy, Ruth, & Hyers, 2012). The 2013-2014 school year mobility rate for Latino students attending the elementary school was 7% so we expect low levels of mobility-related attrition (less than 10%) similar to other studies involving family-centered interventions with Latino families (Martinez et al., 2012). The Methodologist will randomly assign half of the families to the intervention group and half to the control group. If the family has more than one student enrolled in the school, one will be randomly selected to participate in the assessments but all will be able to participate in the intervention.

Our use of nonprobability convenience sampling may introduce bias because our sample may not be representative of the southern Oregon Latino population (Babbie,

2010). We will use caution when interpreting results and refrain from over-generalizing. We will also examine the descriptive demographic characteristics of our sample and compare them to the southern Oregon community.

Based on the community demographics (see Setting section above), we expect that most family participants will identify as Mexican and live in a two-parent household. We anticipate some participants living in single mother households and a few living in single father households. Recruiters will use a demographic survey to record participant information (Appendix B).

***Eligibility criteria.*** For parents to be eligible to participate, they must self-identify as Latino and have a student attending the target elementary school. The students may be in kindergarten through fifth grade and between ages five and 13 years old. To support the majority of Latino families in the target setting, intervention sessions will only be conducted in Spanish. Therefore, parent participants must indicate they feel comfortable speaking Spanish and understanding spoken Spanish. Parents who are illiterate or have very low reading skills will be able to participate in the study with accommodations developed by the Principal Investigator and Lead Clinician. Accommodations may include, but are not limited to, all material being read aloud, access to recordings of directions for home activities, and support for completing any written tasks.

Parents and/or children with severe intellectual or mental health disabilities will not be eligible to participate because of the challenge of providing appropriate accommodations, the impact on intervention fidelity if we were to provide intervention modifications, and the impact of extraneous variables on our results. Intellectual and

mental health disabilities that preclude participation in the study include severe cognitive delays, severe autism, untreated and severe schizophrenia, psychotic disorders, bipolar disorders, and major depressive disorders. Parents and/or children with other disabilities (e.g., learning disabilities, motor disabilities, communication disorders) will be eligible to participate in the study. We will document whether a student receives special education services and the specific disability on our demographic survey.

***Recruitment and retention.*** Recruiting families experiencing high levels of stress and low levels of social support—like Latino immigrants acculturating to life in southern Oregon—into intervention research is challenging (Hogue, Johnson-Leckrone, & Liddle, 1999). Successful recruitment of Latino families requires cultural competence and time to establish trust with participants (De Gaetano, 2007; Martinez et al., 2012). The Family Outreach Coordinator and the pilot school’s Latino family liaison will manage participant recruitment. The established relationship and commonality in native language between the Outreach Coordinator, liaison, and Latino families will support participant recruitment and retention (Hogue et al., 1999; Miranda, Azocar, Organista, Muñoz, & Lieberman, 1996).

Face-to-face recruitment has been shown to yield higher study participation rates (Miranda et al., 1996). Therefore, the Outreach Coordinator and family liaison will recruit participants through group meetings and individual contact. The recruiters will describe the study, determine the families’ eligibility to participate, answer questions, and obtain signed consent to participate in the study from parents and students. They will discuss the purpose of the proposed intervention, review the process of random assignment, and describe some specifics about the intervention. The recruiters will

clearly articulate that participation in the study is voluntary, is independent of other social organizations, and has no connection to U.S. Immigration and Customs Enforcement Agency. This entire recruitment process will help establish trust and promote retention among family participants (Martinez et al., 2012).

Some common barriers to retaining hard-to-reach families in research are time commitments, scheduling conflicts, childcare needs, and transportation needs (Hogue et al., 1999; Miranda et al., 1996). To help overcome barriers and promote participant retention, we will maintain flexible schedules, provide childcare, and provide transportation for intervention and assessment sessions (Martinez et al., 2012). The research team will maintain alternative and updated participant contact information through the pilot school's student information system. Throughout the study, the Outreach Coordinator will be in continual contact with participants, providing reminders, and checking in with parents about study participation. If a family is unable to attend an intervention or assessment session, the team will make efforts to schedule an alternative session for the family to review the session's content and to gather assessment information. Families will be compensated for completing the assessments. Parents will be provided \$30 for each assessment session (baseline, midpoint fidelity check, and post-intervention) and youth will be provided a \$5 gift card for completing the assessments. Using monetary incentives increases retaining Latino participants but does not increase the likelihood of participants providing favorable responses during assessments (Martinez-Ebers, 1997). We anticipate a retention rate of 90% based on other family-centered intervention studies involving Latino families in Oregon (e.g., Martinez et al., 2012).

**Control condition.** Participants randomly assigned to the control condition will operate “business as usual.” Families will continue to have access to current school and community supports (described below) but will not receive services related to the project’s intervention. Project assessors will gather assessment information from the control group at baseline, mid-intervention fidelity check, and post-intervention. Participants in the control group will receive \$30 for each assessment session.

The target elementary school uses an Effective Behavioral and Instructional Support System (EBISS) to monitor academic progress, behavior, and attendance for all students. The EBISS team systematically identifies students who need additional supports and develops interventions to address concerns. Students experiencing academic difficulty and performing below the district 20<sup>th</sup> percentile on screening assessments are eligible for reading and/or math interventions. These academic interventions may include explicit skill-focused instruction within the classroom or additional small group instructional support outside of the regular classroom. Students experiencing behavioral difficulty may be placed on a behavior intervention plan implemented by school staff and/or may be referred for counseling at the student-based health center. Students experiencing difficulty with school attendance may be placed on an attendance contract that involves parental participation and incentives for increasing attendance. All of these supports will continue to be available to both control and intervention group participants.

**Intervention condition.** Participants randomly assigned to the intervention condition will receive the selected intervention. Families in this condition will also continue to have access to current school and community supports. Project assessors will

gather assessment information from the intervention group throughout the intervention period (as described below). Participants in the intervention group will receive \$30 for participation in each of the baseline, mid-intervention fidelity check, and post-intervention assessment sessions.

The interventionists will conduct all intervention sessions in Spanish. Because most family-centered interventions operate with 8-12 families at a time, we anticipate conducting at least three separate intervention groups, but the number of intervention groups will depend on the number of participants in our study and the guidelines from the selected intervention. We will deliver weekly intervention sessions in the evening at the school and as the selected intervention program prescribes. The length of the sessions, length of the intervention period, and the intervention specifics will depend on the selected intervention. Based on several existing interventions (e.g., Cervantes, Goldbach, & Santos, 2011; Gonzales et al., 2012; Kumpfer, 1989; Martinez & Eddy, 2005), we anticipate sessions will last between one to two hours and the duration of the intervention period will be between nine and 18 weeks.

**Feasibility.** Throughout the pilot implementation we will use surveys to collect data assessing the feasibility of intervention implementation. Assessing feasibility will allow us to determine whether our chosen intervention is appropriate for the local context, whether it addresses the norms and values identified during Phase 1, and whether participants react favorably towards the intervention (Bowen et al., 2009).

**Feasibility data collection.** The feasibility surveys—adapted from the Latino Youth and Family Empowerment II Project (LYFE II; Martinez & Eddy, 2005)—appear in Appendix B. The LYFE-II study is a randomized longitudinal efficacy trial of a

culturally-specific family-centered intervention focused on Latino immigrants in northwest Oregon (Martinez & Eddy, 2005). The measures from the study are culturally-specific, psychometrically validated standardized instruments commonly used at the University of Oregon, OSLC, and CEQP (DeGarmo & Martinez, 2006; Martinez, 2006; Martinez et al., 2009).

Interventionists will collect attendance records during each session. If participants are not in attendance, the interventionists will document the reason the participant could not attend and how the content was delivered in a make-up session.

To assess satisfaction of each intervention session, interventionists and participants will complete satisfaction surveys. After each session, interventionists will rate the quality of the lesson on a 7-point Likert scale. Thirteen survey items will assess the management of the group, management of time, quality of the group process, and the quality of the session. Also following each intervention session, family participants will rate 24 items assessing the following on a 5-point Likert scale: usefulness of information provided, extent to which the group was supportive, extent to which the interventionists were supportive, level of enjoyment during the intervention session, and whether they completed home practice activities from previous sessions. Additionally, interventionists will rate their impressions of how the family appeared during the session. These twenty-six Likert-type items will assess whether the family appeared open to ideas presented and how the family appeared to feel during the sessions.

In addition to weekly session satisfaction surveys, family participants and interventionists will complete overall program evaluations at the end of the intervention period. The program evaluations completed by parent participants will include twenty-

eight Likert-scale items rating the extent to which parents are using taught skills, whether they have observed behavioral changes in their child, the skills of interventionists, the helpfulness of program components, and the extent to which the program addressed issues and values specific to Latino families. The overall program evaluations completed by interventionists will include twenty-eight Likert-scale ratings on child behavioral changes, the extent to which parents used taught skills, and parental engagement in the intervention. Feasibility measures are listed in Table 5.

***Feasibility analysis.*** The Co-Investigator, Methodologist, and Lead Clinician will regularly review the feasibility survey data and adjust components of the intervention to improve effectiveness. At the end of the pilot study, the Methodologist will conduct descriptive analyses to report on the overall feasibility of the chosen intervention. The Methodologist will examine the data for any differences or correlations between ratings from mothers and fathers, differences in ratings based on student gender or age, and differences in ratings based on participant time in the country. We do not anticipate any statistical differences in these areas; however, the data will be examined and any significant differences will be reported. The analysis and discussion of results with stakeholders will provide our team with information on the feasibility and sustainability of the chosen intervention.

***Fidelity.*** To maintain high levels of implementation fidelity throughout the pilot study, all intervention sessions will be video-recorded, and the Lead Clinician will provide continual monitoring and training for the interventionists. The Lead Clinician will meet with the interventionists for supervision meetings two hours each week. During supervision sessions, the Lead Clinician will provide specific feedback to

Table 5

*Feasibility and fidelity instruments*

| Measure                               | Instrument   | Group                            | Agent                                 | Time   |
|---------------------------------------|--|----------------------------------|---------------------------------------|--|
| Session quality and satisfaction      | LYFE II-Parent Rating of Session                   | Treatment group                  | Parents                               | Post-session   |
|                                       | LYFE II-Interventionist Rating of Group            | Treatment group                  | Interventionists                      | Post-session   |
|                                       | LYFE II-Interventionist Rating of Family           | Treatment group                  | Interventionists                      | Post-session   |
| Intervention quality and satisfaction | LYFE II-Parent Rating of Intervention              | Treatment group                  | Parents                               | Post-intervention  |
|                                       | LYFE II-Interventionist Rating of Family           | Treatment group                  | Interventionists                      | Post-intervention  |
| Dosage                                | LYFE II-Intervention Attendance & Ratings Tracking | Treatment group                  | Parents                               | Post-session   |
| Session structure and process         | Observation checklists                             | Treatment group                  | Lead Clinician and Program Developers | During session (video)                                       |
| Control group fidelity                | Interviews   | Treatment group<br>Control group | Parents and students                  | Baseline<br>Midway through intervention<br>Post-intervention |

Instruments may be adapted to fit implemented intervention

strengthen interventionists' skills, address needs for further support, discuss concerns the interventionists may have about implementing the intervention, and address any concerns regarding fidelity to the intervention's core components.

In addition to the support the interventionists will receive from the Lead Clinician, we will gain support from program developers to enhance fidelity of intervention delivery. The program developers will observe at least two intervention sessions for each intervention group and provide feedback and support to the interventionists through booster training sessions. Along with meeting with the interventionists, the developers will meet with the Co-Investigator and Lead Clinician regarding intervention implementation. These meetings will help build capacity for southern Oregon to continue the intervention after the project period.

For our purposes in monitoring implementation fidelity, we will measure dosage of the intervention, quality of intervention delivery, participant responsiveness to the intervention, and structure or process of the intervention session (Carroll et al., 2007; Century, Rudnick, & Freeman, 2010). The research team will use many of the measures described in the feasibility section to monitor fidelity. For example, in measuring intervention dosage, we will use attendance records. We will use the participant and interventionist satisfaction surveys to measure participant responsiveness. In the sections that follow, fidelity measures relating to the structure and process of the intervention are described, particularly measures of implementation quality and adherence to the intervention. Fidelity measures are listed in Table 5.

***Fidelity data collection.*** Implementation quality and adherence to the intervention will be measured through observations and checklists (Forgatch, Patterson,

& DeGarmo, 2006). When reviewing video-taped intervention sessions, the Lead Clinician will complete checklists (Appendix B), or measures provided by the intervention developers, that assess the extent to how well teaching and clinical techniques were used by the interventionists, the adherence to the session instructions, the adherence to the critical program components (e.g., skill introduction, role plays and interactional skill practice, home practice discussions), and the level of participant engagement in the session.

We anticipate a certain amount of flexibility in intervention implementation to meet the local needs of the participants. Implementation of evidence-based programs ultimately involves a blend of fidelity and adaptation (Durlak & DuPre, 2008), because successful implementation of interventions depends greatly on context (Harn, Parisi, & Stoolmiller, 2013). Adapting interventions to align with the local settings can have positive intervention outcomes and increase sustainability (Durlak, 2010; Durlak & DuPre, 2008; Ringwalt et al., 2003; Swain, Whitley, McHugo, & Drake, 2010).

The level of cultural adaptations made to the intervention will depend on the specific intervention selected. If the community selects an intervention that is not culturally-specific for Latino families, we may adapt both the intervention's surface structure and deep structure (Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000). Surface structure adaptations, or changes to the intervention's external features, include alterations to support observable characteristics of the target population's culture (Resnicow et al., 2000). For example, surface structure adaptations to our selected intervention may involve changing the language and stories of the intervention to match the culture of the local Latino families. The deep structure of an intervention involves

consideration of how the intended group perceives targeted behaviors in relation to family, religion, society, economics, and history (Resnicow et al., 2000) and involves incorporating the identified norms and values of the culture (Garza et al., 2009; Leidy et al., 2010b). Deep structure adaptations to our selected intervention may include changes to embed *colectivismo*, *familismo*, *respeto*, *personalismo*, and other values identified during our Phase 1 focus groups.

Because we anticipate the community will select an intervention that is culturally-specific for Latino families, we do not expect making large deep structure intervention adaptations. Instead we anticipate making more surface structure adaptations to meet the local needs of southern Oregon Latino families. Specifically, we may need to adapt some surface elements (e.g., stories or scenarios) to align with southern Oregon's principal industries because they vastly differ from principal industries in urban areas where many Latino-specific family-centered interventions have been developed. In addition, we may adapt some intervention elements to include supports specific to developing partnerships between Latino families and the elementary school.

We will monitor whether the intervention sessions are running true to the core components and will also monitor specific practices that we may need to adapt to fit the local context of southern Oregon. Any adaptations made to the program's surface or deep structure will be tracked as they occur during intervention sessions. In weekly supervision, the Lead Clinician and interventionists will discuss the necessity of the adaptations made during sessions. They will determine whether to add the adaptation to the current program and, if added, will monitor participant response to the adaptation. The Lead Clinician will also consult with the program developers regarding adaptations

to determine whether the adaptation impacts the core components of the intervention. By monitoring adaptations and consulting with the program developers, we hope to maintain and enhance the quality of the intervention program.

*Control group fidelity.* In addition to measuring fidelity of implementation within the intervention group, our team will also assess fidelity within the control condition. We will conduct three fidelity interviews (baseline, midway through intervention, and post-intervention) using a protocol created by the Lead Clinician and program developers to assess whether the information presented during intervention sessions with the treatment group is diffusing into the control group (Bellg et al., 2004). During interviews, we will inquire about techniques specific to the intervention and determine whether there is diffusion of information to the control group. Initial fidelity interviews will occur during baseline assessment to determine foundational knowledge and skill in the control and intervention groups. We anticipate that the knowledge of specific intervention techniques will increase with the intervention group but not in the control group. If we discover some diffusion from the intervention group to the control group, we will revisit the importance of adhering to the group expectations of keeping intervention information private and will report any diffusion in our results.

*Fidelity data analysis.* Fidelity will be monitored and reviewed throughout the pilot study. The Methodologist will conduct descriptive analyses and report to stakeholders following the intervention period. The analysis and discussion of results will provide the team and stakeholders with information about the quality of the intervention delivery and whether student and parent outcomes were the result of the intervention.

**Intervention outcome assessment procedures and measures.** Parent, teacher, and student participants will complete multiple measures at baseline prior to the intervention and again post-intervention. Assessments are expected to take between 20 and 60 minutes to complete. The project assessors will conduct assessments via phone or face-to-face meetings and record responses directly into computers. All data will be kept in a secure location on the school district's encrypted server.

Below is a list of measures we will use to collect data to examine our research questions. However, we also plan to incorporate existing measures from program developers if their measures align with our project's purpose and demonstrate high levels of psychometric reliability and validity in measuring our identified constructs. The measures below include archived school data, surveys, and rating scales to assess student and parent outcomes.

***Student academic performance.*** To address the first research question regarding intervention effects on school performance, the team will collect data on student attendance and academic achievement. Specifically, we will gather attendance data from PowerSchool (2014), the archived assessment and reporting system used by the elementary school. In assessing intervention impact on academic achievement, we will gather student reading and math data from the UO DIBELS Data System (Center on Teaching and Learning, 2015). Composite scores from the Dynamic Indicators of Basic Early Literacy Skills Next (DIBELS Next; Good & Kaminski, 2011) will measure reading performance and total raw scores from the easyCBM math assessment (Alonzo & Tindal, 2009) will measure math performance.

The DIBELS Next is an individually administered assessment measuring the acquisition of early literacy skills in elementary students. The technical adequacy of DIBELS Next measures has been studied nationally with samples representative of the Latino student population, and DIBELS Next composite scores show moderate to high predictive validity (ranging from  $r=.58$  to  $r=.78$ ) with a student's total reading ability on the nationally normed standardized Stanford Achievement Test—10<sup>th</sup> Edition (University of Oregon Center on Teaching and Learning, 2012). We will administer the recommended DIBELS Next subtests for each grade level. Grade level subtests that provide the composite score include: (a) first sound fluency, letter naming fluency, phoneme segmentation fluency, and nonsense word fluency for kindergarten; (b) letter naming fluency, nonsense word fluency, and oral reading fluency for first grade; (c) nonsense word fluency and oral reading fluency for second grade; and (d) oral reading fluency for third, fourth, and fifth grades (University of Oregon Center on Teaching and Learning, 2012).

The easyCBM math is a 48-item computer-based multiple-choice measure that assesses essential math skills predictive of later math performance in the areas of number and operations, geometry, measurement, and algebra. Efficacy trials involving the easyCBM math have included nationally representative samples from Oregon school districts and have demonstrated high levels of reliability with the total score (Chronbach's alpha from .80 to .86; Alonzo, Tindal, & Anderson, 2009). Predictive validity ranges between  $r=.47$  and  $r=.61$  when comparing students' easyCBM total scores and OAKS math scores (Nese et al., 2010).

In addition to gathering attendance and assessment data to measure intervention effects on student performance, students will complete the Morgan-Jinks Student Efficacy Scale (MJSES; Jinks & Morgan, 1999) to gather information about student efficacy beliefs related to school success (Appendix B). Student self-efficacy reports correlate positively with and provide an indicator of actual academic performance (Multon, Brown, & Lent, 1991; Pintrich & de Groot, 1990). The MJSES is a 34-item scale that yields a total score and three subscale scores for effort, talent, and context. Students respond to items on a Likert-scale ranging from *really agree* (1) to *really disagree* (4). In the development of the measure, Cronbach's alpha for the total score was .82 with Chronbach's alpha on subscale scores ranging from .66 to .78 (Jinks & Morgan, 1999). We will use the total score in our analysis.

***Student behavior.*** To address the second research question regarding intervention effects on student behavior, we will gather information on office discipline referrals (ODRs) from the school's assessment and reporting system. Additionally, parents and teachers will complete The Child Behavior Checklist for Ages 6-18 (CBCL; Achenbach, 2011). The CBCL is a component in the Achenbach System of Empirically Based Assessment that is used in both school and clinical settings to assess multiple dimensions of behavior in children and test the effects of interventions (Achenbach & Rescorla, 2001). The CBCL is completed by parents to rate the occurrence of child behavior in the home, and the Teacher Report Form (TRF) is completed by teachers to rate the occurrence of problem behavior at school (Achenbach & Rescorla, 2001). On both forms, the rater selects the option that most accurately reflects the child's behavior on a three-point frequency and intensity scale after reading a statement of an observable

behavior. For example, one item is “argues a lot.” The raters are to circle a number representing “not true, somewhat/sometimes true, or very true/often true” regarding the behavior they observe in the child. The CBCL and TRF both appear in Appendix B.

Items on the CBCL are scored and clustered around eight syndrome constructs: (a) anxious depressed, (b) withdrawn depressed, (c) rule breaking behavior, (d) somatic complaints, (e) aggressive behavior, (f) social problems, (g) thought problems, and (h) attention problems. The CBCL provides scores in each syndrome construct area, as well as an overall internalizing score, externalizing score, and total problems scale score. We will use the internalizing, externalizing, and total problem scales scores in analysis. Cronbach’s alpha on problem scales range from .90 to .97 (Achenbach & Rescorla, 2001).

***Parenting practices.*** Parent participants will complete portions of the Parent Questionnaire from the LYFE-II project to answer the third research question regarding possible intervention effects on parenting practices (Appendix B). The parenting measures from the LYFE-II project are culturally-specific measures commonly used in studies with Latino parents by the University of Oregon, OSLC, and CEQP (DeGarmo & Martinez, 2006; Martinez & Eddy, 2005). The parenting survey includes a majority of Likert-type items with some forced-choice items. Scales from the survey will measure: (a) parental monitoring, derived from 13 items assessing parent supervision and awareness of the child’s activities; (b) appropriate discipline, derived from 10 items assessing parent response to the child’s misbehavior; (c) skill encouragement, derived from eight items assessing parents’ positive responses to the child’s appropriate behavior; (d) academic encouragement, derived from 16 items assessing parent engagement in

specific activities to help the child complete homework; and (e) general parenting, derived from nine items assessing parent-child communication and problem solving. Cronbach's alpha on these scales range from .72 to .91 (Martinez, 2006; Martinez et al., 2009).

***Parent-child relationship.*** To measure the effect of the intervention on the parent-child relationship and address the fourth research question, students will complete a survey derived from the Parenting and Community Involvement Questionnaire—Youth from the LYFE-II project (Appendix B). The survey includes Likert-type items to assess: (a) family strife/communication problems, derived from seven items assessing parent-child communication, (b) homework support, derived from seven items assessing parental involvement in the child's homework, (c) parental involvement, derived from six items assessing parent-child engagement in positive activities, and (d) general family satisfaction, derived from six items assessing feelings about the family relationship. Chronbach's alpha on these scales range from .64 to .91 (Martinez, 2006; Martinez et al., 2009).

**Validity and psychometric limitations.** Because we will collect data from multiple agents (i.e., mother, father, teacher) in measuring the same variable, we will compare agent responses and determine whether to use data from one or multiple agents when conducting analyses. If, for example, caregivers' (mother/father) responses on the parent surveys show moderate to high positive correlation ( $r=.30$  or higher), we will conduct analyses with both agent ratings. However, if caregivers' responses on the parent surveys are minimally or negatively correlated ( $r=.29$  or less), the team will analyze the score from the parent who identifies as having the most direct interactions with the child.

Teacher and parent raters may also report differently on students' behavior on the CBCL because children behave differently in various settings and raters may have varying levels of acceptance for certain behaviors (Achenbach & Rescorla, 2001). The CBCL computer program generates a correlation score between raters. If a low correlation exists between parent and teacher raters ( $r=.20$  or less), the team will analyze the parent CBCL because of the intervention's focus on family.

To minimize participant burden, only the portions of the originally developed LYFE-II measures that align with our dependent constructs will be used during the pilot study. Chronbach's alpha were above .64 for all scales we will use within the LYFE-II measures. The measures' developers anticipate we will have similar Chronbach's alpha to those when using the entire measure because we will use all reliable items within a scale. Still, we will compute and report internal consistency reliability as part of our analysis.

The high population of families with low SES (measured by free/reduced lunch) in the pilot school may impact our assessment of outcomes. Although contextual, students from lower SES backgrounds tend to demonstrate lower levels of performance on standardized academic achievement measures (Sirin, 2005). We anticipate that the family-centered intervention will have a positive effect on student academic performance; however, families' low SES may minimize the observable impact.

All measures we will use in this study were originally developed in English. Simply translating measures without considering cultural adaptations does not provide valid measures (Berkanovic, 1980). The LYFE-II measures were originally developed in English, translated to Spanish, and then translated back to English (Martinez et al., 2009)

to ensure that the translations produced comparable measures that maintain the original construct (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 2014). This method has been shown to improve the quality of measures and validity of results (Guillemin, Bombardier, & Beaton, 1993) and is recommended in the most recent edition of the *Standards for Educational and Psychological Testing* as a guideline for minimizing construct irrelevant variance and ensuring fairness in testing (AERA, APA, & NCME, 2014). Another strength of the LYFE-II measures is that they have been used in randomized control trials with Oregon Latino populations (DeGarmo, Patterson, & Forgatch, 2004; Martinez & Eddy, 2005). The CBCL was originally developed in English but was also normed in Spanish with Spanish-speaking populations (Achenbach & Rescorla, 2001). The MJSES was developed in English and normed with populations that included Latino students (Jinks & Morgan, 1999). The students will complete the MJSES in English.

**Data analysis and power.** Our analysis of the initial implementation will examine the effect of the intervention on parents and students. We will use a conservative intent-to-treat approach by including all participants with complete data in the analyses regardless of their level of participation in the intervention (Lachin, 2000). We hypothesize that the intervention will lead to improvements in student academic performance, student behavior, parenting practices, and parent-child relationship. For continuous dependent variables, each hypothesis will be evaluated using a two-way ANOVA with one repeated measure (Table 6). For tests involving non-continuous or highly censored dependent variables, we will evaluate the hypothesis using a non-

Table 6

*Research design and measures for Phase 2*

| Month/Year                   | Intervention Group  | Control Group   |
|------------------------------|---|---|
|                              | Baseline Assessments  | Baseline Assessments  |
|                              | <ul style="list-style-type: none"> <li>• School attendance</li> <li>• DIBELS Next &amp; easyCBM</li> <li>• MJSES</li> <li>• Office Discipline Referrals</li> <li>• CBCL &amp; TRF</li> <li>• LYFE II-Parent Questionnaire*</li> <li>• LYFE II-Parenting &amp; Community Involvement Questionnaire*</li> </ul> | <ul style="list-style-type: none"> <li>• School attendance</li> <li>• DIBELS Next &amp; easyCBM</li> <li>• MJSES</li> <li>• Office Discipline Referrals</li> <li>• CBCL &amp; TRF</li> <li>• LYFE II-Parent Questionnaire*</li> <li>• LYFE II-Parenting &amp; Community Involvement Questionnaire*</li> </ul> |
| October 2016 – November 2016 |   |   |
| December 2016 – May 2017     | Intervention  | "Business as usual"   |
|                              | Post-Intervention Assessments   | Post-Intervention Assessments   |
|                              | <ul style="list-style-type: none"> <li>• School attendance</li> <li>• DIBELS Next &amp; easyCBM</li> <li>• MJSES</li> <li>• Office Discipline Referrals</li> <li>• CBCL &amp; TRF</li> <li>• LYFE II-Parent Questionnaire*</li> <li>• LYFE II-Parenting &amp; Community Involvement Questionnaire*</li> </ul> | <ul style="list-style-type: none"> <li>• School attendance</li> <li>• DIBELS Next &amp; easyCBM</li> <li>• MJSES</li> <li>• Office Discipline Referrals</li> <li>• CBCL &amp; TRF</li> <li>• LYFE II-Parent Questionnaire*</li> <li>• LYFE II-Parenting &amp; Community Involvement Questionnaire*</li> </ul> |
| May 2017 – June 2017         |   |   |

\*LYFE II instruments may be adapted to fit implemented intervention

parametric statistical approach (e.g., chi-square). In addition, we hypothesize that the intervention's impact on students will be partially mediated by changes in parenting outcomes that occur as a result of participating in the intervention. To test this final hypothesis, we will use a mediation model (Baron & Kenny, 1986) which involves a series of regression analyses.

After running initial analyses to test hypotheses aligned with our research questions, we will explore a set of covariates across all measures to determine if significant differences exist among student gender, student age, family nativity, or across intervention groups. We do not anticipate finding differences when analyzing covariates, but the Methodologist will explore these to determine if we should address them further in the future efficacy study.

We will consult with the experts previously identified in the Phase 1 section to set benchmarks for determining whether our results warrant a larger efficacy study. The CEQP has conducted efficacy trials implementing culturally-specific family-centered interventions with Latino families in central Oregon (Martinez & Eddy, 2005) and will provide data from a stratified sample with characteristics similar to our sample. If we observe intervention satisfaction ratings similar to the studies conducted by CEQP and detect similar effects on parent and student outcomes, a future efficacy trial with our selected intervention will be warranted. The data from the CEQP may also provide a set of data for comparison with our intervention group if we find significant treatment diffusion between our intervention and control groups.

***Missing data.*** The research team will employ multiple attempts to collect data from all participants with calls and follow-up contacts. Upon data compilation, the

Methodologist will examine the data to verify normal distribution, explore any obvious irregularities, and determine whether a pattern appears with missing data. The Methodologist will then explore strategies such as maximum likelihood analysis and multiple imputation to address any problems of missing data (Roth, 1994). The team will determine the most appropriate technique before reporting final results.

*Data analysis.* All analyses will be performed using SPSS (IBM SPSS Statistics, Version 21.0). For continuous dependent variables, we will conduct a two-way ANOVA to test each hypothesis and examine the Group (intervention vs. control)  $\times$  Time (baseline vs. post-intervention) interaction effects. For dependent variables that are non-continuous or highly censored, we will evaluate the hypothesis using a nonparametric statistical approach (e.g., chi-square).

We will complete statistical analyses for each dependent variable under the four constructs and report separately on the interaction effects for each variable (Table 7). Our purpose is to explore the impact under these four broad areas—student academics, student behavior, parenting practices, and parent-child relationship—measured separately through the dependent variables.

Running multiple statistical tests will increase the likelihood for a Type I error (Parker, 1990). We will test each hypothesis at an alpha level of .05, but each individual analysis increases probability pyramiding (Barber, 1976), producing greater than a 5% probability that at least one test will have an error. Specifically, we are conducting four independent hypothesis tests under the student academics construct, leading to 19%

Table 7

*Dependent variable measures*

| Construct          | Student Academics  | Student Behavior  | Parenting Practices   | Parent-Child Relationship   |
|--------------------|--|---|---|---|
| Dependent Measures | Attendance<br>DIBELS Next reading scores<br>easyCBM math scores<br>MJSES | ODRs<br>Externalizing problems<br>Internalizing problems<br>Total problem scale | Parental monitoring<br>Appropriate discipline<br>Skill encouragement<br>Academic encouragement<br>General parenting | Family strife/communication problems<br>Homework support<br>Parental involvement<br>General family satisfaction |

$(1-(.95)^4)$  probability for Type I error within the student academic construct. We also have a 19% probability for Type I error within the student behavior construct and the parent-child relationship construct. Because we are running five hypothesis tests within the parenting practices construct, our Type I error probability is 23%  $(1-(.95)^5)$ .

Therefore, our overall probability that one of the ANOVAs will produce a Type I error is 58%  $(1-(.95)^{17})$ .

After determining the direct effect of the intervention on parent and student outcomes, we will use a mediation model to determine whether changes in parenting practices or the parent-child relationship mediate the effect of the intervention on student academics or behavior (Figure 4). In line with Baron and Kenny's (1986) model for statistical mediation, we will first assess the intervention (independent variable) effects on student outcomes (dependent variable). This first regression is illustrated as Path C in Figure 4. Second, we will regress the student outcome variable on the parent outcome

variable (mediator), as demonstrated by Path B. Third, we will regress the parent outcome variable on the intervention (Path A). Finally, we will regress the student outcome variable on the intervention while controlling for the parent outcome variable. To establish a mediation effect, the intervention must directly affect the parent outcomes (mediator) and indirectly affect student outcomes through its effect on the parent outcomes. In other words, we must establish that the effect of the intervention on the student outcome variable (Path C) is obviated in the presence of the parent outcome variable (mediator).

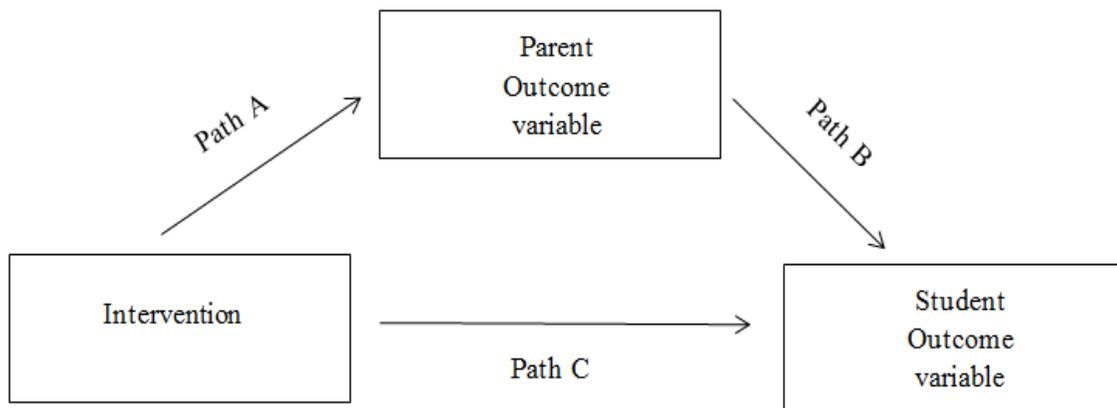


Figure 4. Model for testing mediated effects of parenting outcomes on student outcomes

As final analyses, we will employ ANCOVAs to explore differences when controlling for student gender, student age, family nativity, and intervention group. Because of the small sample in the pilot trial, we do not anticipate finding differential effects of the intervention on these different subgroups. If there is an effect when controlling for the covariates, we will explore these areas further in an efficacy trial.

**Power.** A power convention of .80, an alpha level of .05, and an ANOVA framework were chosen to assess power (Cohen, 1988). We used G\*POWER 3.1.9.2

(Faul, 1992-2014) to determine possible effect size with our anticipated sample. With a sample of 50 families (55 with 10% attrition), the pilot study is powered .80 to minimally detect an intervention effect of  $d=.70$  or larger. Additionally, we used G\*POWER 3.1.9.2 (Faul, 1992-2014) to determine the sample size needed to obtain the desired effect size. For this pilot study to be powered at .80 to minimally detect a medium effect ( $d=.50$ ), we would need a sample size of 98 and to minimally detect a small effect ( $d=.20$ ), we would need a sample size of 592.

Similar family-centered intervention studies have found small to medium Cohen's  $d$  effect sizes ranging from .10 to .60 in relation to intervention impact on student behavior, student academics, parenting practices, and parent-child relationship (DeGarmo et al., 2004; Martinez & Eddy, 2005). In general, medium effect sizes have been found with more proximal family-centered intervention outcomes (parenting practices), and smaller effect sizes have been found with more distal family-centered intervention outcomes (student academics and behavior). Given our sample size, it will be difficult to detect statistically significant effect sizes similar to the aforementioned studies.

Even if we are unable to detect statistically significant differences, the pilot study will provide valuable information. Specifically, the pilot study will provide information regarding intervention satisfaction and feasibility to justify a need for an efficacy study, as well as, prepare us for conducting an efficacy study. Detecting effect sizes, but more importantly, determining intervention feasibility and satisfaction will provide sufficient cause for conducting an efficacy study (Kraemer, Mintz, Noda, Tinklenberg, & Yesavage, 2006). Pilot trials are also beneficial in preparing for larger efficacy studies. In particular, they indicate recruitment and participation levels, allow researchers to

establish appropriate measures and data collection procedures, and prepare researchers for possible study problems (Bowen et al., 2009). Therefore, even if we are unable to detect statistically significant intervention effects, we will be able to determine the feasibility and satisfaction of the intervention implementation in southern Oregon and prepare for a future efficacy study.

### **Phase 3**

During Phase 3, the research team will disseminate project results—both locally and nationally—and explore options for funding intervention efficacy studies. This initial dissemination will be critical to starting related research activities in the southern Oregon education community and supporting the needs of our growing Latino population (Cleary, Walter, & Luscombe, 2007). We hope the dissemination of the results will inform funders and guide future research involving the range of the Phase 1 techniques and involving the efficacy of the selected intervention’s impact on suburban Oregon Latino populations.

**Local dissemination of project results.** To share our findings locally, we will host public meetings and distribute results to the following identified community stakeholders: (a) southern Oregon educators and school administrative teams, (b) the regional education service district, (c) southern Oregon Latino community members, and (d) social service agencies who focus on supporting Latino families. Published results will be written in community-friendly language (both Spanish and English) for our local audiences. During public meetings, we will share findings through PowerPoint presentations, handouts, and discussions.

Goals of local dissemination include challenging educator misconceptions and informing local practice. Most educators feel that family-school partnerships are important; however, they also hold misconceptions that hinder the development of these partnerships and create barriers for Latino student achievement (Lee & Bowen, 2006). A common misconception among teachers and school staff is that poor families, families with limited education, families of color, families whose first language is not English, and recent immigrants are hard to reach and indifferent about their child's education (Diamond & Gomez, 2004; Mapp & Hong, 2010). Disseminating results from this project will help provide ongoing education and support to the community and school personnel about these misconceptions and the importance of building the family-school relationship.

Additionally, we hope the dissemination of our results will inform local practice in working with Latino students and families. School-based and community-based interventions often function as child-centered and disregard the involvement of the family (Stormshak et al., 2010). Our results have the potential to inform schools and community organizations of the importance of involving the family—the most influential factor in a child's life—in interventions to support student academic and behavioral growth and development. Furthermore, many interventions neglect incorporating the unique characteristics, needs, and values of the local Latino families and communities, limiting their impact with Latino populations (Leidy et al., 2010a). Sharing the techniques we employed during Phase 1 will educate community leaders on the value of including and how to include local participants in the development of interventions.

**National dissemination of project results.** Regarding national dissemination, our findings will be shared through conference presentations and peer-reviewed journal articles. Regionally, our team will submit proposals to present findings at conferences hosted by the Confederation of Oregon School Administrators (COSA). In addition, we will submit proposals to present nationally at an American Educational Research Association (AERA) conference. The team also plans to publish articles in peer-reviewed education research journals to provide dissemination to a broader audience of scholars.

Our hopes for national dissemination include furthering the educational field of research in developing and implementing culturally-appropriate interventions with Latino populations in suburban areas. Disseminating our results within the academic community provides opportunities for other researchers to replicate our Phase 1 techniques in identifying locally and culturally-appropriate interventions. Likewise, our dissemination will allow education researchers to expand on our work by determining the efficacy of our chosen intervention with suburban Latino populations.

**Measurement and analysis.** Following dissemination, we will assess the effectiveness of our local outreach presentations. We choose to focus our efforts on assessing the informal dissemination of results to the local stakeholders, rather than national dissemination, because of the community-based intention of our project. The goal is to determine our effectiveness in reaching the educators, agencies, and community members and informing local practice. The assessment of our dissemination will also identify problem areas and inform funders of areas for further research (Richardson, Jackson, & Sykes, 1990).

We will evaluate dissemination to educator and agency stakeholders through an online survey and will evaluate dissemination to community member stakeholders through mail and phone surveys. During our public meetings, we will gather information about our audience, in particular, their role in the community and their interest in the project. After initial public meetings, we will survey the audience and other identified educators and service agencies to assess our dissemination of results. Surveys will include open-ended and Likert-type items. The items will assess the extent that stakeholders received, understood, and utilized the results from our study (Appendix C).

We will use descriptive statistics to report the survey results. The results will indicate whether our dissemination extended to and impacted target stakeholders. If the results indicate poor dissemination, we will hold further meetings or modify our techniques to address the concerns. If the results indicate successful dissemination, we will follow up with key stakeholders to support their utilization of our project results.

**Exploration of further funding.** In addition to disseminating results during Phase 3, we will also explore funding for further research. Our project will indicate the appropriateness and feasibility of implementation in the local area; however, the data will not provide a strong indication of the intervention's overall effectiveness with Latino families. Therefore, we will explore grants and funding options for efficacy research. The efficacy project will determine whether this fully developed intervention produces beneficial impact on student behavioral and academic outcomes when implemented with Latino populations in suburban education delivery settings. Efficacy research is important in promoting systemic change and gaining an understanding of the malleable factors that can be impacted through intervention (Ferrer-Wreder, Adamson, et al., 2012).

## Budget Summary

The overall three-year budget for this project is \$2,007,903 (Table 8). The largest expense category involves personnel costs. Our project personnel includes the core research team, project management staff, interventionists, assessors, and data assistants. In addition to expenses for personnel salaries and benefits, travel for personnel constitutes a large portion of the budget. In collaboration with the southern Oregon team, the University of Oregon will provide research personnel (i.e., Principal Investigator and Methodologist). These researchers will need to travel to the study site often throughout the project.

Table 8

*Budget estimate*

| Budget Categories               | Year 1           | Year 2           | Year 3           | Total              |
|---------------------------------|------------------|------------------|------------------|--------------------|
| Personnel                       | \$446,790        | \$610,651        | \$359,368        | \$1,416,809        |
| Travel                          | \$19,737         | \$12,717         | \$27,404         | \$59,858           |
| Participant/Trainee Support     | \$4,002          | \$21,894         | none requested   | \$25,896           |
| Materials/Supplies              | \$63,530         | \$1,900          | \$700            | \$66,130           |
| Consultation                    | \$5,850          | \$2,250          | none requested   | \$8,100            |
| Computer Services               | \$1,000          | \$1,020          | \$1,041          | \$3,061            |
| Photocopy/postage/<br>Telephone | \$5,880          | \$5,880          | \$1,960          | \$13,720           |
| Indirect Costs                  | \$142,165        | \$170,641        | \$101,523        | \$414,329          |
| <b>Total Project Cost</b>       | <b>\$688,954</b> | <b>\$826,953</b> | <b>\$491,996</b> | <b>\$2,007,903</b> |

Other project expenses include participant costs; materials and supplies; consultant services; computer services; and photocopies, postage, and telephone costs. An indirect facility and administrative cost is also applied to the overall budget. The budget provides the necessary monetary support for successfully accomplishing our project tasks. Specific budget categories and expenses are outlined in Appendix D.

### **Project Sustainability**

The rapidly growing Latino population in southern Oregon requires the support of multiple community stakeholders and organizations. Our project will build these supports by connecting the school and community. After grant funding has ended, the southern Oregon district and community will have the opportunity to maintain the relationships and social support networks established through this project. The target district demonstrates a mission of excellence for everyone with a focus on closing the achievement gap. They have committed to implementing this project and continuing the work through educator professional development and community outreach projects. The local community health organization has committed to providing the project with interventionists experienced in working with Latino families. Beyond our project, the health organization will use the interventionists to provide agency training and continue their work supporting the overall health of Latino families. This ongoing work within the community will support sustainability by building school and community capacity to increase student achievement, strengthen family relationships, and ultimately close the academic achievement gap between White and Latino students in southern Oregon.

## CHAPTER III

### EXPECTED RESULTS AND DISCUSSION

The U.S. education system caters to the majority White demographic. Within the current system, barriers prohibit equal access for Latino students, depriving them of their fundamental right to education and creating an academic achievement gap between White and Latino students. Between 2000-2010, the Latino population in Oregon increased by 64%, more than five times the increase in the non-Latino population (Oregon Office of Economic Analysis, 2011). The U.S. Census Bureau (2012) forecasts similar steady rates of growth. Without effective intervention, the persistent academic achievement gap between White and Latino students will continue to inhibit the growth of Latino students, the Latino community, and the U.S. population in general.

Our project seeks to disrupt this disparate unbalanced system by increasing Latino student achievement thereby decreasing the pervasive academic achievement gap between White and Latino students. Specifically, our project aims to:

1. Collaborate with community stakeholders to identify and select a locally-appropriate, evidence-based family-centered intervention for use with the Latino population in a southern Oregon educational context.
2. Pilot the intervention to determine feasibility and initial program effects on student and parent outcomes while demonstrating careful attention to fidelity of intervention implementation.
3. Disseminate project results and explore of options for funding intervention efficacy research.

## **Expected Results**

**Phase 1.** Phase 1 will result in the selection of an evidence-based, culturally-specified intervention for use within the suburban southern Oregon community. Translating research into practice presents challenges associated with the large shift from effectiveness in controlled research settings to effective practice in local communities (Wandersman et al., 2008). By employing the procedures outlined in Phase 1 to select a family-centered intervention, we will address some of these challenges. Specifically, the Phase 1 procedure will provide an opportunity for our researchers to directly work with the community in translating the intervention research to practice. The end will result in identifying a family-centered intervention and building community capacity for implementing and sustaining the selected intervention for Phase 2, and expectantly, beyond.

As part of the first step in Phase 1, the focus groups will provide our team with detailed themes and information from community and educator stakeholders. Similar to other studies, specific themes may include the following: a strong desire to close the achievement gap and strengthen school-family partnerships (Mapp & Hong, 2010), a strong desire to develop culturally-appropriate interventions (Parra-Cardona et al., 2009), and a strong desire for Latino parents to be involved in their child's education (Chrispeels & Rivero, 2001). In addition, themes will provide the identification of specific values important to the local Latino families (e.g., *colectivismo*, *familismo*, *respeto*, *personalismo*; Leidy et al., 2010b), identification of existent barriers to Latino family-school partnerships (e.g., language barriers, confusion of educational system expectations, cultural differences; Smith, Stern, & Shatrova, 2008), and identification of

supports needed to help close the achievement gap (e.g., stronger school-family partnerships and increased resources; Smith et al., 2008). Collecting data and establishing themes involving the community characteristics, needs, and values will lead our team in identifying and developing a comprehensive intervention for implementation during Phase 2.

The second step involves a review of existing family-centered interventions that demonstrate efficacy. Although not well-researched with rural and suburban communities, several family-centered interventions currently exist and show promise (Cervantes et al., 2011; Gonzales et al., 2012; Martinez & Eddy, 2005; Pantin et al., 2003; Stormshak et al., 2010). Our team will assess the interventions and corresponding research by considering the CEC task force quality indicators, as well as evidence of culturally-specified approaches and studies with Latino families. By the end of the review, we expect generating a list of several interventions with varying degrees of research quality and cultural-specificity.

The third step will result in expanding our knowledge as we review research and consider implementation of family-centered interventions. Specifically, we expect our consultation with experts will provide knowledge that will help us identify culturally-appropriate interventions, translate research to practice, engage community members and Oregon Latino families in the selection and implementation of interventions, implement interventions in schools, and assess intervention efficacy. Because of their extensive experiences, the identified experts will help us strengthen our list of interventions and solidify the information we will present to the panel of stakeholders in Step 4.

The final step of Phase 1, shared decision-making by our stakeholder panel, will provide us with a decision about which intervention to implement during Phase 2. We will consider all the information gleaned during the first three steps allowing our stakeholders to make an informed evidence-based decision for a high-quality intervention. The result of gathering multi-source data and using collective decision-making will be the selection of a culturally-appropriate intervention that meets the local needs, as well as increases the likelihood of intervention effectiveness and sustainability (Levy et al., 2004; Wallerstein & Duran, 2010).

**Phase 2.** We expect the results of Phase 2 will indicate that the intervention participants are satisfied with the selected program. In addition, we expect results will demonstrate initial positive outcomes for both parents and students.

**Feasibility.** Feasibility results will consist of descriptive data from the treatment group, including session attendance and family and interventionist satisfaction with the intervention. Because of the systematic selection of the intervention we will use during Phase 1, we anticipate observing high levels of reported feasibility and satisfaction. Specifically, we expect greater than 60% of the families who start the intervention will attend all sessions (including scheduled make-up sessions) and complete the intervention (Cervantes et al., 2011; Martinez & Eddy, 2005; Pantin et al., 2003). In line with participant satisfaction, we presume results will indicate that both mothers and fathers were pleased with the intervention and engaged in the presented exercises and techniques (Martinez & Eddy, 2005). Likewise, ratings from the interventionists will demonstrate that the families were engaged during sessions and demonstrated growth in the presented

techniques. Finally, we expect the interventionists will report they were satisfied overall with the intervention.

***Fidelity.*** In addition to reporting data from feasibility measures as an indication of fidelity, we will also report fidelity using descriptive data from intervention session checklists and interviews with each group. More specifically, fidelity results will include descriptive data regarding adherence to the intervention's core components, interventionist skill during sessions, and whether there was any evidence of treatment diffusion to the control group. We anticipate some deviations from the intervention manuals that will be tracked and discussed during supervision meetings (Kendall & Beidas, 2007). Because of the training with the interventionists and weekly supervision meetings, we expect that fidelity measured through interventionists' teaching skills and clinical skills will remain high throughout the intervention period (Forgatch et al., 2006; Pantin et al., 2003). In assessing diffusion from intervention to control group, we expect minor diffusion because of the tightknit Latino community (Parker, 1990).

***Intervention outcomes.*** Overall, we expect results will indicate that families participating in the intervention made greater improvements compared to our control group in all construct areas: student academic performance, student behavior, parenting practices, and parent-child relationship. Additionally, we expect that the intervention effects on parenting practices and the parent-child relationship will mediate the effects on student academics and behavior. Because of random assignment, we do not expect to detect differences between intervention and control group at baseline (Babbie, 2010).

***Student academic performance.*** Academic performance outcome variables—attendance, DIBELS Next reading, easyCBM math, and MJSES—will show varying

levels of post-intervention effects. Specifically, we expect to observe the smallest Group  $\times$  Time effect sizes with student school attendance (Gonzales et al., 2012; Pantin et al., 2003). We anticipate the analysis of effects on student performance measured by the DIBELS Next and easyCBM measures will indicate small to medium gains for both groups at post-intervention with slightly higher gains for the intervention group (Cervantes et al., 2011; Gonzales et al., 2012). Of all academic performance dependent variable measures, we expect the largest main effect between intervention and control group on the MJSES measure (Pantin et al., 2003).

*Student behavior.* We also anticipate results will show varying levels of effects regarding student behavior outcome variables—ODRs, externalizing problems, and internalizing problems (Pantin et al., 2003). When compared to the control group, we expect the intervention group will experience fewer ODRs at post-intervention (Gonzales et al., 2012). On the CBCL and TRF measures, we expect analyses will detect some significant Group  $\times$  Time effects and also expect inconsistencies among agents (mother, father, teacher). In addition, we anticipate observing greater differences on the externalizing scale compared to the internalizing scale (Cervantes et al., 2011; Gonzales et al., 2012; Martinez & Eddy, 2005).

*Parenting practices.* Because parenting practices are more proximal to the intervention's purpose, we expect the largest effects on these outcome variables (Gonzales et al., 2012; Martinez & Eddy, 2005; Pantin et al., 2003). The outcomes for each specific variable—parental monitoring, appropriate discipline, skill encouragement, academic encouragement, and general parenting—may also be dependent on the selected intervention. If the core components of the intervention align more closely with one of

the variables, we will expect to detect larger effects for that particular variable. Although minimal, we anticipate variability between mother and father ratings (Gonzales et al., 2012; Martinez & Eddy, 2005).

*Parent-child relationship.* We also anticipate larger effect sizes within parent-child relationship variables because of the proximity to the intervention's purpose. We expect analyses to reveal varying levels of differences in Group  $\times$  Time interaction effects with relation to each dependent variable. Specifically, we anticipate a decrease in family strife/communication problems between baseline and post-intervention while we anticipate an increase in homework support, parental involvement, and general family satisfaction (Cervantes et al., 2011; Gonzales et al., 2012; Martinez & Eddy, 2005).

*Mediated outcomes.* As stated above, we expect to detect effects within the parenting practices and student outcome constructs. Because an increase in parenting practices and parent-child relationship will strengthen protective factors for students (Jessor et al., 1995), we anticipate parenting practices and the parent-child relationship will show partially-mediated effects on student academic performance and student behavior problems (Gonzales et al., 2012; Pantin et al., 2003).

**Phase 3.** The primary results of Phase 3, which are discussed below, will include an informed local community and a proposal submission for a future efficacy project. Additionally, we expect national dissemination through conferences and journals will progress the field of education research regarding the use of family-centered interventions with suburban Latino populations.

*Dissemination of project results.* Descriptive results will indicate the success of our local dissemination. We expect dissemination survey data will demonstrate a

deepened local understanding of Latino barriers within the current education system and the importance of strengthening ecological protective factors, such as the student-parent-school relationship. Because our method includes an intersection of researchers and community stakeholders, we also expect survey results will indicate local agencies are using lessons learned from our project (Richardson et al., 1990). Specifically, we expect results to show we are informing the practice of service agencies to provide social support networks that reach across ecological systems for Latino families.

*Exploration for further funding.* Another result of Phase 3 will include preparation and submission of a second grant proposal. We will explore submitting a proposal to the Institute for Education Sciences under Goal 3: Efficacy and Replication. Additionally, we will explore submitting a proposal to the National Institutes of Health through a Behavioral and Social Science Research Grant. Our team will apply for the most appropriate grant and funder. The submission will include the results from this preliminary project and propose further research using the selected family-centered intervention with the suburban southern Oregon schools and community.

### **Possible Complications, Challenges, and Unexpected Results**

We are optimistic about the success of this project but realize that complications, challenges, and unexpected results may arise. Following is a brief, not exhaustive, overview of some complications, challenges, and unexpected results that may occur during project implementation.

**Phase 1.** Within Phase 1, areas that may cause complications include participant recruitment, focus groups, research review, and intervention selection.

**Recruitment.** Recruiting families experiencing high levels of stress and low levels of social support—like Latino immigrants acculturating to life in southern Oregon—may present a challenge for our project (Hogue et al., 1999). If we are unable to recruit enough participants for the focus groups through snowball sampling within the school community, we will expand our recruitment efforts. For example, we will post information in well-trafficked community settings, such as churches, markets, and health care centers, advertising an opportunity to participate in a study. If we are unable to recruit the anticipated 55 families for the pilot study, we will still implement the intervention and conduct the pilot study. The amount of participants we are able to recruit may impact the number of intervention groups and our ability to make strong conclusions about results.

**Focus groups.** After conducting focus groups, we may realize that we lack enough information to identify themes revealing the community characteristics, needs, and values. Therefore, we may need to reconvene focus groups and ask further questions, or we may need to recruit more participants from the community and school to provide further information. Another challenge may occur if the themes generated through focus group data analysis do not align with themes identified in previous research. If this is the case, we will investigate why the difference between our data and the literature exists by asking participants questions specific to the differences.

**Research review.** As we review the best available research evidence on family-centered interventions, we may develop questions regarding which programs will most effectively target southern Oregon Latino families. If our team needs more support in reviewing the research and has questions specific to the intervention programs, we will

obtain guidance from the identified experts, researchers, and program developers. Their support should help direct our team in understanding the family-centered intervention research and programs so we can make the most appropriate selection.

***Intervention selection.*** Our panel of experts may not reach consensus on selecting an intervention. We will prioritize interventions that include direct and ongoing support from the program developers and include culturally-specific components. In addition, and as stated earlier, we will treat any points of contention as research questions and conduct further focus groups. However, if the panel is still unable to reach consensus, the research team will make the ultimate decision for intervention selection.

**Phase 2.** Possible complications with intervention delivery and outcome measures during Phase 2 may provide project challenges.

***Intervention delivery.*** Several possible complications may occur during intervention implementation. First, we may experience low levels of fidelity with intervention delivery. If observations and checklists reveal low fidelity of implementation, we will provide further training for interventionists and will seek support from the program developers. Poor participant attendance at intervention sessions could create a second complication. If there is poor session attendance, we will inquire as to why participants are not attending the intervention and will increase our efforts in providing reminders prior to each session. We may also need to alter the time or location of the intervention sessions in order to increase attendance. Another problem may arise if participants indicate low satisfaction with the intervention. If participants indicate low satisfaction, we will investigate the reasons and will return to the community to gather more information about specific qualities important for the intervention.

**Assessments.** Another possible complication during Phase 2 could involve our outcome measures. For example, we may experience low reliability with some measures. Additionally, participants may have difficulty understanding the content of the measures. If we discover problems with our outcome measures, we will explore other assessment methods and will consult the program developers and expert groups regarding appropriate measures of family-centered intervention efficacy.

**Phase 3.** During Phase 3, we may discover unexpected results and may experience challenges with our results dissemination.

**Pilot results.** We anticipate finding positive outcomes for parents and students after intervention implementation; however, if the findings do not show strong evidence of an intervention effect, we will still gain understanding from our process. Weak evidence of an intervention impact on students may indicate a need for a longer intervention period or follow-up assessments. Minimal intervention effects may also indicate a need for further intervention adaptation and replication trials. If we observe equally beneficial outcomes at post-intervention for our control group, self-selection bias or diffusion of treatment may have occurred. Our analyses could even show worsening outcomes for students and parents within both control and intervention groups. If analyses show any of these unexpected results, our team will report the results and will further investigate in future studies.

**Results dissemination.** We expect the local southern Oregon community will embrace our project results and utilize the results to inform practice but may discover otherwise after evaluating the success of our results dissemination. For example, we may discover that the community failed to understand our project results and are not utilizing

the information to reform practice. Therefore, we may need to revise our presentations and community outreach plan. By ensuring the community receives and understands our results, we will increase the sustainability of the intervention and the benefits for the Latino community.

### **Implications**

If successful, our project entails significant implications for both the local southern Oregon community, and more broadly, the U.S. educational system and field of intervention research. On a local level, our project stands to increase Latino student achievement and close the persistent achievement gap between White and Latino students in southern Oregon. On a larger-scale, our project will provide educators with a model for translating evidence-based research to practice and will influence educational reform by highlighting the necessity of implementing culturally-targeted interventions with Latino students and families. In addition, our project will add to the small existing field of research involving the implementation of family-centered interventions with Latino families in rural and suburban areas.

As implemented by this project, effective interventions that strengthen protective factors across ecological systems provide certainty for increasing Latino student achievement and ultimately closing the achievement gap. Our project incorporates multiple ecological systems revolving around the child. At the *microsystem* level, the family-centered intervention will strengthen the most powerful protective factors—the family-student and teacher-student relationship (Bronfenbrenner, 1986). At the *mesosystem* level, the project's intervention will build family-school partnerships. Phase 1 of the project will impact the student's *exosystem*, *macrosystem*, and *chronosystem* by

addressing community characteristics and needs, the Latino cultural values and attitudes, and the acculturation changes that occur over time. The multitude of protective factors built across ecological systems within this project will influence reform in the current education system and create a powerful and sustained impact on child development and academic success.

While our project builds protective factors, it also incorporates values specific to the Latino culture to simultaneously target sociocultural barriers and risk factors faced by Latino students and families. Specifically, our project strengthens *colectivismo* by establishing social support networks that suffered when families immigrated to the U.S. In addition, it supports *familismo*, restores *respeto* damaged during the acculturation process (Smokowski et al., 2008), and builds partnerships between schools and Latino families to bolster *personalismo* (Leidy et al., 2010a). In this regard, by incorporating these Latino values, our project's implementation of the family-centered intervention will break down barriers Latinos experience and will increase student achievement. Further, our incorporation of specific values will influence educators on addressing the cultural needs of the target population.

By using focus groups and shared decision-making, our project addresses the needs and values of the local community as well. This targeted, community-based approach increases effectiveness and sustainability within the Latino community and educational context (Bernal et al., 2009). Likewise, our systematic techniques in Phase 1 will provide researchers, municipal leaders, and educators with a model for understanding community values and concerns, enabling them to develop culturally and

locally-appropriate interventions, to bring evidence-based interventions to practice, and to increase Latino student achievement.

Geographically speaking, southern Oregon is ideal for our project. It contains both rural and suburban areas that lack the requisite linguistically-appropriate and culturally-appropriate social resources and services to support its rapidly growing Latino population (Hancock, 2005; U.S. Census Bureau, 2013b). This scarcity of resources and services perpetuates the achievement gap between White and Latino students (Martinez et al., 2009). At the same time, southern Oregon is representative of other suburban and rural areas across the country, and a paucity of research involving Latino families in such areas exists (Mueller, Ortega, Parker, Patil, & Askenazi, 1999). Therefore, not only does our project benefit an in-need local community, it also has broad implications and can be applied to similarly situated communities, resulting in greater benefits for the research field and educational system.

Our project offers a breadth of support through targeted selection and implementation of a family-centered intervention. It aims to increase Latino student achievement which, in turn, will close the pervasive academic achievement gap that exists under the current system. Not only does the project confront barriers and risk factors faced by Latino students and families, its implementation also strengthens the most powerful protective factor—the tripartite parent-child-teacher relationship. If successful, our project will begin to disrupt and reform the current U.S. education system by providing a model for educators to effectively bring evidence-based research to practice and by closing the pervasive achievement gap that persists between White and Latino students.

## **Limitations**

Although there are important implications, this proposal also has limitations. A primary limitation of our project is the limited external validity, or generalizability, with results. Several factors restrict our generalizability, including the small sample size, nonprobability sampling procedures, and short length of the pilot trial. These factors (discussed further below) will impact our ability to make causal and generalizable claims from our project results.

First, our small sample size in the pilot study will influence power and limit statistical conclusions and our ability to make generalizations or broad claims about initial program impact. Our small sample size will provide low power to detect small intervention effects, that is, large intervention effects must exist in order for us to detect a statistically significant Group  $\times$  Time difference. In addition, we probably will not detect subgroup differences (e.g., differences among student gender, student age, family nativity, or intervention groups) because the small sample size decreases the number of participants in each cell when conducting the ANCOVA.

Our external validity is also limited by our sampling procedures. In both Phase 1 and 2, we will use voluntary nonprobability convenience sampling procedures which will minimize generalizability to other Latino populations and educational settings (Babbie, 2010). Our sampling procedures may also lead to self-selection bias. Participants may self-select to join the study because of an interest in the intervention and a desire for additional supports. The bias created by this type of self-selection could inflate our results or lead us to misinterpret outcomes that are in fact related to extraneous variables (Creswell, 2014).

The short time frame for the pilot study also limits our project's external validity. Because we are only collecting data at baseline and post-intervention, we will not be able to make direct claims about the lasting effects of the intervention. Additionally, some of our measures may be less sensitive to the intervention, and we may not be able to detect effects in the short intervention time period. Given that we are conducting a pilot study and effect sizes will most likely be small, we rely more heavily on the intervention feasibility and satisfaction ratings. In a future efficacy study, it may be interesting to collect longitudinal data and study the impact of the intervention over time. Other studies involving family-centered interventions have assessed effects several months following intervention termination and have discovered that intervention effects change over time (DeGarmo et al., 2004; Gonzales et al., 2012; Pantin et al., 2003).

In addition to the limitations on external validity, our project also includes limitations involving internal validity. A setting limitation restricts our sample size, as well as increases the chance of a threat to internal validity. Due to constraints in the district's setting, only one elementary school will provide our pilot control trial sampling pool and study setting. Because the other two elementary schools in the district have significantly smaller Latino populations and free and reduced lunch populations (Table 9), placing the control group in another school is not a viable option. Only using one elementary school places restrictions on our ability to recruit a larger sample and threatens internal validity because of the increased chance for diffusion, or contamination, between the intervention and control group (Parker, 1990).

An increased likelihood for a Type I error when testing intervention results from our pilot study creates a statistical limitation. Because we are conducting separate

Table 9

*District setting's elementary school demographics*

|  | Pilot Study School | Elementary School<br>1 | Elementary School<br>2 |
|--|--------------------|------------------------|------------------------|
| Latino student population  | 55%                | 27%                    | 13%                    |
| Free/reduced lunch population  | 83%                | 64%                    | 71%                    |
| Percentage more White than Latino students who met or exceeded on OAKS math    | 17%                | 27%                    | 19%                    |
| Percentage more White than Latino students who met or exceeded on OAKS reading | 27%                | 21%                    | 11%                    |

statistical analyses for multiple dependent variables, we have a greater chance of rejecting the null hypothesis within a construct when it should not be rejected (Barber, 1976). If we find a statistical difference when testing one variable (e.g., student self-efficacy), we will not be able to make broad claims about the entire construct (e.g., academic achievement).

A final limitation lies in our intervention delivery. Intervention sessions will occur only in Spanish. Most of the Latino families in the community are Spanish-speaking, so implementing the intervention in Spanish provides the most efficient method for impacting the greatest number of families. In the future, it may be informational to conduct sessions in both Spanish and English and examine differences between Latino

families who are Spanish-speaking dominant and Latino families who are English-speaking dominant. For example, in their study implementing a family-centered intervention with Mexican Americans, Gonzales et al. (2012) discovered differences in both parenting practices and school engagement when comparing intervention effects between English-speaking parents and Spanish-speaking parents.

### **Recommendations for Future Research**

Phase 1 of our project provides an evidence-based practice process for educational leaders to follow when selecting and developing interventions. Future investigations should replicate our Phase 1 techniques and explore their benefits in other suburban and rural communities. Along with examining intervention efficacy when utilizing the Phase 1 techniques, future research should also evaluate the selected intervention's maintenance and sustainability.

Our project focuses on a small school district community. In the future, expanding the setting and including more participants and other school districts in qualitative focus groups as described in Phase 1 would be useful. Involving more participants in the qualitative community needs assessment may reveal additional barriers to student achievement or other ideas for improving family-school partnerships and supports. The setting expansion and increase in data collection may also promote community collaboration resulting in greater impact on the Latino and educational community.

The majority of family-centered intervention research involving Latino families has been conducted in urban areas (Semke & Sheridan, 2012; Sheridan et al., 2012). Although our project adds to intervention research involving suburban and rural

communities with burgeoning Latino populations, further investigations involving these populations are necessary. Additional studies should investigate methods for identifying community and cultural needs to appropriately address the unique barriers Latino families face in rural and urban settings.

Finally, there is a need for more efficacy research involving implementing family-centered interventions with Latino communities. Following this project, we plan to conduct an efficacy study involving our selected family-centered intervention. We hope to increase external validity within our next efficacy project but additional investigations should evaluate the effectiveness with using family-centered interventions to target Latino student achievement.

Reform in the U.S. education system requires effort from both educational practitioners and researchers. Additional quality research involving the identification of sociocultural barriers faced by Latinos and the implementation of family-centered interventions with Latinos in rural and suburban communities is essential for disrupting the current disparate education system. Our project initiates this crucial work but research expansion within this field will create a catalyst that will ultimately close the academic achievement gap between White and Latino students.

### **Professional Reflections**

Framing my dissertation as a grant proposal has expanded my practice and learning as an educational leader and researcher. Preparing and applying for competitive grants is an essential skill for educational leaders. Grants in the field of public education fund multiple project-types including curriculum, intervention, and assessment development and research. Projects funded through federal and state grants also have

important implications for informing education policy. This dissertation process has provided me with valuable experience as I continue my development as an educational leader and researcher.

My next steps will involve shifting this dissertation in preparation for grant submission. Preparation for submission will require the following steps: (a) consultation with a team, (b) identification of an appropriate funder and application, and (c) revisions to the content and format.

First, I will consult with expert research groups to establish project support, select a research team, and gain guidance in preparing a submission. In my Phase 1 section, I have identified several research groups that I plan to contact for project support. I will inquire about each group's interest in teaming with southern Oregon on a grant project. As part of my consultation with the expert research groups, I will establish the core research team including a Principal-Investigator, Methodologist, and Lead Clinician. In addition to seeking support for project implementation, I will also request guidance in preparing for grant submission. I will review my ideas stated in this dissertation with the core team and expert research groups. Their feedback and guidance will influence project revisions prior to submission.

Second, I will identify an appropriate funder and request for application (RFA). I will begin by exploring funding options available through the National Institutes of Health and the Institute for Education Sciences. After reviewing the options for grants provided by these funders, I will identify the specific topic and goal that aligns with my project. Then, I will thoroughly review the RFA and submission requirements and prepare my letter of intent. As part of these initial planning stages, I will need to receive

verification from the target school district regarding their commitment for participating in the research project.

Finally, as I prepare this proposal for grant submission, I will make appropriate changes to my dissertation's content and format. The guidelines outlined by the specific RFA will require me to significantly revise portions of this paper prior to submission. I will revise the introduction to succinctly make the case regarding the significance and rationale of my project. Specifically, I will condense the introduction to highlight the following main points.

1. The growing Latino population in southern Oregon faces sociocultural barriers within the current education system, causing a persistent achievement gap.
2. Implementing family-centered interventions in schools will target risk factors and strengthen the most powerful protective factors, leading to an increase in student achievement (theory of change).
3. Family-centered interventions that are culturally and locally-appropriate provide an effective method for supporting the Latino population.

In addition to edits in the introduction, I will also revise the methods and discussion sections. Although it is important for me to be cognizant of the possible project results and larger implications, I will not provide the same level of detail for the grant submission. On the other hand, I will need to add more information regarding the personnel working on the project. Specifically, I will name the research team members and indicate the training, qualifications, and experience each member possesses. I may also need to revise my proposed budget depending on the funds available for the grant.

The revisions to each section of this dissertation will help prepare the paper for submission.

Allowing options other than a traditional dissertation provides students with experience in practical applications aligned with educational leadership. Not only has this dissertation process strengthened my skills as an educational leader and researcher, it has also prepared me for an actual grant proposal submission.

## APPENDIX A

### PHASE 1 FOCUS GROUP PROTOCOLS

#### **Focus Group Protocol with Latino Community Members**

1. Do you help your student with schoolwork at home?
  - a. How do you help with schoolwork? What routines do you have?
  - b. What are some barriers you have experienced that limit your ability or opportunity to help your child with his/her school-work?
  - c. Tell me about some schoolwork or a class project you worked on with your child.
  - d. Do older siblings help younger siblings with schoolwork?
  - e. Tell me about routines with how siblings help each other with schoolwork.
2. Do you feel welcome at the school or in your child's classroom?
  - a. Tell me about a time when the school/teacher made you feel welcome at the school.
  - b. Tell me about a time when the school/teacher made you feel unwelcome.
  - c. What else could the school do to build stronger partnerships with families?
3. What other ways are you involved in your child's education?
4. What has your student's teacher/school explained to you about the requirements for your child to be successful in school?

- a. What has the teacher/school explained to you about how the education system operates?
  - b. What has the teacher/school explained about your role in your student's education?
5. Which scenarios align more with your core values? Why?
- a. Scenario 1: An extended family member recently told you that he/she was diagnosed with an illness that will prevent him/her from being able to go to work or care for his/her children. Although the ill family member lives 60 miles away, you decide that you can visit the family member frequently, help take care of the children, and help with bills. Scenario 2: An extended family member recently told you that he/she was diagnosed with an illness that will prevent him/her from being able to go to work or care for his/her children. The family member lives 60 miles away, so you send a card with some money to help with bills.
    - i. What aspects of family are important to you?
  - b. Scenario 1: You are making dinner for a group of people. You decide to make a dish that you are comfortable with and that you have all the ingredients for, even though you know some people may not like it. Scenario 2: You are making dinner for a group of people. Even though you have all the ingredients for your favorite dish, you decide to go to the store and get more ingredients so you can make several dishes that you know will please the whole group.

- i. What aspects of community and outcomes of the group are important to you?
- c. Scenario 1: A neighbor, who is a city official, informs you that you need to trim the bushes in front of your house because they are blocking the view of your front door, which violates a city ordinance. You go to the local police department and double-check this rule before trimming the bushes. Scenario 2: A neighbor, who is a city official, informs you that you need to trim the bushes in front of your house because they are blocking the view of your front door, which violates a city ordinance. You trust that he knows the city rules and immediately trim the bushes in front of your house.
  - i. What aspects of respect are important to you?
- d. Scenario 1: You join a community group to learn how to make your own pottery. There are several Latino families in the group, but you don't know most of them. You introduce yourself to others and get to know the other families in the group. Scenario 2: You join a community group to learn how to make your own pottery. There are several Latino families in the group, but you don't know most of them. You stay focused on learning the pottery and do not introduce yourself to others but talk with people casually in the group.
  - i. What aspects of relationships are important to you?
- e. Do you think the school/teachers understand your values?

- i. Tell me about a time when the school/teacher showed respect and knowledge of your values. Tell me about a time when you felt the school disregarded or did not understand your values.
- ii. With regards to your value for family?
- iii. With regards to your value for community?
- iv. With regards to your value for respect?
- v. With regards to your value for relationships?

## **Focus Group Protocol with School Personnel**

1. What do you know about the achievement gap as seen in the school/district data between White students and Latino students?
  - a. Has it been increasing or decreasing?
  - b. Are there differences across grade levels? If so, why?
2. Why do you think there is an achievement gap between White and Latino students?
3. What are you, the school, and/or the district doing to help close the gap in achievement between White and Latino students?
  - a. What else could/should be done to help close the gap?
  - b. What supports do schools/teachers need to close the gap?
  - c. What supports do families need to help close the gap?
4. Are families in your community involved in the school and education of their children?
  - a. Specifically, how so? Or how not?
  - b. What do you believe prevents some families from becoming involved in schools or with the education of their children?
  - c. What do you think prevents Latino families from becoming involved in schools or with the education of their children?
5. How does the school (teachers, principals, administrative teams) build family-school partnerships?
  - a. In particular with Latino families?

- b. What are some of the barriers to building these partnerships/relationships?
  - c. What are some examples of successes with building these partnerships/relationships?
6. How does the school communicate education requirements and expectations to students and families?
- a. How have you made sure that Latino parents are informed about the school requirements?
  - b. How have you communicated expectations of parent involvement in their child's education?

APPENDIX B

PHASE 2 MEASUREMENT INSTRUMENTS

**Participant Demographic Information**

Name of parent participant: \_\_\_\_\_

Relationship to student in the study: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace of parent participant: \_\_\_\_\_ Years in the U.S.: \_\_\_\_\_

What do you consider your race/ethnicity to be? (mark all that apply)

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Black: African American

\_\_\_\_\_ Native American

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Other (specify \_\_\_\_\_)

If Hispanic/Latino, with which of the following do you identify?

\_\_\_\_\_ Mexican

\_\_\_\_\_ Cuban

\_\_\_\_\_ Dominican

\_\_\_\_\_ Puerto Rican

\_\_\_\_\_ Central American (Costa Rican, Guatemalan, Honduran, Nicaraguan,  
Panamanian, Salvadoran, Other Central American)

\_\_\_\_\_ South American (Argentinian, Bolivian, Chilean, Colombian, Ecuadorian,  
Paraguayan, Peruvian, Uruguayan, Venezuelan, Other South American)

\_\_\_\_\_ Other Hispanic or Latino (Spaniard, Spanish, Spanish American)

\_\_\_\_\_ Other (identify: \_\_\_\_\_)

Is there a second parent who will participate in the study? \_\_\_\_\_

Name of second parent: \_\_\_\_\_

Do you live with the second parent/parent figure? \_\_\_\_\_

Are you married to the second parent/parent figure? \_\_\_\_\_

Name of student participant: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthplace of student participant: \_\_\_\_\_ Years in the U.S.: \_\_\_\_\_

List the people who live in your household:

| Name  | Age   |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are you currently involved in any parenting classes? \_\_\_\_\_

If yes, Where? \_\_\_\_\_

When do they end? \_\_\_\_\_

With what agency or group? \_\_\_\_\_

Have you ever been involved in parent classes? \_\_\_\_\_

If yes, Where? \_\_\_\_\_

When? \_\_\_\_\_

With what agency or group? \_\_\_\_\_

| How comfortable do you feel . . . | Not at all comfortable | A little comfortable | 50/50 | Comfortable | Very comfortable |
|-----------------------------------|------------------------|----------------------|-------|-------------|------------------|
| ...speaking Spanish?              | 1                      | 2                    | 3     | 4           | 5                |
| ...understanding spoken Spanish?  | 1                      | 2                    | 3     | 4           | 5                |
| ...reading Spanish?               | 1                      | 2                    | 3     | 4           | 5                |
| ...writing Spanish?               | 1                      | 2                    | 3     | 4           | 5                |
| ...speaking English?              | 1                      | 2                    | 3     | 4           | 5                |
| ...understanding spoken English?  | 1                      | 2                    | 3     | 4           | 5                |
| ...reading English?               | 1                      | 2                    | 3     | 4           | 5                |
| ...writing English?               | 1                      | 2                    | 3     | 4           | 5                |

Some questions were derived from the LYFE-II Home Visit Parent Interview (Martinez & Eddy, 2005)

# Feasibility - Participant Intervention Attendance

Regular Session Date: \_\_\_/\_\_\_/\_\_\_ Staff 1 ID: \_\_\_\_\_ Staff 2 ID: \_\_\_\_\_ Cohort: 1 2 3 4  
 Group: A B C D E Location: 1-Eugene 2-Woodburn Session # \_\_\_\_\_

| Family      |     | Attendance           |                            |                  | Session Rating           |                          |                          | Make-Up<br>Group Rating  | Week 12 Only<br>Intervention |                          |                          | Notes<br>If any form is missing, indicate why here.<br>If Reason = 10, indicate details here. |
|-------------|-----|----------------------|----------------------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|
|             |     | Attended<br>(Y/N/NA) | If No,<br>Reason<br>(1-10) | Content<br>(1-6) | Parent                   | Staff 1                  | Staff 2                  |                          | Parent                       | Staff 1                  | Staff 2                  |   |
| 1. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 3. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 4. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 5. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 6. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 7. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 8. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 9. LY_____  | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 10. LY_____ | Mom |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |
|             | Dad |                      |                            |                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |   |

Interventionist Rating of Group (Regular Session):  Staff 1  Staff 2

***Latino Youth and Family Empowerment II (LYFE II) Project***  
**Intervention Attendance & Ratings Tracking**

**L**

***Instructions:***

- Please indicate whether each parent attended, why they missed the session if absent, and how the session content was covered.
- Mark off each rating form when it is completed, returned, and checked.
- If only one parent is participating in the intervention, mark NA for the other parent under attendance and leave the rest of the row blank.
- Please include the same group of parents every week, even if individuals or families stop attending.
- ***Please complete all rating forms, even for Make-Up sessions.***
- ***For Make-Up sessions, DO complete a Group Rating, and mark the appropriate column on the next page.***

**Reason Codes:**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| 1 = Work/School                   | 6 = Opposed to ideas                 |
| 2 = Illness                       | 7 = Don't know                       |
| 3 = Forgot                        | 8 = Crisis                           |
| 4 = No problems, didn't need info | 9 = Personal/Family issue            |
| 5 = Not comfortable with session  | 10 = Other (please specify in Notes) |

**Content Codes:**

- |   |   |
|---|---|
| 1 = Content Covered in Regular Session    |   |
| 2 = Make-Up, Group (more than one family) |   |
| 3 = Make-Up, Individual (1 on 1)          |   |
| 4 = Make-Up, Mail and/or Phone            | (Please arrange for parents to complete ratings as soon as possible after). |
| 5 = Make-Up, Couple (1 on 1)              |   |
| 6 = Content Never Covered                 | (NO SESSION RATINGS NEEDED)   |

**Feasibility - Parent Rating of Session—Post-Session**

*Latino Youth and Family Empowerment II (LYFE II) Project*  
Parent Rating of Session—Post-Session

During this meeting ...

|   | <u>Not at</u><br><u>All</u> | <u>Very</u><br><u>Little</u> | <u>Some</u> | <u>Quite</u><br><u>A Lot</u> | <u>Very</u><br><u>Much</u> |
|---|-----------------------------|------------------------------|-------------|------------------------------|----------------------------|
| 1. I agreed with the main ideas presented today                 | 1                           | 2                            | 3           | 4                            | 5                          |
| 2. The leader(s) encouraged group participation                 | 1                           | 2                            | 3           | 4                            | 5                          |
| 3. I felt open to new information                               | 1                           | 2                            | 3           | 4                            | 5                          |
| 4. I felt angry or irritable                                    | 1                           | 2                            | 3           | 4                            | 5                          |
| 5. I actively participated in group today                       | 1                           | 2                            | 3           | 4                            | 5                          |
| 6. I felt supported by others in the group today                | 1                           | 2                            | 3           | 4                            | 5                          |
| 7. I felt accepted by other group members today                 | 1                           | 2                            | 3           | 4                            | 5                          |
| 8. I felt understood by my partner today                        | 1                           | 2                            | 3           | 4                            | 5                          |
| 9. I felt connected to others in the group                      | 1                           | 2                            | 3           | 4                            | 5                          |
| 10. Some pleasantly humorous things happened in group           | 1                           | 2                            | 3           | 4                            | 5                          |
| 11. I paid careful attention                                    | 1                           | 2                            | 3           | 4                            | 5                          |
| 12. I felt criticized or put down by some in group today        | 1                           | 2                            | 3           | 4                            | 5                          |
| 13. The group leader(s) seemed to understand me                 | 1                           | 2                            | 3           | 4                            | 5                          |
| 14. During group, I felt sad/down/depressed                     | 1                           | 2                            | 3           | 4                            | 5                          |
| 15. I like the group leader(s)                                  | 1                           | 2                            | 3           | 4                            | 5                          |
| 16. The information presented today was helpful                 | 1                           | 2                            | 3           | 4                            | 5                          |
| 17. I received practical information from others in the group   | 1                           | 2                            | 3           | 4                            | 5                          |
| 18. I enjoyed today's group                                     | 1                           | 2                            | 3           | 4                            | 5                          |
| 19. The home practice was helpful                               | 1                           | 2                            | 3           | 4                            | 5                          |
| 20. The home practice was hard to do                            | 1                           | 2                            | 3           | 4                            | 5                          |
| 21. I did the homework assignment                               | 1                           | 2                            | 3           | 4                            | 5                          |
| 22. I was successful with the home practice                     | 1                           | 2                            | 3           | 4                            | 5                          |
| 23. My child(ren) responded well to my use of the home practice | 1                           | 2                            | 3           | 4                            | 5                          |
| 24. The assignment fits in well with my family life             | 1                           | 2                            | 3           | 4                            | 5                          |

**Please write any additional comments on the back of this sheet. Thanks!!**

**Feasibility - Interventionist Rating of Group—Post-Session**

*Latino Youth and Family Empowerment II (LYFE II) Project*  
Interventionist Rating of Group—Post-Session

NOTE: For make-up sessions, answer as best as you can, based on those participants present.

Overall Ratings

Pre-Session

|   | Not at<br><u>All</u> | A<br><u>Little</u> | <u>Fairly</u> | Very<br><u>Much</u> | <u>Extremely</u> |
|---|----------------------|--------------------|---------------|---------------------|------------------|
| 1. How stressed are you feeling?                | 1                    | 2                  | 3             | 4                   | 5                |
| 2. How sad, down, or depressed are you feeling? | 1                    | 2                  | 3             | 4                   | 5                |
| 3. How irritable are you feeling?               | 1                    | 2                  | 3             | 4                   | 5                |
| 4. How anxious are you feeling?                 | 1                    | 2                  | 3             | 4                   | 5                |

Post-Session

Rate the quality of the following:

|   | Excellent | Very<br>Good | Good | Average | Poor | Very<br>Poor | Extremely<br>Poor |
|---|-----------|--------------|------|---------|------|--------------|-------------------|
| 5. Management of group overall  | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |
| 6. Quality of the session<br>(overall imparting of curriculum, promoting<br>group cohesion, building strengths, etc.) | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |
| 7. Management of time to achieve<br>session agenda  | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |
| 8. Quality of the group process<br>among participants   | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |
| 9. Management of session to<br>accomplish skill development   | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |
| 10. Your use of humor   | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |
| 11. Your relationship with the group<br>at this time  | 1         | 2            | 3    | 4       | 5    | 6            | 7                 |

12. Were there any significant problems or disruptions?                      1- Yes                      0- No  
If yes, briefly comment: \_\_\_\_\_  
\_\_\_\_\_

13. Were there any significant breakthroughs or positive events?    1 - Yes                      0 - No  
If yes, briefly comment: \_\_\_\_\_  
\_\_\_\_\_

**Feasibility - Interventionists Rating of Family—Post-Session**

*Latino Youth and Family Empowerment II (LYFE II) Project*  
Interventionist Rating of Family—Post-Session

Please use “NA” to indicate that there is no 2<sup>nd</sup> parent participating.

| <b>Did this mom:</b>   | <b>Not at<br/><u>all</u></b> | <b>Very<br/><u>little</u></b> | <b><u>Some</u></b> | <b>Quite<br/><u>a lot</u></b> | <b>Very<br/><u>much</u></b> |    |
|--|------------------------------|-------------------------------|--------------------|-------------------------------|-----------------------------|----|
| 1. Seem open to the ideas presented?                           | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 2. Seem to agree with the material presented?                  | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 3. Seem irritable or angry?                                    | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 4. Seem sad, down, or depressed?                               | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 5. Seem accepting of her partner?                              | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 6. Seem accepted by her partner?                               | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 7. Seem accepting of other group members?                      | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 8. Seem accepted by other group members?                       | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 9. <u>During this meeting, did you find this mom likeable?</u> | 1                            | 2                             | 3                  | 4                             | 5                           | NA |

| <b>Did this dad:</b>  |   |   |   |   |   |    |
|---|---|---|---|---|---|----|
| 10. Seem open to the ideas presented?                           | 1 | 2 | 3 | 4 | 5 | NA |
| 11. Seem to agree with the material presented?                  | 1 | 2 | 3 | 4 | 5 | NA |
| 12. Seem irritable or angry?                                    | 1 | 2 | 3 | 4 | 5 | NA |
| 13. Seem sad, down, or depressed?                               | 1 | 2 | 3 | 4 | 5 | NA |
| 14. Seem accepting of his partner?                              | 1 | 2 | 3 | 4 | 5 | NA |
| 15. Seem accepted by his partner?                               | 1 | 2 | 3 | 4 | 5 | NA |
| 16. Seem accepting of other group members?                      | 1 | 2 | 3 | 4 | 5 | NA |
| 17. Seem accepted by other group members?                       | 1 | 2 | 3 | 4 | 5 | NA |
| 18. <u>During this meeting, did you find this dad likeable?</u> | 1 | 2 | 3 | 4 | 5 | NA |

| <b>In terms of last week's home practice:</b>                                      | <b><u>Not at<br/>all</u></b> | <b><u>Very<br/>little</u></b> | <b><u>Some</u></b> | <b><u>Quite<br/>a lot</u></b> | <b><u>Very<br/>much</u></b> |    |
|--|------------------------------|-------------------------------|--------------------|-------------------------------|-----------------------------|----|
| 19. <u>How much did mother do?</u>   | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 20. <u>How much did dad do?</u>  | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 21. <u>How successful was mother in doing it?</u>                                  | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 22. <u>How successful was dad in doing it?</u>                                     | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 23. <u>How cooperative was mother?</u>   | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 24. <u>How cooperative was dad?</u>  | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 25. <u>How much of next week's home practice do<br/>you think the mom will do?</u> | 1                            | 2                             | 3                  | 4                             | 5                           | NA |
| 26. <u>How much of next week's home practice do<br/>you think the dad will do?</u> | 1                            | 2                             | 3                  | 4                             | 5                           | NA |

**Feasibility - Parent Rating of Intervention**

*Latino Youth and Family Empowerment II (LYFE II) Project*  
Parent Rating of Intervention

For several weeks, you have been participating in the parenting groups. In order to plan future sessions, we would like to know how you felt about the program. Please respond as honestly as you can by circling the number that best represents your opinion. Your candid answers will help us know how to improve this program. This questionnaire is specifically about the parenting classes.

|   | <b><u>Not<br/>At All</u></b> | <b><u>Slightly<br/>Useful</u></b> | <b><u>Somewhat<br/>Useful</u></b> | <b><u>Quite<br/>Useful</u></b> | <b><u>Very<br/>Useful</u></b> |
|---|------------------------------|-----------------------------------|-----------------------------------|--------------------------------|-------------------------------|
| 1. Overall, do you feel that the intervention program was helpful?  | 1                            | 2                                 | 3                                 | 4                              | 5                             |
|   | <b><u>Not<br/>At All</u></b> | <b><u>Slightly</u></b>            | <b><u>Somewhat</u></b>            | <b><u>Quite<br/>A lot</u></b>  | <b><u>Very<br/>Much</u></b>   |
| 2. Are you using parenting procedures and techniques taught in this program?                                      | 1                            | 2                                 | 3                                 | 4                              | 5                             |
| 3. Did you enjoy receiving the program information in a group setting? (versus a couple setting, for example)     | 1                            | 2                                 | 3                                 | 4                              | 5                             |
| 4. Have you noticed positive changes in your child's behaviors since the beginning of program?                    | 1                            | 2                                 | 3                                 | 4                              | 5                             |
| Please give examples: _____   |                              |                                   |                                   |                                |                               |
| 5. Have you noticed negative changes in your child's behaviors since the beginning of program?                    | 1                            | 2                                 | 3                                 | 4                              | 5                             |
| Please give examples: _____   |                              |                                   |                                   |                                |                               |
| 6. Do you feel that the interventionists were understanding and responsive to your family's individual situation? | 1                            | 2                                 | 3                                 | 4                              | 5                             |

7. Use the following rating scale to describe how helpful you found these parts of the program:

|  | <u>Not<br/>Useful</u> | <u>Slightly<br/>Useful</u> | <u>Somewhat<br/>Useful</u> | <u>Quite<br/>Useful</u> | <u>Very<br/>Useful</u> |
|--|-----------------------|----------------------------|----------------------------|-------------------------|------------------------|
| a. Understanding Latino family challenges and benefits                     | 1                     | 2                          | 3                          | 4                       | 5                      |
| b. Couple communication skills   | 1                     | 2                          | 3                          | 4                       | 5                      |
| c. Giving good directions  | 1                     | 2                          | 3                          | 4                       | 5                      |
| d. Problem-solving skills  | 1                     | 2                          | 3                          | 4                       | 5                      |
| e. Using incentives to encourage positive behavior                         | 1                     | 2                          | 3                          | 4                       | 5                      |
| f. Setting limits, using discipline to discourage negative behavior        | 1                     | 2                          | 3                          | 4                       | 5                      |
| g. Monitoring children's activities & safety                               | 1                     | 2                          | 3                          | 4                       | 5                      |
| h. Communication with children   | 1                     | 2                          | 3                          | 4                       | 5                      |
| i. Promoting school success  | 1                     | 2                          | 3                          | 4                       | 5                      |
| j. Confronting and navigating obstacles in the family                      | 1                     | 2                          | 3                          | 4                       | 5                      |
| k. Understanding the many roles of the mother and the father in the family | 1                     | 2                          | 3                          | 4                       | 5                      |
| l. Encouraging children to learn new behaviors                             | 1                     | 2                          | 3                          | 4                       | 5                      |

8. Please indicate how useful you found each of the materials/activities listed below:

|   | <u>Not<br/>Useful</u> | <u>Slightly<br/>Useful</u> | <u>Somewhat<br/>Useful</u> | <u>Quite<br/>Useful</u> | <u>Very<br/>Useful</u> |
|---|-----------------------|----------------------------|----------------------------|-------------------------|------------------------|
| a. Parent notebooks & materials         | 1                     | 2                          | 3                          | 4                       | 5                      |
| b. Classroom activities and discussions | 1                     | 2                          | 3                          | 4                       | 5                      |
| c. Home practice assignments            | 1                     | 2                          | 3                          | 4                       | 5                      |
| d. Mid-week phone calls                 | 1                     | 2                          | 3                          | 4                       | 5                      |



**Feasibility - Interventionist Rating of Family—Post-Intervention**

*Latino Youth and Family Empowerment II (LYFE II) Project*  
 Interventionist Rating of Family—Post-Intervention

1. On the whole, how would you rate the intervention?

|                      |                 |                     |                     |                       |                   |                        |
|----------------------|-----------------|---------------------|---------------------|-----------------------|-------------------|------------------------|
| 1                    | 2               | 3                   | 4                   | 5                     | 6                 | 7                      |
| Extremely Successful | Very Successful | Somewhat Successful | Possibly Successful | Somewhat Unsuccessful | Very Unsuccessful | Extremely Unsuccessful |

2. How would you rate the severity of the target child's problems at intake?

|             |                |      |          |                 |        |                  |
|-------------|----------------|------|----------|-----------------|--------|------------------|
| 1           | 2              | 3    | 4        | 5               | 6      | 7                |
| No Problems | Extremely Mild | Mild | Moderate | Somewhat Severe | Severe | Extremely Severe |

3. How would you rate the amount of improvement in the child's problems from the beginning to the end of intervention?

|                      |                   |             |                   |           |       |            |
|----------------------|-------------------|-------------|-------------------|-----------|-------|------------|
| 1                    | 2                 | 3           | 4                 | 5         | 6     | 7          |
| Complete Improvement | Important Changes | Some Change | Unclear if Change | No Change | Worse | Much Worse |

4. How confident are you that positive changes in the target child's behavior will be long lasting?

|                |           |                    |                          |               |                               |                     |
|----------------|-----------|--------------------|--------------------------|---------------|-------------------------------|---------------------|
| 1              | 2         | 3                  | 4                        | 5             | 6                             | 7                   |
| Very Confident | Confident | Somewhat Confident | Maybe, but Not Confident | Not Confident | Certain Won't Be Long-Lasting | No Positive Changes |

5. What skills did the parents try during intervention (check all that apply)?

| Mom   | Dad   |   |
|-------|-------|---|
| _____ | _____ | Directions  |
| _____ | _____ | Point chart   |
| _____ | _____ | Kid bucks   |
| _____ | _____ | Time out  |
| _____ | _____ | Work chores   |
| _____ | _____ | Privilege removal   |
| _____ | _____ | Couple problem solving  |
| _____ | _____ | Communication & problem solving (acculturation, culture gaps) |
| _____ | _____ | Communication & problem solving (overcoming obstacles)        |
| _____ | _____ | Communication skills (monitoring and supervision)             |
| _____ | _____ | Parent information cards                                      |
| _____ | _____ | Study routines (promoting school success)                     |

6. Using the scale below, how likely are the parents to use these skills on a regular basis?

|         |             |        |              |      |          |            |
|---------|-------------|--------|--------------|------|----------|------------|
| 1       | 2           | 3      | 4            | 5    | 6        | 7          |
| Certain | Very likely | Likely | 50/50 Chance | Some | A little | Not at All |

| Mom   | Dad   |   |
|-------|-------|---|
| _____ | _____ | Directions  |
| _____ | _____ | Point chart   |
| _____ | _____ | Kid bucks   |
| _____ | _____ | Time out  |
| _____ | _____ | Work chores   |
| _____ | _____ | Privilege removal   |
| _____ | _____ | Couple problem solving  |
| _____ | _____ | Communication & problem solving (acculturation, culture gaps) |
| _____ | _____ | Communication & problem solving (overcoming obstacles)        |
| _____ | _____ | Communication skills (monitoring and supervision)             |
| _____ | _____ | Parent information cards                                      |
| _____ | _____ | Study routines (promoting school success)                     |

7. Using the scale below, how compliant were the parents with the intervention in terms of the following?

| 1                   | 2              | 3                  | 4                                  | 5                  | 6              | 7                   |
|---------------------|----------------|--------------------|------------------------------------|--------------------|----------------|---------------------|
| Extremely Compliant | Very Compliant | Somewhat Compliant | 50/50                              | Somewhat Resistant | Very Resistant | Extremely Resistant |
|                     | Mom            | Dad                |                                    |                    |                |                     |
|                     | _____          | _____              | Consistent, regular attendance     |                    |                |                     |
|                     | _____          | _____              | Completing homework                |                    |                |                     |
|                     | _____          | _____              | Trying new skills                  |                    |                |                     |
|                     | _____          | _____              | Practicing in session (role plays) |                    |                |                     |

8. At the start of the intervention, how would you rate the couples' level of cohesion (closeness, trust, cooperation, and successful communication)?

| 1                  | 2             | 3                 | 4     | 5                     | 6                 | 7                      | NA |
|--------------------|---------------|-------------------|-------|-----------------------|-------------------|------------------------|----|
| Extremely Cohesive | Very Cohesive | Somewhat Cohesive | 50/50 | Somewhat Non-cohesive | Very Non-cohesive | Extremely Non-cohesive |    |

9. At the end of the intervention, how would you rate the couples' level of cohesion (closeness, trust, cooperation, and successful communication)?

| 1                  | 2             | 3                 | 4     | 5                     | 6                 | 7                      | NA |
|--------------------|---------------|-------------------|-------|-----------------------|-------------------|------------------------|----|
| Extremely Cohesive | Very Cohesive | Somewhat Cohesive | 50/50 | Somewhat Non-cohesive | Very Non-cohesive | Extremely Non-cohesive |    |

10. At the start of the intervention, how would rate the parents' level of cooperation with one another to encourage and discipline the target child?

| 1              | 2         | 3             | 4    | 5               | 6           | 7                | NA |
|----------------|-----------|---------------|------|-----------------|-------------|------------------|----|
| Extremely Well | Very Well | Somewhat Well | Fair | Somewhat Poorly | Very Poorly | Extremely Poorly |    |

11. At the end of the intervention, how would you rate the parents' level of cooperation with one another to encourage and discipline the target child?

| 1              | 2         | 3             | 4    | 5               | 6           | 7                | NA |
|----------------|-----------|---------------|------|-----------------|-------------|------------------|----|
| Extremely Well | Very Well | Somewhat Well | Fair | Somewhat Poorly | Very Poorly | Extremely Poorly |    |

12. Over the course of intervention, how would you rate the mother's openness to the skills?

| 1              | 2         | 3             | 4    | 5                  | 6              | 7                   | NA |
|----------------|-----------|---------------|------|--------------------|----------------|---------------------|----|
| Extremely Open | Very Open | Somewhat Open | Fair | Somewhat Resistant | Very Resistant | Extremely Resistant |    |

13. Over the course of intervention, how would you rate the dad's openness to the skills?

| 1              | 2         | 3             | 4    | 5                  | 6              | 7                   | NA |
|----------------|-----------|---------------|------|--------------------|----------------|---------------------|----|
| Extremely Open | Very Open | Somewhat Open | Fair | Somewhat Resistant | Very Resistant | Extremely Resistant |    |

## Intervention Fidelity Checklist

Interventionists \_\_\_\_\_ Date \_\_\_\_\_ Session # \_\_\_\_\_ Content \_\_\_\_\_ Rater \_\_\_\_\_

### **Core intervention components\*** \_\_\_\_\_

|                           | Yes                      | No                       | Partial                  |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Review                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skill introduction        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Role play                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discussion                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Closing activity          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adherence to session plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use curriculum guide      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **Interventionist teaching skills** \_\_\_\_\_

|  | Good                     | Acceptable               | Poor                     |
|--|--------------------------|--------------------------|--------------------------|
| Overall pacing                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows agenda                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides clear instruction                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides appropriate models/gives examples   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engages participants throughout              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assesses participant understanding/reteaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **Interventionist clinical skills** \_\_\_\_\_

|                                  | Good                     | Acceptable               | Poor                     |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Responsive to families' needs    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides comfortable atmosphere  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourages and supports families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides clear feedback          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **Flexibility/adaptations**

Any program adaptations: \_\_\_\_\_

Reason for adaptations: \_\_\_\_\_

Interventionist response to adaptation: \_\_\_\_\_

Participant response to adaptation: \_\_\_\_\_

\*Core component section will change to fit chosen intervention

**Student Academic Performance – Morgan-Jinks Student Efficacy Scale (MJSES)**

| <u>Statement</u>   | <u>Really agree</u> | <u>Kind of agree</u> | <u>Kind of disagree</u> | <u>Really disagree</u> |
|--|---------------------|----------------------|-------------------------|------------------------|
| 1. I work hard in school   | 1                   | 2                    | 3                       | 4                      |
| 2. I could get the best grades in class if I tried enough                                  | 1                   | 2                    | 3                       | 4                      |
| 3. Most of my classmates like to do math because it is easy.                               | 1                   | 2                    | 3                       | 4                      |
| 4. I would get better grades if my teacher liked me better.                                | 1                   | 2                    | 3                       | 4                      |
| 5. Most of my classmates work harder on their homework than I do.                          | 1                   | 2                    | 3                       | 4                      |
| 6. I am a good science student.  | 1                   | 2                    | 3                       | 4                      |
| 7. I will graduate from high school.   | 1                   | 2                    | 3                       | 4                      |
| 8. I go to a good school.  | 1                   | 2                    | 3                       | 4                      |
| 9. I always get good grades when I try hard.   | 1                   | 2                    | 3                       | 4                      |
| 10. Sometimes I think an assignment is easy when the other kids in class think it is hard. | 1                   | 2                    | 3                       | 4                      |
| 11. I am a good social studies student.  | 1                   | 2                    | 3                       | 4                      |
| 12. Adults who have good jobs probably were good students when they were kids.             | 1                   | 2                    | 3                       | 4                      |
| 13. When I am old enough, I will go to college.  | 1                   | 2                    | 3                       | 4                      |
| 14. I am one of the best students in my class.   | 1                   | 2                    | 3                       | 4                      |
| 15. No one cares if I do well in school.   | 1                   | 2                    | 3                       | 4                      |
| 16. My teacher thinks I am smart.  | 1                   | 2                    | 3                       | 4                      |
| 17. It is important to go to high school.  | 1                   | 2                    | 3                       | 4                      |
| 18. I am a good math student.  | 1                   | 2                    | 3                       | 4                      |
| 19. My classmates usually get better grades than I do.                                     | 1                   | 2                    | 3                       | 4                      |
| 20. What I learn in school is not important.   | 1                   | 2                    | 3                       | 4                      |
| 21. I usually understand my homework assignments.  | 1                   | 2                    | 3                       | 4                      |
| 22. I usually do not get good grades in math because it is too hard.                       | 1                   | 2                    | 3                       | 4                      |
| 23. It does not matter if I do well in school.   | 1                   | 2                    | 3                       | 4                      |
| 24. Kids who get better grades than I do get more help from the teacher than I do.         | 1                   | 2                    | 3                       | 4                      |

| Statement  | Really agree | Kind of agree | Kind of disagree | Really disagree |   |   |
|--|--------------|---------------|------------------|-----------------|---|---|
| 25. I am a good reading student.   | 1            | 2             | 3                | 4               |   |   |
| 26. It is not hard for me to get good grades in school.                                      | 1            | 2             | 3                | 4               |   |   |
| 27. I am smart.  | 1            | 2             | 3                | 4               |   |   |
| 28. I will quit school as soon as I can.   | 1            | 2             | 3                | 4               |   |   |
| 29. Teachers like kids even if they do not always make good grades.                          | 1            | 2             | 3                | 4               |   |   |
| 30. When the teacher asks a question I usually know the answer even if the other kids don't. | 1            | 2             | 3                | 4               |   |   |
| 31. What grade in math did you get on your last report card?                                 |              | A             | B                | C               | D | F |
| 32. What grade in social studies did you get on your last report card?                       |              | A             | B                | C               | D | F |
| 33. What grade in science did you get on your last report card?                              |              | A             | B                | C               | D | F |
| 34. What grade in reading did you get on your last report card?                              |              | A             | B                | C               | D | F |

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(Jinks & Morgan, 1999)

# Student Behavior – Achenbach System of Empirically Based Assessment: The Child Behavior Checklist (Achenbach, 2011)



**Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**

For office use only  
ID # \_\_\_\_\_

---

CHILD'S FULL NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

CHILD'S GENDER:  Boy  Girl

CHILD'S AGE: \_\_\_\_\_

CHILD'S ETHNIC GROUP OR RACE: \_\_\_\_\_

TODAY'S DATE: Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

CHILD'S BIRTHDATE: Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

GRADE IN SCHOOL: \_\_\_\_\_

NOT ATTENDING SCHOOL:

**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.)

FATHER'S TYPE OF WORK: \_\_\_\_\_

MOTHER'S TYPE OF WORK: \_\_\_\_\_

THIS FORM FILLED OUT BY: (print your full name) \_\_\_\_\_

Your gender:  Male  Female

Your relation to the child:

Biological Parent  Step Parent  Grandparent

Adoptive Parent  Foster Parent  Other (specify) \_\_\_\_\_

---

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.**

**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<br>Average | Average | More Than<br>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<br>Average | Average | More Than<br>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.**

---

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www.ASEBA.org

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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.

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

| 0 = Not True (as far as you know) |   |   | 1 = Somewhat or Sometimes True   |   |   | 2 = Very True or Often True |  |  |
|-----------------------------------|---|---|--|---|---|-----------------------------|--|--|
| 0                                 | 1 | 2 | 1. Acts too young for his/her age  | 0 | 1 | 2                           | 32. Feels he/she has to be perfect   |  |
| 0                                 | 1 | 2 | 2. Drinks alcohol without parents' approval<br>(describe): _____                         | 0 | 1 | 2                           | 33. Feels or complains that no one loves him/her                                 |  |
| 0                                 | 1 | 2 | 3. Argues a lot  | 0 | 1 | 2                           | 34. Feels others are out to get him/her  |  |
| 0                                 | 1 | 2 | 4. Fails to finish things he/she starts  | 0 | 1 | 2                           | 35. Feels worthless or inferior  |  |
| 0                                 | 1 | 2 | 5. There is very little he/she enjoys  | 0 | 1 | 2                           | 36. Gets hurt a lot, accident-prone  |  |
| 0                                 | 1 | 2 | 6. Bowel movements outside toilet  | 0 | 1 | 2                           | 37. Gets in many fights  |  |
| 0                                 | 1 | 2 | 7. Bragging, boasting  | 0 | 1 | 2                           | 38. Gets teased a lot  |  |
| 0                                 | 1 | 2 | 8. Can't concentrate, can't pay attention for long                                       | 0 | 1 | 2                           | 39. Hangs around with others who get in trouble                                  |  |
| 0                                 | 1 | 2 | 9. Can't get his/her mind off certain thoughts;<br>obsessions (describe): _____          | 0 | 1 | 2                           | 40. Hears sounds or voices that aren't there<br>(describe): _____                |  |
| 0                                 | 1 | 2 | 10. Can't sit still, restless, or hyperactive  | 0 | 1 | 2                           | 41. Impulsive or acts without thinking   |  |
| 0                                 | 1 | 2 | 11. Clings to adults or too dependent  | 0 | 1 | 2                           | 42. Would rather be alone than with others                                       |  |
| 0                                 | 1 | 2 | 12. Complains of loneliness  | 0 | 1 | 2                           | 43. Lying or cheating  |  |
| 0                                 | 1 | 2 | 13. Confused or seems to be in a fog   | 0 | 1 | 2                           | 44. Bites fingernails  |  |
| 0                                 | 1 | 2 | 14. Cries a lot  | 0 | 1 | 2                           | 45. Nervous, highstrung, or tense  |  |
| 0                                 | 1 | 2 | 15. Cruel to animals   | 0 | 1 | 2                           | 46. Nervous movements or twitching (describe): _____                             |  |
| 0                                 | 1 | 2 | 16. Cruelty, bullying, or meanness to others   | 0 | 1 | 2                           | 47. Nightmares   |  |
| 0                                 | 1 | 2 | 17. Daydreams or gets lost in his/her thoughts   | 0 | 1 | 2                           | 48. Not liked by other kids  |  |
| 0                                 | 1 | 2 | 18. Deliberately harms self or attempts suicide  | 0 | 1 | 2                           | 49. Constipated, doesn't move bowels   |  |
| 0                                 | 1 | 2 | 19. Demands a lot of attention   | 0 | 1 | 2                           | 50. Too fearful or anxious   |  |
| 0                                 | 1 | 2 | 20. Destroys his/her own things  | 0 | 1 | 2                           | 51. Feels dizzy or lightheaded   |  |
| 0                                 | 1 | 2 | 21. Destroys things belonging to his/her family or others                                | 0 | 1 | 2                           | 52. Feels too guilty   |  |
| 0                                 | 1 | 2 | 22. Disobedient at home  | 0 | 1 | 2                           | 53. Overeating   |  |
| 0                                 | 1 | 2 | 23. Disobedient at school  | 0 | 1 | 2                           | 54. Overtired without good reason  |  |
| 0                                 | 1 | 2 | 24. Doesn't eat well   | 0 | 1 | 2                           | 55. Overweight   |  |
| 0                                 | 1 | 2 | 25. Doesn't get along with other kids  |   |   |                             | 56. Physical problems <i>without known medical cause</i> :                       |  |
| 0                                 | 1 | 2 | 26. Doesn't seem to feel guilty after misbehaving  | 0 | 1 | 2                           | a. Aches or pains ( <i>not</i> stomach or headaches)                             |  |
| 0                                 | 1 | 2 | 27. Easily jealous   | 0 | 1 | 2                           | b. Headaches   |  |
| 0                                 | 1 | 2 | 28. Breaks rules at home, school, or elsewhere   | 0 | 1 | 2                           | c. Nausea, feels sick  |  |
| 0                                 | 1 | 2 | 29. Fears certain animals, situations, or places,<br>other than school (describe): _____ | 0 | 1 | 2                           | d. Problems with eyes ( <i>not</i> if corrected by glasses)<br>(describe): _____ |  |
| 0                                 | 1 | 2 | 30. Fears going to school  | 0 | 1 | 2                           | e. Rashes or other skin problems   |  |
| 0                                 | 1 | 2 | 31. Fears he/she might think or do something bad   | 0 | 1 | 2                           | f. Stomachaches  |  |
|                                   |   |   |  | 0 | 1 | 2                           | g. Vomiting, throwing up   |  |
|                                   |   |   |  | 0 | 1 | 2                           | h. Other (describe): _____   |  |

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

|       |  |       |  |
|-------|--|-------|--|
| 0 1 2 | 57. Physically attacks people  | 0 1 2 | 84. Strange behavior (describe): _____   |
| 0 1 2 | 58. Picks nose, skin, or other parts of body (describe): _____           | 0 1 2 | 85. Strange ideas (describe): _____  |
| 0 1 2 | 59. Plays with own sex parts in public                                   | 0 1 2 | 86. Stubborn, sullen, or irritable   |
| 0 1 2 | 60. Plays with own sex parts too much                                    | 0 1 2 | 87. Sudden changes in mood or feelings   |
| 0 1 2 | 61. Poor school work   | 0 1 2 | 88. Sulks a lot  |
| 0 1 2 | 62. Poorly coordinated or clumsy   | 0 1 2 | 89. Suspicious   |
| 0 1 2 | 63. Prefers being with older kids  | 0 1 2 | 90. Swearing or obscene language   |
| 0 1 2 | 64. Prefers being with younger kids                                      | 0 1 2 | 91. Talks about killing self   |
| 0 1 2 | 65. Refuses to talk  | 0 1 2 | 92. Talks or walks in sleep (describe): _____  |
| 0 1 2 | 66. Repeats certain acts over and over; compulsions (describe): _____    | 0 1 2 | 93. Talks too much   |
| 0 1 2 | 67. Runs away from home  | 0 1 2 | 94. Teases a lot   |
| 0 1 2 | 68. Screams a lot  | 0 1 2 | 95. Temper tantrums or hot temper  |
| 0 1 2 | 69. Secretive, keeps things to self                                      | 0 1 2 | 96. Thinks about sex too much  |
| 0 1 2 | 70. Sees things that aren't there (describe): _____                      | 0 1 2 | 97. Threatens people   |
| 0 1 2 | 71. Self-conscious or easily embarrassed                                 | 0 1 2 | 98. Thumb-sucking  |
| 0 1 2 | 72. Sets fires   | 0 1 2 | 99. Smokes, chews, or sniffs tobacco   |
| 0 1 2 | 73. Sexual problems (describe): _____                                    | 0 1 2 | 100. Trouble sleeping (describe): _____  |
| 0 1 2 | 74. Showing off or clowning  | 0 1 2 | 101. Truancy, skips school   |
| 0 1 2 | 75. Too shy or timid   | 0 1 2 | 102. Underactive, slow moving, or lacks energy   |
| 0 1 2 | 76. Sleeps less than most kids   | 0 1 2 | 103. Unhappy, sad, or depressed  |
| 0 1 2 | 77. Sleeps more than most kids during day and/or night (describe): _____ | 0 1 2 | 104. Unusually loud  |
| 0 1 2 | 78. Inattentive or easily distracted                                     | 0 1 2 | 105. Uses drugs for nonmedical purposes ( <i>don't</i> include alcohol or tobacco) (describe): _____ |
| 0 1 2 | 79. Speech problem (describe): _____                                     | 0 1 2 | 106. Vandalism   |
| 0 1 2 | 80. Stares blankly   | 0 1 2 | 107. Wets self during the day  |
| 0 1 2 | 81. Steals at home   | 0 1 2 | 108. Wets the bed  |
| 0 1 2 | 82. Steals outside the home  | 0 1 2 | 109. Whining   |
| 0 1 2 | 83. Stores up too many things he/she doesn't need (describe): _____      | 0 1 2 | 110. Wishes to be of opposite sex  |
|       |  | 0 1 2 | 111. Withdrawn, doesn't get involved with others   |
|       |  | 0 1 2 | 112. Worries   |
|       |  | 0 1 2 | 113. Please write in any problems your child has that were not listed above:                         |
|       |  | 0 1 2 | _____  |
|       |  | 0 1 2 | _____  |
|       |  | 0 1 2 | _____  |

**Student Behavior – Achenbach System of Empirically Based Assessment: Teacher Report Form for Ages 6-18 (Achenbach, 2011)**



## TEACHER'S REPORT FORM FOR AGES 6-18

For office use only  
ID # \_\_\_\_\_

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to print additional comments beside each item and in the spaces provided on page 2. **Please print, and answer all items.**

|  |  |  |  |  |
|--|--|--|--|--|
| PUPIL'S FULL NAME<br>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.) |  |
| PUPIL'S GENDER<br><input type="checkbox"/> Boy <input type="checkbox"/> Girl | PUPIL'S AGE<br>_____                         | PUPIL'S ETHNIC GROUP OR RACE<br>_____                          | FATHER'S TYPE OF WORK _____  |  |
| TODAY'S DATE<br>Mo. _____ Date _____ Yr. _____                               |  | PUPIL'S BIRTHDATE (if known)<br>Mo. _____ Date _____ Yr. _____ | MOTHER'S TYPE OF WORK _____  |  |
| GRADE IN SCHOOL<br>_____   | NAME AND ADDRESS OF SCHOOL<br>_____<br>_____ |  | THIS FORM FILLED OUT BY: (print your full name)<br>_____   |  |
| Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |  | Your role at the school:   |  |
|  |  |  | <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Counselor  |  |
|  |  |  | <input type="checkbox"/> Special Educator <input type="checkbox"/> Administrator   |  |
|  |  |  | <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Other (specify): _____  |  |

- I. For how many months have you known this pupil? \_\_\_\_\_ months

---

- II. How well do you know him/her?    1.  Not Well    2.  Moderately Well    3.  Very Well

---

- III. How much time does he/she spend in your class or service per week?

---

- IV. What kind of class or service is it? (Please be specific, e.g., regular 5th grade, 7th grade math, learning disability, counseling, etc.)

---

- V. Has he/she ever been referred for special class placement, services, or tutoring?  
 Don't Know    0.  No    1.  Yes — what kind and when?

---

- VI. Has he/she repeated any grades?  Don't Know    0.  No    1.  Yes — grades and reasons:

---

- VII. Current academic performance — list academic subjects and check box that indicates pupil's performance for each subject:

| Academic subject | 1. Far below grade       | 2. Somewhat below grade  | 3. At grade level        | 4. Somewhat above grade  | 5. Far above grade       |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. _____         | <input type="checkbox"/> |
| 2. _____         | <input type="checkbox"/> |
| 3. _____         | <input type="checkbox"/> |
| 4. _____         | <input type="checkbox"/> |
| 5. _____         | <input type="checkbox"/> |
| 6. _____         | <input type="checkbox"/> |

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

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www.ASEBA.org

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Please print. Be sure to answer all items.

| VIII. Compared to typical pupils of the same age: | 1. Much less             | 2. Somewhat less         | 3. Slightly less         | 4. About average         | 5. Slightly more         | 6. Somewhat more         | 7. Much more             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How hard is he/she working?                    | <input type="checkbox"/> |
| 2. How appropriately is he/she behaving?          | <input type="checkbox"/> |
| 3. How much is he/she learning?                   | <input type="checkbox"/> |
| 4. How happy is he/she?                           | <input type="checkbox"/> |

**IX. Most recent achievement test scores (optional):**

| Name of test | Subject | Date | Percentile or grade level obtained |
|--------------|---------|------|------------------------------------|
|              |         |      |                                    |
|              |         |      |                                    |
|              |         |      |                                    |
|              |         |      |                                    |

**X. IQ, readiness, or aptitude tests (optional):**

| Name of test | Date | IQ or equivalent scores |
|--------------|------|-------------------------|
|              |      |                         |
|              |      |                         |
|              |      |                         |

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

What concerns you most about this pupil?

Please describe the best things about this pupil:

Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary.

Please print. Be sure to answer all items.

Below is a list of items that describe pupils. For each item that describes the pupil *now or within the past 2 months*, please circle the **2** if the item is *very true or often true* of the pupil. Circle the **1** if the item is *somewhat or sometimes true* of the pupil. If the item is *not true* of the pupil, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

**0 = Not True (as far as you know)      1 = Somewhat or Sometimes True      2 = Very True or Often True**

|       |  |       |   |
|-------|--|-------|---|
| 0 1 2 | 1. Acts too young for his/her age  | 0 1 2 | 34. Feels others are out to get him/her                                 |
| 0 1 2 | 2. Hums or makes other odd noises in class   | 0 1 2 | 35. Feels worthless or inferior   |
| 0 1 2 | 3. Argues a lot  | 0 1 2 | 36. Gets hurt a lot, accident-prone                                     |
| 0 1 2 | 4. Fails to finish things he/she starts  | 0 1 2 | 37. Gets in many fights   |
| 0 1 2 | 5. There is very little that he/she enjoys   | 0 1 2 | 38. Gets teased a lot   |
| 0 1 2 | 6. Defiant, talks back to staff  | 0 1 2 | 39. Hangs around with others who get in trouble                         |
| 0 1 2 | 7. Bragging, boasting  | 0 1 2 | 40. Hears sounds or voices that aren't there (describe): _____          |
| 0 1 2 | 8. Can't concentrate, can't pay attention for long                                   | 0 1 2 | 41. Impulsive or acts without thinking                                  |
| 0 1 2 | 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____         | 0 1 2 | 42. Would rather be alone than with others                              |
| 0 1 2 | 10. Can't sit still, restless, or hyperactive  | 0 1 2 | 43. Lying or cheating   |
| 0 1 2 | 11. Clings to adults or too dependent  | 0 1 2 | 44. Bites fingernails   |
| 0 1 2 | 12. Complains of loneliness  | 0 1 2 | 45. Nervous, high-strung, or tense                                      |
| 0 1 2 | 13. Confused or seems to be in a fog   | 0 1 2 | 46. Nervous movements or twitching (describe): _____                    |
| 0 1 2 | 14. Cries a lot  | 0 1 2 | 47. Overconforms to rules   |
| 0 1 2 | 15. Fidgets  | 0 1 2 | 48. Not liked by other pupils   |
| 0 1 2 | 16. Cruelty, bullying, or meanness to others   | 0 1 2 | 49. Has difficulty learning   |
| 0 1 2 | 17. Daydreams or gets lost in his/her thoughts                                       | 0 1 2 | 50. Too fearful or anxious  |
| 0 1 2 | 18. Deliberately harms self or attempts suicide                                      | 0 1 2 | 51. Feels dizzy or lightheaded  |
| 0 1 2 | 19. Demands a lot of attention   | 0 1 2 | 52. Feels too guilty  |
| 0 1 2 | 20. Destroys his/her own things  | 0 1 2 | 53. Talks out of turn   |
| 0 1 2 | 21. Destroys property belonging to others  | 0 1 2 | 54. Overtired without good reason                                       |
| 0 1 2 | 22. Difficulty following directions  | 0 1 2 | 55. Overweight  |
| 0 1 2 | 23. Disobedient at school  |       | 56. Physical problems <i>without known medical cause</i> :              |
| 0 1 2 | 24. Disturbs other pupils  | 0 1 2 | a. Aches or pains ( <i>not</i> stomach or headaches)                    |
| 0 1 2 | 25. Doesn't get along with other pupils  | 0 1 2 | b. Headaches  |
| 0 1 2 | 26. Doesn't seem to feel guilty after misbehaving                                    | 0 1 2 | c. Nausea, feels sick   |
| 0 1 2 | 27. Easily jealous   | 0 1 2 | d. Eye problems ( <i>not</i> if corrected by glasses) (describe): _____ |
| 0 1 2 | 28. Breaks school rules  | 0 1 2 | e. Rashes or other skin problems  |
| 0 1 2 | 29. Fears certain animals, situations, or places other than school (describe): _____ | 0 1 2 | f. Stomachaches   |
| 0 1 2 | 30. Fears going to school  | 0 1 2 | g. Vomiting, throwing up  |
| 0 1 2 | 31. Fears he/she might think or do something bad                                     | 0 1 2 | h. Other (describe): _____  |
| 0 1 2 | 32. Feels he/she has to be perfect   |       | _____   |
| 0 1 2 | 33. Feels or complains that no one loves him/her                                     |       | _____   |

PAGE 1 Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True (as far as you know)    1 = Somewhat or Sometimes True    2 = Very True or Often True

|       |   |       |  |
|-------|---|-------|--|
| 0 1 2 | 57. Physically attacks people   | 0 1 2 | 84. Strange behavior (describe): _____   |
| 0 1 2 | 58. Picks nose, skin, or other parts of body (describe): _____        | 0 1 2 | 85. Strange ideas (describe): _____  |
| 0 1 2 | 59. Sleeps in class   | 0 1 2 | 86. Stubborn, sullen, or irritable   |
| 0 1 2 | 60. Apathetic or unmotivated  | 0 1 2 | 87. Sudden changes in mood or feelings   |
| 0 1 2 | 61. Poor school work  | 0 1 2 | 88. Sulks a lot  |
| 0 1 2 | 62. Poorly coordinated or clumsy                                      | 0 1 2 | 89. Suspicious   |
| 0 1 2 | 63. Prefers being with older children or youths                       | 0 1 2 | 90. Swearing or obscene language   |
| 0 1 2 | 64. Prefers being with younger children                               | 0 1 2 | 91. Talks about killing self   |
| 0 1 2 | 65. Refuses to talk   | 0 1 2 | 92. Underachieving, not working up to potential  |
| 0 1 2 | 66. Repeats certain acts over and over; compulsions (describe): _____ | 0 1 2 | 93. Talks too much   |
| 0 1 2 | 67. Disrupts class discipline   | 0 1 2 | 94. Teases a lot   |
| 0 1 2 | 68. Screams a lot   | 0 1 2 | 95. Temper tantrums or hot temper  |
| 0 1 2 | 69. Secretive, keeps things to self                                   | 0 1 2 | 96. Seems preoccupied with sex   |
| 0 1 2 | 70. Sees things that aren't there (describe): _____                   | 0 1 2 | 97. Threatens people   |
| 0 1 2 | 71. Self-conscious or easily embarrassed                              | 0 1 2 | 98. Tardy to school or class   |
| 0 1 2 | 72. Messy work  | 0 1 2 | 99. Smokes, chews, or sniffs tobacco   |
| 0 1 2 | 73. Behaves irresponsibly (describe): _____                           | 0 1 2 | 100. Fails to carry out assigned tasks   |
| 0 1 2 | 74. Showing off or clowning   | 0 1 2 | 101. Truancy or unexplained absence  |
| 0 1 2 | 75. Too shy or timid  | 0 1 2 | 102. Underactive, slow moving, or lacks energy   |
| 0 1 2 | 76. Explosive and unpredictable behavior                              | 0 1 2 | 103. Unhappy, sad, or depressed  |
| 0 1 2 | 77. Demands must be met immediately, easily frustrated                | 0 1 2 | 104. Unusually loud  |
| 0 1 2 | 78. Inattentive or easily distracted                                  | 0 1 2 | 105. Uses alcohol or drugs for nonmedical purposes ( <i>don't</i> include tobacco) (describe): _____ |
| 0 1 2 | 79. Speech problem (describe): _____                                  | 0 1 2 | 106. Overly anxious to please  |
| 0 1 2 | 80. Stares blankly  | 0 1 2 | 107. Dislikes school   |
| 0 1 2 | 81. Feels hurt when criticized  | 0 1 2 | 108. Is afraid of making mistakes  |
| 0 1 2 | 82. Steals  | 0 1 2 | 109. Whining   |
| 0 1 2 | 83. Stores up too many things he/she doesn't need (describe): _____   | 0 1 2 | 110. Unclean personal appearance   |
|       |   | 0 1 2 | 111. Withdrawn, doesn't get involved with others   |
|       |   | 0 1 2 | 112. Worries   |
|       |   | 0 1 2 | 113. Please write in any problems the pupil has that were not listed above.                          |
|       |   | 0 1 2 | _____  |
|       |   | 0 1 2 | _____  |
|       |   | 0 1 2 | _____  |

## Parenting Practices - LYFE II-Parent Questionnaire

### *Latino Youth and Family Empowerment II (LYFE II) Project* Parent Questionnaire

Interviewer Introduction: *I am going to ask you a lot of questions about your youth, about you and about your experiences in general. For some of the questions, just choose an answer that best fits for you. All of your responses are confidential and there are no right or wrong answers.*

#### SECTION A ACADEMIC ENCOURAGEMENT

1. How often do you check your youth's homework?

1 – Never

2 – Less than one time per week

3 – 2 to 3 times per week

4 – At least 1 time per week but less than daily

5 – Daily or almost daily

2. Do you do things to help your youth get his/her homework done? (Mark all that apply.)

a–S/he has certain time to do homework

b–S/he has certain place to do homework

c–I sit with youth while s/he does homework

d–I help youth when s/he is stuck on homework

e–I help youth by quizzing her/him to prepare for tests, etc.

f–I give her/him incentives, like special privileges, special treats, etc.

g–I use sanctions, punishment, discipline actions

h–I remind youth to do homework

i–I check with youth to be sure homework is done

j–I check, correct homework with youth

k–I check with teacher about how well homework is done

l–I help him/her access other resources (library, art supplies, computer labs etc.)

m–I help her/him practice skills (read, go over problems, etc.)

n–I limit noise or distractions

o–Other (specify) \_\_\_\_\_

SECTION C  
GENERAL PARENTING

*In the last month, were you able to...*

1. ...communicate clearly and calmly with your youth about problems or concerns you had?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

2. ...deal with emotional conflicts and work towards a solution?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

3. ...use incentives and encouragement to build positive behavior, like doing homework?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

4. ...calmly set limits with defiant or disrespectful behavior?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

5. ...set limits about more serious behavior like lying, fighting, skipping school if and when it happened?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

6. ...monitor how much time he/she spent with friends unsupervised by adults?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

7. ...do positive activities with your youth?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

8. ...be consistent with discipline?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

9. ...carry out consequences?

|                        |               |              |                      |                  |           |
|------------------------|---------------|--------------|----------------------|------------------|-----------|
| <u>Not at all able</u> | <u>Unable</u> | <u>50/50</u> | <u>Somewhat able</u> | <u>Very able</u> | <u>NA</u> |
| 1                      | 2             | 3            | 4                    | 5                | 9         |

#### SECTION D

#### PARENTAL MONITORING

1. During a typical school day, how much of the time do you know where your youth is?

|              |                     |                  |                   |                      |
|--------------|---------------------|------------------|-------------------|----------------------|
| <u>Never</u> | <u>Almost never</u> | <u>Sometimes</u> | <u>Frequently</u> | <u>Almost always</u> |
| 1            | 2                   | 3                | 4                 | 5                    |

2. During a typical weekend day, how much of the time do you know where your youth is?

|              |                     |                  |                   |                      |
|--------------|---------------------|------------------|-------------------|----------------------|
| <u>Never</u> | <u>Almost never</u> | <u>Sometimes</u> | <u>Frequently</u> | <u>Almost always</u> |
| 1            | 2                   | 3                | 4                 | 5                    |

3. During a typical school day, how much of the time do you know who your youth is with?

|              |                     |                  |                   |                      |
|--------------|---------------------|------------------|-------------------|----------------------|
| <u>Never</u> | <u>Almost never</u> | <u>Sometimes</u> | <u>Frequently</u> | <u>Almost always</u> |
| 1            | 2                   | 3                | 4                 | 5                    |

4. During a typical weekend day, how much of the time do you know who your youth is with?

|              |                     |                  |                   |                      |
|--------------|---------------------|------------------|-------------------|----------------------|
| <u>Never</u> | <u>Almost never</u> | <u>Sometimes</u> | <u>Frequently</u> | <u>Almost always</u> |
| 1            | 2                   | 3                | 4                 | 5                    |

5. During a typical school day, how much of the time do you know what your youth is doing?  
Never            Almost never            Sometimes            Frequently            Almost always  
1                    2                    3                    4                    5

6. During a typical weekend day, how much of the time do you know what your youth is doing?  
Never            Almost never            Sometimes            Frequently            Almost always  
1                    2                    3                    4                    5

7. During a typical school day, how much of the time your youth has no adult supervision?  
Never            Almost never            Sometimes            Frequently            Almost always  
1                    2                    3                    4                    5

8. During a typical weekend day, how much of the time your youth has no adult supervision?  
Never            Almost never            Sometimes            Frequently            Almost always  
1                    2                    3                    4                    5

9. How often does your youth spend time with friends you don't know?  
Never            Almost never            Sometimes            Frequently            Almost always  
1                    2                    3                    4                    5

10. How well do you know the youngsters that your youth spends time with?  
Not at all            Slightly            Somewhat            Well            Very well  
1                    2                    3                    4                    5

11. How often does your youth spend time with adults you don't know (coaches, bus drivers, etc.)?  
Never            Almost never            Sometimes            Frequently            Almost always  
1                    2                    3                    4                    5

12. How well do you know the adults your youth spends time with (coaches, bus drivers, etc.)?  
Not at all            Slightly            Somewhat            Well            Very well  
1                    2                    3                    4                    5

13. How well do you know the parents of your youth's friends?

|                   |                 |                 |             |                  |
|-------------------|-----------------|-----------------|-------------|------------------|
| <u>Not at all</u> | <u>Slightly</u> | <u>Somewhat</u> | <u>Well</u> | <u>Very well</u> |
| 1                 | 2               | 3               | 4           | 5                |

SECTION E  
DISCIPLINE

SKILL ENCOURAGEMENT

How likely are you to...

1. Make or buy your youth special food when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

2. Spend extra time with your youth or do special things as a reward when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

3. Give your youth money when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

4. Give your youth extra privileges when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

5. Let your youth do special activities when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

6. Praise your youth when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

7. Give your youth a gift (toy, game, etc.) when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

8. Reward your youth with points on a point chart when s/he behaves well?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

#### APPROPRIATE DISCIPLINE

How likely are you to...

1. Discuss the problem with her/him or ask about her/his behavior when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

2. Get your youth to correct or make up for the problem when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

3. Give warning that a specific punishment will happen when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

4. Follow through on warnings when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

5. Restrict privileges when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

6. Tell youth to stop/give a command when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

7. Withhold or put points on point chart when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

8. Give a fine when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

9. Give a time-out of no more than 15 minutes when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

10. Give extra chores when s/he misbehaves?

|                          |                 |                        |               |                    |           |
|--------------------------|-----------------|------------------------|---------------|--------------------|-----------|
| <u>Not at all likely</u> | <u>Unlikely</u> | <u>Somewhat likely</u> | <u>Likely</u> | <u>Very likely</u> | <u>NA</u> |
| 1                        | 2               | 3                      | 4             | 5                  | 9         |

The End  
Thank You!

**Parent-Child Relationship - LYFE II - Parenting and Community Involvement Questionnaire—Youth**

*Latino Youth and Family Empowerment II (LYFE II) Project*  
Parenting and Community Involvement Questionnaire -Youth

A. FAMILY STRIFE/COMMUNICATION PROBLEMS

In the LAST WEEK, how many times did the following things happen between you and at least one of your parents?

1. We got angry at each other.

| Never | Once | Twice | 3 Times | 4 or 5 Times | 6 or 7 Times | More than 7 Times |
|-------|------|-------|---------|--------------|--------------|-------------------|
| 1     | 2    | 3     | 4       | 5            | 6            | 7                 |

2. We argued at the dinner table.

| Never | Once | Twice | 3 Times | 4 or 5 Times | 6 or 7 Times | More than 7 Times |
|-------|------|-------|---------|--------------|--------------|-------------------|
| 1     | 2    | 3     | 4       | 5            | 6            | 7                 |

3. We had a big argument about a little thing.

| Never | Once | Twice | 3 Times | 4 or 5 Times | 6 or 7 Times | More than 7 Times |
|-------|------|-------|---------|--------------|--------------|-------------------|
| 1     | 2    | 3     | 4       | 5            | 6            | 7                 |

4. One of us got so mad, we hit the other person.

| Never | Once | Twice | 3 Times | 4 or 5 Times | 6 or 7 Times | More than 7 Times |
|-------|------|-------|---------|--------------|--------------|-------------------|
| 1     | 2    | 3     | 4       | 5            | 6            | 7                 |

5. I got my way by being angry.

| Never | Once | Twice | 3 Times | 4 or 5 Times | 6 or 7 Times | More than 7 Times |
|-------|------|-------|---------|--------------|--------------|-------------------|
| 1     | 2    | 3     | 4       | 5            | 6            | 7                 |

Because parents care about their kids, they are interested in their activities, but sometimes their questions might seem nosy and lead to conflict. Please select how likely it is that you will get into an argument or get angry if at least one of your parents asks questions about...

6. ...friends you are spending time with.

|                      |                         |                    |                 |                |
|----------------------|-------------------------|--------------------|-----------------|----------------|
| Not at all<br>likely | Only slightly<br>likely | Somewhat<br>likely | Quite<br>likely | Very<br>likely |
| 1                    | 2                       | 3                  | 4               | 5              |

...where you go and what you do when you're away from home.

|                      |                         |                    |                 |                |
|----------------------|-------------------------|--------------------|-----------------|----------------|
| Not at all<br>likely | Only slightly<br>likely | Somewhat<br>likely | Quite<br>likely | Very<br>likely |
| 1                    | 2                       | 3                  | 4               | 5              |

### B. HOMEWORK SUPPORT

Some parents have rules about things, and some don't. In this next section, we ask you what kind of rules or expectations your parents have for you, and what they do about those rules. Please complete each sentence by choosing one of the options.

7. My parents \_\_\_\_\_ that I should do homework every day.

|                      |                      |                   |                                     |
|----------------------|----------------------|-------------------|-------------------------------------|
| Have a clear<br>rule | Definitely<br>expect | Sort of<br>expect | Don't have a rule<br>or expectation |
| 1                    | 2                    | 3                 | 4                                   |

The next questions ask how your parents would react if you did or didn't do certain things. Imagine yourself doing the things listed in the questions (even if you never have), and then mark how likely it is that your parents would react in the following ways.

8. If you did not finish your homework, how likely is it that at least one of your parents would know about it?

|                      |                         |                    |                 |                |
|----------------------|-------------------------|--------------------|-----------------|----------------|
| Not at all<br>likely | Only slightly<br>likely | Somewhat<br>likely | Quite<br>likely | Very<br>likely |
| 1                    | 2                       | 3                  | 4               | 5              |

9. If at least one of your parents knew that you did not finish your homework, how likely is it that they would discipline you in some way (such as grounding you or not letting you do something you like to do)?

|                      |                         |                    |                 |                |
|----------------------|-------------------------|--------------------|-----------------|----------------|
| Not at all<br>likely | Only slightly<br>likely | Somewhat<br>likely | Quite<br>likely | Very<br>likely |
| 1                    | 2                       | 3                  | 4               | 5              |

10. How many times in the LAST WEEK has at least one of your parents checked to make sure that you had completed all of your homework?

|       |      |       |                    |                 |                      |
|-------|------|-------|--------------------|-----------------|----------------------|
| Never | Once | Twice | 3, 4 or 5<br>times | 6 or 7<br>times | More than 7<br>times |
| 1     | 2    | 3     | 4                  | 5               | 6                    |

11. About how many hours PER DAY in the LAST WEEK did at least one of your parents spend time helping you with schoolwork, studying for a test, or other school-type activities (extra practice in math, spelling, etc.)?

|      |          |                           |                |                |                      |
|------|----------|---------------------------|----------------|----------------|----------------------|
| None | 1/2 hour | Less than 1/2 - 1<br>hour | 1 - 2<br>hours | 2 - 3<br>hours | More than<br>3 hours |
| 1    | 2        | 3                         | 4              | 5              | 6                    |

How true are the following two statements?

12. In our home, there is a specific place for me to do my homework.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

13. In our home, there are regular times when I'm supposed to do my schoolwork.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

C. PARENTAL INVOLVEMENT

14. At least one of your parents has a pretty good idea about your interests, activities, or whereabouts.

|                     |                         |                        |       |                                    |
|---------------------|-------------------------|------------------------|-------|------------------------------------|
| <u>Almost never</u> | Never or Some-<br>times | About half<br>the time | Often | <u>Always or<br/>almost always</u> |
| 1                   | 2                       | 3                      | 4     | 5                                  |

In the LAST 2 DAYS, how many times did you...

15. ...eat a meal with at least one of your parents?

|              |      |       |                    |                 |                      |
|--------------|------|-------|--------------------|-----------------|----------------------|
| <u>Never</u> | Once | Twice | 3, 4 or 5<br>times | 6 or 7<br>times | More than<br>7 times |
| 1            | 2    | 3     | 4                  | 5               | 6                    |

16. ...talk with at least one of your parents about your activities?

|              |      |       |                    |                 |                      |
|--------------|------|-------|--------------------|-----------------|----------------------|
| <u>Never</u> | Once | Twice | 3, 4 or 5<br>times | 6 or 7<br>times | More than<br>7 times |
| 1            | 2    | 3     | 4                  | 5               | 6                    |

In the LAST WEEK, how many times did you...

17. ...do projects or activities with at least one of your parents at home (such as hobbies, crafts, baking, music, games, etc.)?

|              |      |       |                    |                 |                      |
|--------------|------|-------|--------------------|-----------------|----------------------|
| <u>Never</u> | Once | Twice | 3, 4 or 5<br>times | 6 or 7<br>times | More than<br>7 times |
| 1            | 2    | 3     | 4                  | 5               | 6                    |

18. ...go someplace for fun with at least one of your parents (such as visiting friends or relatives, going to sporting activities, scout or club meetings, or outdoor activities)?

|              |      |       |                    |                 |                      |
|--------------|------|-------|--------------------|-----------------|----------------------|
| <u>Never</u> | Once | Twice | 3, 4 or 5<br>times | 6 or 7<br>times | More than<br>7 times |
| 1            | 2    | 3     | 4                  | 5               | 6                    |

19. If you had a problem with friends, school, or siblings, how likely is it that at least one of your parents would sit down and talk with you about it?

|                      |                         |                    |                 |                |
|----------------------|-------------------------|--------------------|-----------------|----------------|
| Not at all<br>likely | Only slightly<br>likely | Somewhat<br>likely | Quite<br>likely | Very<br>likely |
| 1                    | 2                       | 3                  | 4               | 5              |

D. GENERAL FAMILY SATISFACTION

Think back over the LAST MONTH. How true are the following statements for you and your parents?

20. I really enjoyed being with my parents.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

21. My parents and I have gotten along very well with each other.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

22. My parents trusted my judgment.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

Think back over the LAST MONTH at home. How true are the following statements for your whole family?

23. There was a feeling of togetherness in our family.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

24. Family members really backed each other up.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

25. The things we did together were fun and interesting.

|            |                |                                |            |             |
|------------|----------------|--------------------------------|------------|-------------|
| Never true | Sometimes true | True about half<br>of the time | Often true | Always true |
| 1          | 2              | 3                              | 4          | 5           |

The End  
Thank You!

## APPENDIX C

### PHASE 3 MEASUREMENT INSTRUMENTS

#### Dissemination Survey

| Statement   | Really agree<br>1 | Somewhat agree<br>2 | Somewhat disagree<br>3 | Really disagree<br>4 | N/A<br>0 |
|---|-------------------|---------------------|------------------------|----------------------|----------|
| 1. The results were presented in a manner that I understood.  | 1                 | 2                   | 3                      | 4                    | 0        |
| 2. Examples for using the results were provided.  | 1                 | 2                   | 3                      | 4                    | 0        |
| 3. The results helped me understand the purpose of building family-school partnerships.                                 | 1                 | 2                   | 3                      | 4                    | 0        |
| 4. The results helped me understand barriers Latino students and families face in navigating the U.S. education system. | 1                 | 2                   | 3                      | 4                    | 0        |
| 5. The results helped me think about including families in intervention.  | 1                 | 2                   | 3                      | 4                    | 0        |
| 6. The results encouraged me to include stakeholders and participants when developing interventions.                    | 1                 | 2                   | 3                      | 4                    | 0        |
| 7. I shared the results with co-workers/friends/family members.   | 1                 | 2                   | 3                      | 4                    | 0        |
| 8. The results confirm my/our current practices.  | 1                 | 2                   | 3                      | 4                    | 0        |
| 9. I/we have used the results to educate others.  | 1                 | 2                   | 3                      | 4                    | 0        |
| 10. I/we have used the results to modify an intervention/practice.  | 1                 | 2                   | 3                      | 4                    | 0        |

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 11. I/we have used the results to develop an intervention/practice. | 1 | 2 | 3 | 4 | 0 |
| 12. If you responded 3 or 4 to items 9 to 11, please answer a-d.    |   |   |   |   |   |
| a. I did not use the research because I did not understand it.      | 1 | 2 | 3 | 4 | 0 |
| b. I did not use the research because it was not helpful.           | 1 | 2 | 3 | 4 | 0 |
| c. I did not use the research because I disagree with results.      | 1 | 2 | 3 | 4 | 0 |
| d. Other reason for not using the research. Explain: _____          |   |   |   |   |   |
| 13. Where did you hear about the results of this project? _____     |   |   |   |   |   |
| 14. What is your role in the community? _____                       |   |   |   |   |   |
| 15. What is your interest in this research? _____                   |   |   |   |   |   |

## APPENDIX D

### PROJECT BUDGET

The overall three-year budget for this project is \$2,007,903. Budget categories and expenses are described below.

**Personnel overview and cost calculations.** A strong team with extensive expertise and experience conducting school-based research with Latino families will manage the project operations. The southern Oregon district is a public school district and follows payroll and travel reimbursement policies established by the state and through collective bargaining. The district and community will provide the following project personnel: Co-Investigator, Lead Clinician, Family Outreach Coordinator, project manager, interventionists, assessors, research assistants, and a clerical support staff member. All district leadership will be cognizant and involved throughout the project, but their involvement will not be compensated through grant fund monies (other than assessment incentives). The University of Oregon (UO) will collaborate with the southern Oregon community to provide the project's research personnel, including a Principal Investigator and a Methodologist.

Salaries for personnel have been calculated in accordance with the personnel policies of the school district. An annual 2.5% increase has been budgeted for cost of living adjustments. Fringe benefits are also calculated in accordance with district policies and include medical, dental, and other health insurance, unemployment insurance, social security, retirement, and worker's compensation insurance. Over the three-year project, the total cost for personnel amounts to \$1,416,809.

**Year 1 Personnel: \$446,790.** The focus of year one is on project design, review of evidence-based research, needs assessment, intervention selection, and participant recruitment.

**Year 2 Personnel: \$610,651.** The focus of year two is on interventionist training, intervention delivery, assessment, and analysis.

**Year 3 Personnel: \$359,368.** The focus of year three is on data management, analysis, results dissemination, and exploration of funding for future project.

**Co-Investigator.** (Jackie Brody; Years 1 – 3: 1.0 FTE academic year, 1.0 FTE summer; 12.0 person months; Year 1: \$95,956; Year 2: \$98,744; Year 3: \$101,619). Jackie is an educational leader in the target district and has a Doctorate in Educational Leadership from the University of Oregon. She has worked intimately with all district leaders and many community families in the project setting. She is accomplished in family-centered interventions, evidence-based research, and working with diverse families and learners. As Co-I of the project, she will

- coordinate with the Principal Investigator in planning, organizing, implementing, and managing the project;
- recruit teacher and district participants;
- oversee local day-to-day operations;
- access student data from school data management systems;
- assist in planning, implementing, and monitoring the intervention in school setting;
- support in supervision and training of interventionists;
- attend all research and intervention meetings;

- author or co-author journal articles and reports; and
- present results at community forums and academic conferences.

**Lead Clinician.** (to be named; Year 1: .10 FTE academic year, .25 FTE summer; 1.65 person months; Year 2: .50 FTE academic year, .10 FTE summer; 4.80 person months; Year 3: .10 FTE academic year, .10 FTE summer; 1.20 person months; Year 1: \$39,880; Year 2: \$148,290; Year 3: \$29,901). The Lead Clinician (LC) will have experience in implementing family-centered interventions with Latino populations and will hold a current Oregon psychologist license. Year 2 of the project will require more time from the LC because of his/her involvement in intervention implementation. The LC will

- assist in the selection of the intervention;
- coordinate with PI and Co-I on intervention sessions and delivery;
- attend intervention training;
- coordinate with PI on determining which adaptations to the intervention are acceptable to meet local needs;
- supervise and oversee all aspects of intervention implementation;
- hire, train, support, and supervise interventionists;
- review intervention sessions to monitor fidelity;
- participate in research team meetings; and
- present results at community forums and academic conferences.

**Family Outreach Coordinator.** (Charlie Bauer; Years 1 – 2: .50 FTE calendar year, 6.00 person months; Year 3: .25 FTE calendar year, 3.00 person months; Year 1: \$66,880; Year 2: \$68,552; Year 3: \$35,133). Charlie is the Migrant Education and

English Language Learner Coordinator at the Southern Oregon Education Service District (SOESD) and is a well-established and respected member of the southern Oregon Latino community. For the past 32 years, Charlie has worked in education with a focus on the Latino and English Language Learner population. He has worked in bilingual education programs in Oregon, California, and Ecuador. Charlie also has experience in recruiting local Latino participants for other research projects (e.g., Latino police relations project). Throughout this project, he will

- coordinate with the Methodologist on recruiting and retaining participants;
- respond to participant questions about the project;
- coordinate activities and assessment sessions with participants;
- conduct focus groups with Latino participants;
- assist and oversee transcriptions and translations of focus group data;
- reschedule with participants who do not attend intervention or assessment sessions;
- make home visits with families as needed;
- disseminate results through community forums to Latino and education community; and
- participate in training, supervision, and research team meetings.

***Project Manager.*** (to be named; Years 1 – 3: .30 FTE calendar year; 3.60 person months; Year 1: \$36,480; Year 2: \$37,392; Year 3: \$38,327). The Project Manager (PM) will have experience in managing large-scale projects, including knowledge of grant policies and procedures. Throughout the project, the PM will

- maintain responsibility for grant operations and personnel activities;

- organize and coordinate tasks;
- assist PI and Co-I with administrative procedures and policies;
- oversee budget and timeline;
- maintain participant database and information;
- maintain records and update team on participant retention;
- prepare assessment and intervention materials; and
- participate in training, supervision, and research team meetings.

**Interventionists.** (3 to be named; Years 1: .80 FTE for 2 months, 4.80 person months; Year 2: .20 FTE for 7 months, 4.20 person months; Year 1: \$23,800; Year 2: \$21,346). The interventionists will be bilingual (Spanish and English) and experienced in implementing behavioral evidence-based treatments with diverse communities and families. During the first year of the project, the LC and program developers will train the interventionists on the core components of the chosen intervention and strategies for teaching and facilitating groups. During the second year, the interventionists will implement the intervention. Throughout the project, the interventionists will be required to

- complete required intervention training;
- participate in continued training and supervision from the LC and program developers;
- work with LC to organize and deliver intervention curriculum; and
- participate in training, supervision, and research team meetings.

**Assessors.** (4 to be named; Years 1: .25 FTE for 6 months, 6.00 person months; Year 2: .25 FTE for 12 months, 12.00 person months; Year 1: \$28,000; Year 2: \$57,400).

The assessors will be bilingual (Spanish and English) graduate students familiar with research design and data collection procedures. Throughout the project, the assessors will

- lead focus groups;
- conduct assessment interviews;
- translate focus group transcripts from Spanish to English;
- maintain contact with participants;
- reschedule assessment meetings with families who do not show;
- make home visits with families as needed;
- collect TRF and MJSES and input data;
- review data for accuracy and completeness;
- assist in translating focus group transcripts; and
- participate in training, supervision, and research team meetings.

***Research assistants.*** (2 to be named; Years 1: .25 FTE for 3 months, 1.50 person months; Year 2: .25 FTE for 12 months, 6.00 person months; Year 1: \$7,000; Year 2: \$28,700). The research assistants will be graduate students familiar with research design, data collection, and data analysis. The research assistants will

- process, store, and prepare data in SPSS and Atlas.ti;
- review data for accuracy and completeness;
- collaborate with the PI and Methodologist to complete routine statistical procedures and general analyses;
- perform analyses of reliability and validity; and
- participate in training, supervision, and research team meetings.

***Clerical assistant.*** (to be named; Years 1 – 3: .30 FTE calendar year; 3.60 person months; Year 1: \$18,900; Year 2: \$19,373; Year 3: \$19,857). The clerical assistant will have experience in grant and research related administrative tasks. The clerical assistant will

- support work of PI and PM;
- type and edit correspondence with participants;
- prepare measures and intervention materials;
- track and organize schedules for key research personnel; and
- participate in training, supervision, and research team meetings.

***Subawards for personnel - University of Oregon.*** Researchers from the UO will serve as the Principal Investigator and Methodologist.

***Principal Investigator.*** (to be named; Years 1 – 3: .25 FTE academic year, .25 FTE summer; 3.00 person months; Year 1: \$89,401; Year 2: 91,886; Year 3: \$94,443). The Principal Investigator (PI) will be well-experienced in managing grants and designing rigorous research studies involving family-centered interventions. Throughout the project he/she will

- assume the major responsibility for project design, measures, data, and analyses;
- plan, manage, and oversee major project components and progress towards aims;
- hire, train, and supervise the project team;
- lead project meetings;
- lead panel discussion for intervention selection;
- author or co-author journal articles and reports; and
- present results at community forums and academic conferences.

*Methodologist.* (to be named; Years 1 – 3: .20 FTE academic year, .20 FTE summer; 2.40 person months; Year 1: \$34,435; Year 2: \$35,391; Year 3: \$36,377). The Methodologist will have extensive experience in quantitative and qualitative research designs and managing school-based studies. Throughout the project, he/she will

- coordinate with PI to manage and oversee major aspects of research design, measurement, data collection and analysis;
- support participant recruitment and random assignment;
- conduct and manage focus groups;
- present preliminary results to research team throughout progress and suggest necessary refinements;
- analyze and report results;
- participate in research team meetings;
- author or co-author journal articles and reports; and
- present results at community forums and academic conferences.

**Domestic travel overview and cost calculations.** The Principal Investigator and Methodologist will travel from Eugene to southern Oregon (350 miles roundtrip) regularly throughout the project. The Co-Investigator and Family Outreach Coordinator will travel locally throughout the first two years of the project for participant recruitment and engagement. During Year 3, the project team (PI, Co-I, Methodologist, and LC) will travel to two professional education conferences to disseminate project results.

Travel costs are calculated in accordance with state rates in Oregon: mileage is \$0.565 per mile; per diem is \$65 for staff travel to include three meals; and lodging is

\$120 per night. Air travel to professional conference is estimated \$800 per person for a coach seat.

It is estimated that the PI will travel to southern Oregon monthly throughout the duration of the project (36 trips). During each travel, he/she will stay in southern Oregon for the week (5 days and 4 nights). It is estimated that the Methodologist will travel to southern Oregon four times for participant recruitment (September to November 2015 and June to July 2016), two times for focus groups (December 2015 to February 2016), one time for intervention selection (June 2016), and four times for results dissemination (January to May 2018). During each trip, the Methodologist will stay in southern Oregon for the week (5 days and 4 nights). Travel to conference will include airfare, 4 days, and 3 nights. The total travel funds requested for the project is \$59,858.

***Year 1 Travel: \$19,737.***

- Local mileage (50 miles per person per month = \$684): Co-I and Family Outreach Coordinator local travel
- Mileage (\$3,758): PI and Methodologist to southern Oregon research site
- Per Diem (\$6,175): PI and Methodologist travel
- Lodging (\$9,120): PI and Methodologist travel

***Year 2 Travel: \$12,717.***

- Local mileage (\$684): Co-I and Family Outreach Coordinator local travel
- Mileage (\$2,373): PI to southern Oregon research site
- Per Diem (\$3,900): PI travel
- Lodging (\$5,760): PI travel

***Year 3 Travel: \$27,404.***

- Mileage (\$3,164): PI and Methodologist to southern Oregon research site
- Per Diem (\$5,200): PI and Methodologist travel to southern Oregon site
- Lodging (\$7,680): PI and Methodologist travel to southern Oregon site
- Airfare (\$6,400): PI, Co-I, Methodologist, LC to education conferences
- Per Diem (\$2,080): PI, Co-I, Methodologist, LC conferences
- Lodging (\$2,880): PI, Co-I, Methodologist, LC conferences

**Participant/trainee support overview and cost calculations.** Participant and trainee support costs include stipends, travel costs, and subsistence for participants. The total requested amount for participant supports is \$25,896.

***Stipends.*** To increase recruitment and retention, participants will receive monetary reimbursements and incentives for their time participating in the study. Community members and district personnel will receive \$30 for participation in focus groups and \$60 for participation in the intervention selection panel. Parent and teacher participants will receive \$30 for each assessment session. Student participants will receive a \$5 gift card for participation in assessments.

***Travel.*** Providing transportation is one method for promoting participant recruitment and retention (Hogue et al., 1999; Miranda et al., 1996). Transportation will be provided for participants to attend intervention sessions, assessment sessions, and focus groups. We approximate \$75 for each intervention session, each focus group, and each assessment session.

***Subsistence.*** Refreshments or meals are an essential component of many family-centered interventions (e.g., *Strengthening Families, Nuestras Familias*). Time for meals

allow participants to interact and build social support networks. We approximate \$100 for meals during each weekly intervention session.

Providing childcare services can increase the retention of participants during research projects (Martinez et al., 2012). Therefore, childcare for participants will be provided during focus groups, assessment sessions, intervention sessions, and intervention decision-making panel sessions. We calculated childcare rates in accordance with Oregon Department of Human Services Child Care Maximum Rates. The rate is \$24.00 an hour for 10 school age children.

***Year 1 participant support: \$ 4,002.***

- Stipends: \$3,120 - ( $n=88$  focus group participants;  $n=8$  panel participants)
- Travel: \$450 - (6 focus group sessions)
- Subsistence: \$432 - (childcare: focus groups and panel session – 9 hours with 2 care providers)

***Year 2 participant support: \$21,894.***

- Stipends for baseline and post-intervention assessments: \$7,630 - ( $n=55$  student participants;  $n=18$  teacher participants;  $n=100$  parent participants x 2 assessment periods)
- Stipends for midpoint fidelity check: \$3,275 - ( $n=55$  student participants;  $n=100$  parent participants)
- Travel: \$2,925 - (36 intervention sessions; 3 assessment periods)
- Subsistence: \$8,064 - (meals for 36 intervention sessions; childcare: 2 ½ hour intervention sessions (36) and 1 ½ hour assessment sessions (3) with 2 care providers)

***Year 3 participant support: None requested.***

**Other direct costs.** Other direct costs include project materials and supplies; consultant services; computer services; and photocopies, postage, and telephone costs. The total requested amount for other direct costs is \$91,011.

***Materials and supplies.*** Materials and supplies include office supplies such as file cabinets, binders, folders, computer software, upgrades and ongoing maintenance of computers, and licenses for the use of standardized instruments. Laptop computers will be needed for conducting assessments and carrying out daily tasks related to the project. Desktop computers will be purchased for administrative use. Supply costs are greater during Year 1 because of the need to purchase the intervention supplies, secure data collection materials, computing equipment, software, and measurement licensing for the project. Intervention supplies include the estimate for cost of the chosen intervention, associated training and ongoing support costs, and copies of materials for intervention sessions. For the three-year project, we are requesting a total of \$66,130 for materials and supplies.

*Year 1 materials and supplies: \$63,530.*

- Consumable office supplies: \$700
- Computers (2 desktops, 4 laptops): \$6,000
- Technology (software-Atlas.ti and SPSS, upgrades, licenses, etc.): \$6,000
- Instrument licenses for copyrighted instruments (CBCL): \$430
- File cabinets (2): \$400
- Intervention supplies (training, materials, consultation/support, license):  
\$50,000

*Year 2 materials and supplies: \$1,900.*

- Consumable office supplies: \$700
- Intervention supplies (materials for families): \$1,200

*Year 3 materials and supplies: \$700.*

- Consumable office supplies: \$700

***Consultant services.*** Our process for selecting an intervention includes consultation with experts in family-centered intervention research and implementation. With the support from these expert organizations, we could have a significant impact with our Latino families and students in southern Oregon. Consultation services during the first year will include support and assistance regarding evidence-based practices with family-centered interventions, family-school-community partnerships, and equity for Latino families. We will continue consultation with the Center for Equity Promotion during Year 2 to support with intervention training and delivery. For the three-year project, we are requesting a total of \$8,100 for consultant services.

*Year 1 consultation costs: \$5,850.*

- Center for Equity Promotion (CEQP) consultation (15 hours/month; 3 months; \$50/hour): \$2,250
- Oregon Social Learning Center (OSLC) consultation (10 hours/month; 3 months; \$50/hour): \$1,500
- Culture and Prevention Research Lab consultation (10 hours/month; 3 months; \$50/hour): \$1,500
- Centro LatinoAmericano (Centro) consultation (2 hours/month; 3 months; \$50/hour): \$300

- National Council of La Raza (NCLR) consultation (2 hours/month; 3 months; \$50/hour): \$300

*Year 2 consultation costs: \$2,250.*

- Center for Equity Promotion (CEQP) consultation (5 hours/month; 9 months; \$50/hour): \$2,250

*Year 3 consultation costs: None requested.*

**Computer services.** Computer service costs include computer repair, support, and maintenance costs provided by the district computer support department for computers used in southern Oregon and the UO computer support department for the PI and Methodologist computers. For the three-year project, we are requesting a total of \$3,061 for computer services.

*Year 1 computer service costs: \$1,000.*

*Year 2 computer service costs: \$1,020.*

*Year 3 computer service costs: \$1,041.*

**Photocopy/postage/telephone.** The project will have significant costs of copying for measurement instruments, intervention materials, and other project needs. Postage will also be needed for sending participant materials for recruitment and intervention purposes. In addition, we will need postage for disseminating project results. Key project staff (PI, Co-I, Methodologist, LC) will be provided with a stipend for cellular telephones because of required travel and long distance calls between southern Oregon and UO project personnel. Two land phone lines at the pilot district and two land phone lines at UO will be used for project purposes. We are requesting \$13,720 for photocopy, postage, and telephone expenses.

*Year 1 photocopy/postage/telephone: \$5,880.*

- Photocopy (estimated \$50/month): \$600
- Postage (estimated \$60/month): \$720
- Telephone (cellular - \$35/month for 4 & land line - \$60/month for 4):  
\$4,560

*Year 2 photocopy/postage/telephone: \$5,880.*

*Year 3 photocopy/postage/telephone: \$1,960.*

**Indirect costs: Facilities and administrative.** The indirect cost rate is 26% and is applied to the total cost of the project budget of \$1,593,573. The total amount for indirect facilities and administrative costs is \$414,329.

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