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Family Therapy, K-12 Public Education, and Discipline Risk: A Scoping Review and Relationship Analysis Multiple Manuscript Dissertation

Cara Melinda Thompson

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Relationship Analysis Multiple Manuscript Dissertation

by

Cara Melinda Thompson

Bachelor of Arts
St. Andrews University, 2005

Master of Arts
Columbia International University, 2011

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Accepted by:

Dodie Limberg, Major Professor

Ryan G. Carlson, Committee Member

Jessie Guest, Committee Member

Angie Starrett, Committee Member

O'Tasha Morgan, Committee Member

Cheryl L. Addy, Interim Vice Provost and Dean of the Graduate School

Dedication

To Jeni, Abby, and Rachel:

Without you, this would not be. Thank you for reminding me every day who I am

through your eyes.

To the clients I've known:

May your voices be heard and valued and may each of you find the hope and love you

deserve. You have been the greatest joy of my career.

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Abstract

This dissertation contains two studies that examine family therapy services within public schools related to behavioral or discipline concerns. Both studies stem from an ecological and family systems theoretical framework in examining relationships between the student, family, and school systems. The first study is a scoping review on family therapy within a school context related to a behavioral or discipline concern and provided by a clinical mental health counselor or family therapist. This scoping review summarized both empirical and conceptual literature by type and degree of school context, type of behavioral issue addressed, interventions, and outcomes measured or contributions. The second study explored the relationships between discipline risk as determined by a predictive analytics program of students recommended for expulsion who were also referred to a family therapy program within a school district during the 2021-2022 school year. The second study also explored if there is a relationship between student characteristics and service utilization of family therapy services required by the district as a component to disciplinary processes. Both studies have implications for school officials and educators, family therapy providers, and counselor educators to inform policy, program and intervention implementation, training, and research.

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List of Abbreviations

ACEs ....Adverse Childhood Experiences

AAMFT...................................... American Association for Marriage and Family Therapy

CACREP ....Council for Accreditation of Counseling and Related Programs

CMHCs ....Clinical Mental Health Counselors

COAMFTE ....Commission on Accreditation for Marriage and Family Therapy Education

HLR..Hierarchical Linear Regression

IEP... Individualized Education Plan

K-12 .... Kindergarten through 12th grade

MFT .... Marriage and Family Therapy(Therapists)

MLM...Multinomial Logistic Regression

MTSS ....Multi-tiered Systems of Support

ODRs... Office Discipline Referrals

PBIS ....Positive Behavioral Interventions and Supports

PIP...Pupils in Poverty

RFE ....Recommended(Recommendation) for Expulsion

SES..Socioeconomic Status

Chapter 1: Introduction

School success for K-12 students has largely been constrained to the school environment but focusing on a student's family relationships and home environment may impact a student's success during the school day (Lam, 2004; Mendez et al., 2013). For mental health professionals and K-12 educators, there is a growing emphasis on implementing school-based services to increase access to mental health professionals (Richter et al., 2022; Rones et al., 2000). In addition, educators and education researchers have recently emphasized restorative discipline practices to decrease use of exclusionary and punitive discipline practices and trauma-sensitive education practices to increase a school culture of empathy and support (Anyon et al., 2016; Maynard et al., 2019; B. L. Perry & Morris, 2014). At the intersection of school mental health services, restorative practices, and trauma-sensitive education, an opportunity emerges to directly impact families and home environment. Therefore, this proposal offers two studies to connect these bodies of literature through exploring the current literature on family therapy and to explore relationships between variables relevant to both family therapy and school systems. This dissertation contains two studies: (a) a scoping review of family therapy services for discipline or behavioral concerns in public schools and (b) a correlational exploration of discipline risk, family therapy services for students involved in disciplinary processes, and student characteristics.

Rationale and Problem Statement

Students involved in exclusionary discipline processes demonstrate a dose-response relationship with additional difficulties such as an increase in likelihood for additional instances of exclusionary discipline (Bell et al., 2021) and an increased likelihood for legal problems and dropping out including social, academic, and legal problems (Novak, 2021). Specifically, student characteristics of male gender and black or African American ethnicity, in addition to the reporting Adverse Childhood Experiences (ACEs), have been associated with higher likelihood of experiencing exclusionary discipline practices (B. L. Perry & Morris, 2014; Pierce et al., 2021; Skiba, Chung, et al., 2014) and receiving office discipline referrals at higher rates (Anyon et al., 2018). Additionally, students who are not involved in discipline processes but attend schools with high rates of exclusionary discipline practices may also experience negative academic consequences such as lower overall academic achievement (B. L. Perry & Morris, 2014). Researchers and educators concerned with these trends have also identified the dose-response correlation between adverse childhood experiences (ACEs) and the increase likelihood of exclusionary discipline. In a recent study, Fabes et al. (2021) analyzed data from a large sample of students where 81% of students reported having experienced at least 1 ACE. Of those students, black students were 2.5-3.5 times more likely to receive exclusionary discipline and female students were 40% less likely than male counterparts to receive exclusionary discipline, indicating both racial and gender inequities in discipline practices.

Students who receive exclusionary consequences to behavioral infractions miss instructional time, critical social contact for social and emotional development, and are removed from educational environments that often provide access to protective factors

and compensatory experiences such as positive friendships, predictability and routines, positive adult supports and mentors, and positive educational experiences (Hays-Grudo & Sheffield Morris, 2020). To address underlying factors that may be contributing to discipline related problems in the school setting, some districts have implemented family therapy services to provide family-focused intervention to students involved in disciplinary processes (Cooper-Haber & Haber, 2015a; Lam, 2004; Nelson, 2006). However, while mental health services located in or funded by schools are becoming more prevalent in K-12 schools, there has not been a published review to synthesize existing literature on the usefulness of family-focused interventions within the context of schools and school collaboration. In a review of general school mental health services, Hoagwood (2007) specifically states the need for studies to examine both academic outcomes as well as mental health outcomes. The scoping review of family therapy services in public schools further explores and clarifies this gap in the literature and serve as a precursor to future systematic reviews based on the results of the scoping review.

The second study analyzes data from the 2021-2022 school year from a family therapy program within a school district to explore the difference in discipline risk between students in different groups according to service utilization of family therapy services in addition to student characteristics that are associated with service utilization. The students in this study's sample have been mandated to attend family therapy services as part of the school district's requirement for their level of involvement in discipline processes. Snyder and Anderson (2009) reported that voluntary and mandated clients do not demonstrate significant difference in outcomes, but Mattek et al. (2016) summarized that more sessions typically led to greater treatment gains, though effects leveled out

around 20 sessions. A search of recent literature did not indicate any research recommending specifics for number of sessions or modalities of treatment for discipline-related concerns within schools. However, Fabes et al. (2021) recommend further research in trauma-informed educational practices and restorative practices in response to discipline-related concerns and Weist et al. (2017) published a guide to integrating family engagement in positive behavioral interventions and supports, which often includes response to discipline concerns for students. More detailed discussion of literature relevant to and leading to this study is discussed in Chapter two.

The second study examines the impact of services from a family therapy program for students who are at risk of academic problems and/or discipline related problems. This program requires staff and graduate trainees to have significant training in trauma-focused treatments and is used by the school district to offer family therapy as a restorative option in lieu of a harsher consequence. Specifically, the second study examines the differences in discipline risk for students who do not attend family therapy, those who attend between one and four sessions, and explore if student characteristics are associated with service utilization. Essentially, the purpose of this study is to investigate the relationship of utilization of services from a family therapy program family and student success, particularly their level of discipline risk.

Theoretical Framework

Bioecological Theory

The theoretical framework for family therapy within the context of public education is established from General Systems, bioecological theory, and family systems theories. General systems theory was a logical mathematical theory developed by von Bertalanffy in 1950 who asserted the theory is applicable to any field focused on systems

including physics, biology, mathematics, neurology, and psychology (1950). Building from early systems theories, Bronfenbrenner developed a social ecology model that established individuals within separate, but nested, social systems that influence development and behavior in the 1970s and 1980s (1986). Bronfenbrenner's early social ecological theory evolved into his later bioecological theory that detailed a Process-Person-Context-Time (PPCT) structure for structuring research (Bronfenbrenner & Evans, 2000; Rosa & Tudge, 2013). Rather than systems nested within systems, Bronfenbrenner's PPCT theory emphasizes the interconnected and interrelated nature of each system, indicating the mutual influence they have on each other. He also theorized that proximal processes may have the greatest influence, meaning that the situations, relationships, places, in and through which the individual engages over time have a significant impact on development (Bronfenbrenner & Evans, 2000).

Centers for Disease Control's ACEs Pyramid

The CDC's Violence Prevention Model is based on social- and bio-ecological theories and research from epidemiological, medical, and sociological research (Centers for Disease Control, 2022). Depicted in a pyramid figure to illustrate the role of ACEs in increasing risk for various problems strongly associated with early death, the tiers of the ACEs pyramid, from bottom to top, are: (a) generational embodiment/historical trauma; (b) social conditions/local context; (c) adverse childhood experiences; (d) disrupted neurodevelopment; (e) social, emotional, and cognitive impairment; (f) adoption of health risk behavior; (g) disease, disability, and social problems; and (f) early death (Centers for Disease Control, 2021).

Understanding the research influencing the development of the ACE pyramid guides prevention and intervention models to decrease likelihood of problems in the higher tiers. For children in schools, preventing and/or reducing these problems increases overall functioning, including at school. One protective factor that has been consistently associated with moderating the effects of ACEs is the presence of safe, supportive, nurturing relationships (SSNRs; Crouch, Radcliff, et al., 2019; Schofield et al., 2013). Interventions with caregivers can directly address the negative impact of ACEs and mitigate disruptions to neurodevelopment that can increase risk for school-related problems (Bakermans-Kranenburg et al., 2008; Lipscomb et al., 2018; Martins et al., 2020; Shields et al., 2016). A family therapy program within schools, such as the Family Intervention Services (FIS) program detailed in the second study, has the potential to directly address correlates at every tier. Family therapy can address generational/caregiver trauma, school and community contexts through general professional development or consultation for specific students, prevent ACEs through increasing awareness, address neurobiological sequelae of ACEs through individual and family counseling, provide evidence-based treatment for symptoms associated with the next three tiers, and even decrease risk of early death through suicide prevention and treatment strategies as well as through addressing issues associated with the lower tiers.

Family systems theories and common factors

Family systems theories stemmed from earlier Social-Ecological models and evolved to focus on the relationships and patterns within families (Goldenberg et al., 2017). Common threads among family systems theories include addressing interactions between dyads, triads, and the whole system; identifying patterns of interactions; and

helping families move toward a particular vision of family wellness. Family systems

theories were founded by early theorists including Jay Haley, Salvador Minuchin,

Virginia Satir, and Carl Whitaker and have evolved into many evidence-based models

from general theories such as Experiential, Narrative, Structural, and Strategic

(Goldenberg et al., 2017). Among the many theories and models emerge common factors

in the direct application of family therapy theories to treatment of clients. Common

factors of family therapy that are different to individual counseling models include a

relational conceptualization of the presenting problem, an emphasis on problematic

interactional cycles, and expanding the treatment and rapport to multiple individuals

(D'Aniello & Fife, 2020). Due to the nature of a scoping review and training program

with multiple types of licensed mental health professionals, a common factors definition

to family therapy is used over a specific model throughout this dissertation and further

detailed in the second study.

Family Systems Theory and Schools

Together, the bioecological and ACE Pyramid models provide theoretical

justification for inclusion of family therapy services within and by public schools and

school districts to improve school outcomes. According to the Bioecological Model,

change in one environment has the potential to affect the others. This is a primary tenet of

family systems theories in how addressing first order and second order change within

relationships, such as between two people, affects the system as a whole. Addressing

family systems dynamics and parent-child relationships can affect the student as an

individual, their behavior at school, which also influences their school and community

relationships and processes. While the Bioecological model provides an organizing

theory for how interventions in one context impact the others, researchers have consistently demonstrated that family- and caregiver-focused interventions impact children's neurobiology which directly affects their academic, cognitive, and behavioral functioning at school just as the ACE pyramid illustrates (Kindsvatter et al., 2019; Lipscomb et al., 2018; Muniz et al., 2019; Xia et al., 2016).

Operational Definitions of Terms

Family Therapy.

Family therapy is used to describe an approach to mental health treatment using family systems theories where interventions are focused on family relationships and interactions (Goldenberg et al., 2017). Family therapy refers to interventions focused on both caregivers and children or adolescents within the family system to address relationship dynamics, family interactions, and feelings of attachment within the family. This differs from research on parent interventions or parent engagement in that the focus of the research is on the family therapy as a service or intervention and not on parent attendance, participation, or interest. Specifically, research on family therapy assumes parent engagement and participation. Lastly, family therapy is defined as provided by a licensed mental health therapist such as a professional counselor, clinical mental health counselor, marriage and family therapist, or a counselor in training (CIT). Social workers and psychologists are excluded in this definition due to the differences in training, education, and professional identities. For the purposes of this dissertation, family therapy refers to common factors over a specific theory or model unless otherwise specified such as in the literature review or an article included in the scoping review

(D'Aniello & Fife, 2020). A common factors approach to family therapy is further detailed in chapter two.

Schools.

The term schools is used to describe public schools, grades kindergarten through 12th grade.

Discipline Risk.

For the purposes of this study, discipline risk is determined by the school district's predictive analytics software, Bright Bytes, which calculates discipline risk with an algorithm based on district graduation rates as well as individual students' number of office discipline referrals (ODRs) and resulting consequences of those ODRs such as detention, suspension, or recommendation for expulsion (Bright Bytes, 2022; Pas et al., 2011). Further explored in chapter two, ODRs have been thoroughly established as a construct to measure both individual and school characteristics (Irvin et al., 2004; Pas et al., 2011). Furthermore, exclusionary discipline, defined as a response to violation of school rules and policies by means of removing or excluding a student from their regular education environment, is associated with a decrease in academic performance and other problems such as legal involvement (Novak, 2021; B. L. Perry & Morris, 2014). In addition, exclusionary discipline and office discipline referrals are disproportionately associated with students of minority ethnicities and who have experienced adverse childhood experiences (ACEs) or other environmental stressors (Anyon et al., 2018; Pierce et al., 2021).

ACEs were formally defined by Felitti et al. (1998) as a set of 10 experiences or environmental adversities occurring during the developing years of birth to 18 years of

age within categories of abuse, neglect, and household dysfunction. Other adverse experiences have been associated with similar negative outcomes, such as physical injury, death of a parent, or effects of a global pandemic (Brody et al., 2015; Murata et al., 2021; Pesonen & Räikkönen, 2012; Schilpzand et al., 2018), but ACEs has been the most frequently used and most replicated term in epidemiological, educational, counseling, and neuroscience literature (Bell et al., 2021; Crouch, Probst, et al., 2019; Crouch, Radcliff, et al., 2019; Grant et al., 2011). For the purposes of the second study, the ACEs data available is a poverty index indicator known as Pupils in Poverty (PIP).

Service Utilization.

Lastly, service utilization is used to describe the number of clinical services a student has received from the family therapy program including assessment, family therapy, group therapy, multi-family group therapy, individual counseling, and crisis. This aligns with what previous literature has established for service utilization as a construct within counseling and family therapy research and implementation (Mendez et al., 2013; Self-Brown et al., 2016; Ward & McCollum, 2005).

Nature of the Studies

Study One: Scoping Review of Family Therapy in Schools

Family and systemic interventions have been effective in addressing a range of child and adolescent mental health related problems and identified as a more cost-effective approach over individual counseling (Carr, 2019; Crane & Christenson, 2014). As schools address students' mental and behavioral health needs through school-based services to reduce barriers to services, family therapy and family-focused interventions are suggested by researchers, educators, and mental health professionals as a means to address the needs of students (Lam, 2004; Mendez et al., 2013; Richter et al., 2022;

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Vennum & Vennum, 2013b). This scoping review explored literature on family therapy services offered within schools or by schools to address the needs of enrolled students. This review identified themes in the research as well as gaps that become evident by synthesizing articles included in the review.

Research Question

For this scoping review study, the overarching research question is: what is the scope of current quantitative, qualitative, mixed methods, and conceptual research on family therapy services with K-12 public education context, relevance to behavior and discipline concerns, and provided by CMHCs and MFTs? The synthesis of data extracted from included articles includes school context and collaboration, types of interventions, outcomes measured, major contributions to the body of literature on family therapy and schools, and gaps in the body of literature that emerge as a result of this review.

Purpose of the Study

The purpose of the first study is to research the scope of literature on family therapy in the schools. The results of the scoping review may be used to inform future systematic reviews or specific research studies, family therapists who currently work in schools, family therapists who will work in schools, or schools who plan to hire family therapists. The results of this scoping review may also be used to inform counselor educators in training students choosing to specialize in marriage, couples, and family or school-based clinical mental health. Lastly, the results of this scoping review can also be used to identify gaps in the literature to inform new research or where a systematic review can further clarify.

Research Design

This scoping review follows the PRISMA-ScR (Preferred Reporting Items for Systematic-reviews and Meta-Analyses extension for Scoping Reviews) methodology checklist to (a) establish rationale and objectives for the review, (b) specify eligibility characteristics of included literature, (c) identify information sources, (d) develop screening processes and data charting for included articles, and (e) synthesize and summarize results. The PRISMA-ScR was developed by a panel of experts to align with the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) Network in order to improve the methodology and quality of scoping reviews. (Tricco et al., 2018).

Potential Limitations

Limitations for this scoping review include that it is a summary in nature and provides a synthesis of literature, meaning results are general rather than specific results to inform policies or decision-making (Munn et al., 2018). This review is also specific to "family therapy" search terms to narrow search results to interventions and programs that intervene with multiple members of the family system. However, this review may have missed qualifying studies or articles by not including "parent" or "caregiver" language in search terms.

Study Two: Family Therapy in Schools: Relationships between Discipline Risk, Service Utilization, and Student Characteristics

The second study in this manuscript dissertation examines the relationships between student's discipline risk as measured by a predictive analytics program used by a school district and service utilization of family therapy services for students involved in disciplinary processes. This study also explores if there is a relationship between student

characteristics known to be associated with both discipline risk and service utilization of

a variety of services and utilization of family therapy services for students mandated to

attend family therapy services following a recommendation for expulsion (RFE).

Research Questions

For the second study, I aimed to answer the following questions:

1. What are the sample descriptive characteristics including student characteristics,

   service utilization rates, and discipline risk levels?

2. Is service utilization associated with end-of-the-year discipline risk when

   considering discipline risk at the time of referral and the length of time (in weeks)

   between referral and the end of the year?

   a. When adding potential risk factors to the model, what is the relationship

      between service utilization and end-of-the-year discipline risk?

   b. When adding student demographics (i.e., gender, race/ethnicity, age) to

      the model, what is the relationship between service utilization and end-of-

      the-year discipline risk?

For the data analysis, I used a Multinomial Logistic Regression to examine

relationships between end of year discipline risk, service utilization, and student

characteristics. The student characteristic variables included gender (dichotomous),

ethnicity (Black/African American, Other), IEP/504 (dichotomous), and pupils in poverty

indicator (PIP). These variables are further defined in the second article, or chapter four.

Purpose of the Study

The purpose of the second study is to explore the relationships between discipline

risk and service utilization of the school district's use of family therapy services as part of

the disciplinary processes. The second study also explored study characteristics that are related to service utilization of family therapy services for students who are involved in discipline related processes. The results of this study can be used to inform school district budgeting, referral decisions, restorative practice policies at the district or school level and can inform training, professional development, and supervision priorities for family therapy training programs in school districts. The purpose of the second study is exploratory in nature and results of this study should not be extrapolated on the general population of students involved in the discipline risk, nor do they indicate the effectiveness of the family therapy training program or services provided by associated therapists.

Research Design

To examine the relationship between family therapy service utilization and discipline risk and between student characteristics and service utilization, I used a quantitative correlational research design stemming from a realism ontology to analyze correlations between thousands of data points (Limberg, Guest, et al., 2022). Specifically, a post-positivism realism ontology that accounts for the many variables that cannot be answered with absolute certainty. This research study used an Multinomial Logistic Regression (MLR) analysis to analyze data from a school district in the southeastern region of the United States with approximately 28,500 students. In this school district, demographics are estimated at 60% black or African American, 22% white or Caucasian, 11% Hispanic or Latino, 3% Asian or Pacific Islander, and 4% multiracial, biracial, or other (Bright Bytes, 2022).

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Assumptions of a correlational research design include that the data analysis will examine relationships and strengths of correlations through statistical analysis meaning that a primary assumption of a correlational design is to identify associations and not to prove causality (Heppner et al., 2016). This study was limited in scope as this design did not control for many confounding variables that may be addressed in a design such as a randomized controlled trial that could assess specific outcomes of the family therapy program. In contrast, this study examined existing, historical data to identify patterns and relationship that can inform future scholarship and potentially inform school district and family therapy training program decisions. Another limitation is that correlational designs can result in useful information, but this design does not provide a true estimate of the construct, such as discipline risk or family therapy in this proposed study, as in more advanced models that account for latent variables (Heppner et al., 2016). The results of this study are limited to identifying relationships between service utilization groups of students and discipline risk for students involved in the discipline process who are referred to a family therapy training program. The results of this proposed study are also limited to identifying which of the included student characteristics are associated with service utilization, or number of sessions attended.

Limitations of the Study

Limitations of this study include the lack of a mental health related measure or scale of outcomes specifically related to child, adolescent, or family therapy. This may impact the study's validity for mental health professionals or entities that are not directly tied to school systems. In addition, the family therapy program does not endorse or require a single model of family or individual therapy, so there are limitations to the

internal validity of what the MLR data analyses can predict. While the family program could argue a common factors approach (D'Aniello & Fife, 2020) to marriage and family therapy, there is not a structured approach or model of family therapy to increase the integrity of the model as licensed therapists are encouraged to use models in which they specialize and prefer. This family program also serves as a training program for graduate level interns who vary widely in their level of skill with various student and family presentations. While graduate training programs still demonstrate positive outcomes (Ward & McCollum, 2005), this limitation may impact data because of a transient work force that may increase data entry errors, decrease effectiveness of services, require premature termination of treatment, or require referral to an agency or firm with mental health professionals that can manage students and families with higher or longer-term needs. Another threat to the ability to extrapolate findings to the larger population includes many variables such as school characteristics, geographical and cultural nuances of the study's sample, and other district policies and procedures affecting the referral of family therapy processes. Lastly, the impact of COVID-19 for the last three school years cannot be ignored as complicating variables of an increase in telehealth services, lack of discipline data due to both student and staff absences, additional environmental and intrapersonal stressors, or reduced access to students and families may also limit the effects of this study.

<div align="center">**Significance of the Studies**</div>

Knowledge Generation

Despite limitations of these studies, they have significant potential to inform child and adolescent mental health professionals, counselor educators and supervisors, educators, and education leaders of the scope of literature on family therapy in schools

(scoping review) and variables associated with utilization of family-focused interventions on outcomes of particular interest to schools and educators (second study). Specifically for the second study, while this family therapy program offers many services provided by graduate trainees, the program emphasizes yearly training and weekly supervision in trauma-informed practices, intersystemic interventions, and cultural humility. This program also supports the restorative discipline efforts of the district and individual schools. The second study can also support the development of a restorative family focused model in response to discipline risk in identifying if service utilization according to the district's current requirements contribute to a decrease in discipline risk.

Social Change

These studies and further research on the effects of family therapy in schools is necessary to inform future practice and recommendations to schools and to counselor educators involved in both school-based and marriage and family tracks. Specifically, offering family therapy as a restorative option to discipline that is structured into a district or school's positive behavioral interventions and supports (PBIS) or multi-tiered systems of supports (MTSS) systems could provide insight into how schools can capitalize on the family-school-student partnerships toward improved academic outcomes (Weist et al., 2017). Furthermore, this research could also inform counselors, counselor educators, and educators about the role of ACEs of both students and parents in predicting treatment length or type of service desired and similar outcome measures. Lastly, counselor education research on training school-based clinical mental health professionals and marriage, couples, and family therapy trainees to work systemically with students' families and school systems can prepare students for future careers in a variety of settings

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with an emphasis on equity, cultural humility, trauma-sensitive interventions, and advocating for systemic change.

Professional Application

The field of counselor education, specifically CACREP accredited graduate programs, share the responsibility of training marriage and family therapists with AAMFT and COAMFTE accredited programs. However, CACREP standards provide thorough guidance on the academic curriculum, field experience, and supervision of trainees opting to specialize in marriage, couples, and family therapy. Examining family therapy services in the context of other systems, such as schools, can provide opportunities for training and future career placement for graduates such as in the development of a school-based family therapy specialization or certification (Laundy et al., 2011). Examining services, especially at the graduate trainee level, according to the desired outcomes of outside stakeholders is an intentional effort to increase interprofessional collaboration, create integrated care models, and systemic interventions that benefit each organization and individual.

<div align="center">

Chapter Summary

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The studies pull from literature on marriage and family therapists in schools, the impact of ACEs on school functioning and in family therapy, training and supervising graduate trainees, and in providing systemic interventions within school systems such as collaborating with administrators, teachers, and other support staff toward student success. These studies offer a unique contribution to counselor education research by examining the relationships of family therapy service utilization and discipline risk, a measure of outcome valued by school systems who are stakeholders and partners in working with children and adolescents. Both studies also examined the relationship or

themes of student characteristics that have a strong, established correlation to discipline

risk to service utilization of family therapy services from a school. Chapter two details

the literature in each of the aforementioned areas to establish a clear rationale and

background for these studies leading to chapters three and four that are article

manuscripts.
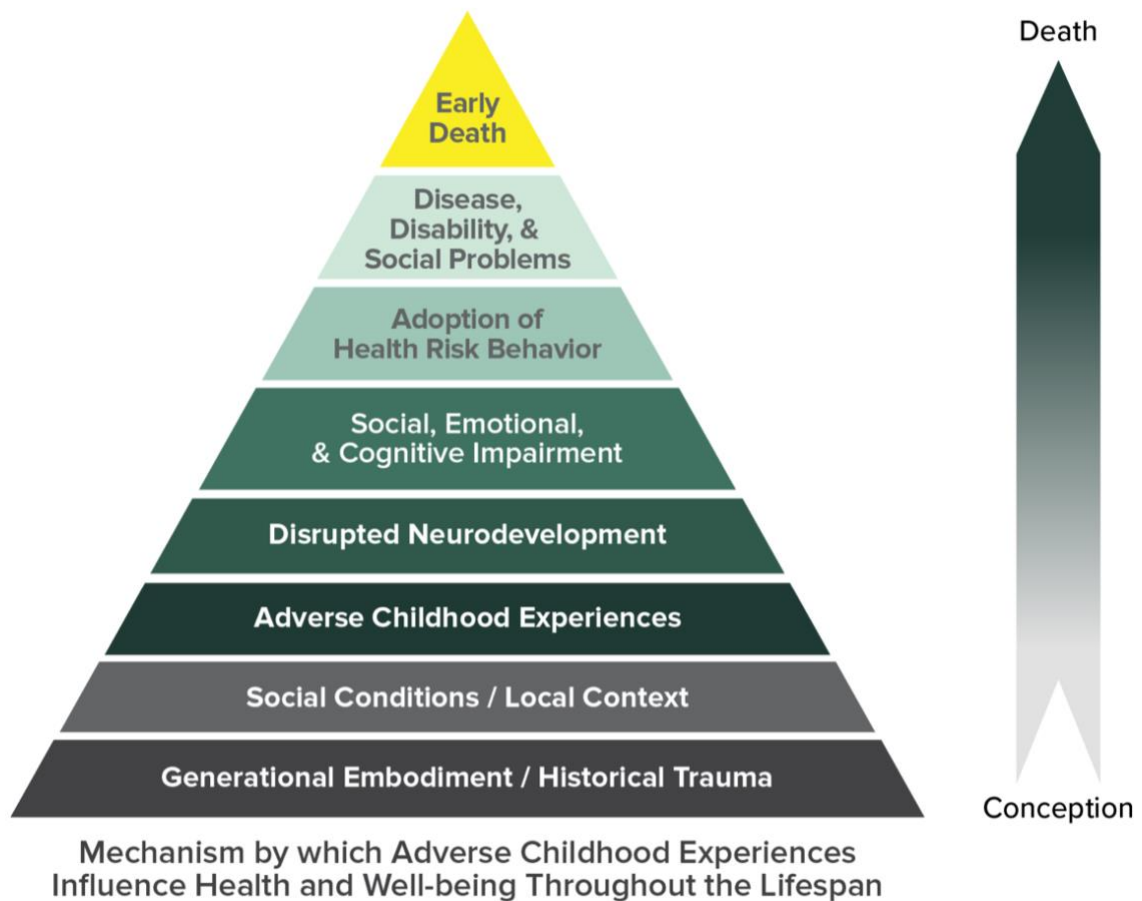
Figure 1.1
The ACE Pyramid

Note. This pyramid is public domain (CDC National Center for Injury Prevention and Control - Division of Violence Prevention, personal communication, January 10, 2022), created by the Centers for Disease Control and "represents the conceptual framework for the ACE study. The ACE study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course" (Centers for Disease Control, 2021)

Chapter 2: Literature Review

Organization of Review

This chapter details relevant literature to both studies and the research questions established in chapter one but primarily focuses on establishing a more thorough review for the second study in chapter four since the first study is a scoping review. The scoping review proposed in chapter three provides a detailed review of literature related to family therapy in schools. A thorough review of the literature associated with family-focused services and at-risk youth in K-12 schools has identified several primary constructs organizing the second study. One primary mission of the program involved in the proposed study is to decrease discipline risk, which previous research establishes as a valid measure of school success. Discipline risk and behavioral risk are both terms used by researchers and in peer-reviewed literature, but generally the phrase discipline risk is used in this dissertation as discipline is the phrase most grounded in school culture, school response to behavior, and to risk of additional negative outcomes such as dropping out or grade retention (Irvin et al., 2004; Marchbanks et al., 2014; Novak, 2021). This review begins by detailing an extensive study that established Office Discipline Referrals (ODRs) as a valid measure of school-related outcomes. This review then examines what existing literature has established as constructs associated with discipline risk including demographic data as well as environmental and social factors. Lastly, the review follows with research on factors that predict treatment success of families involved in parallel or

similar services to the program in the proposed study that have led to the final model in this study.

Search Criteria

For this chapter, search terms the outcome variable of discipline risk included exclusionary discipline, discipline risk, behav* risk, and behav* problems restricted to title and coupled with other "all text" searches for school related terms (K-12, education, school) and counseling terms (counsel*, mental health, psychology, family therapy). One search included school success, but only articles with behavior or discipline risk as the primary indicator of school success were considered for the literature review. Search terms for constructs specific to discipline risk outcomes were identified through a thorough review of relevant articles identified from the initial search and narrowed down to demographic data and environmental factors, specifically Adverse Childhood Experiences (ACEs) according to the frequency and strength of these constructs within literature related to discipline risk.

Next, I searched for the constructs related to the specific model of intervention that is examined in the second study, specifically a family therapy training program providing individual and family therapy services for students and families who attend a wide range of total sessions for discipline related reasons and other concerns affecting school success. Search terms for studies related to number of sessions included "treatment effect*," "treatment adherence," and "predict* variables" constrained to the title with terms for any subject set to specifically pull from family and/or parent focused interventions and programs including "family therapy," "parent intervention," "caregiver

intervention," "family program," "marriage and family therapy," "family counseling," "family psych*," "parent involve*," "parent engage*," and "child and parent therapy." All searches were run using the University of South Carolina's library and database search engine with disciplines restricted to "education," "psychology," and "public health." Dates were restricted to 2000-2023 except to locate specific articles from the literature review of primary articles so the source could be cited directly. Lastly, the searches were restricted to peer-reviewed journals and full text available online.

Relationship to Problem Statement

The scoping review mapped existing literature regarding family therapy in schools in relationship to quantitative, qualitative, mixed methods, and conceptual articles that address family therapy in schools, outcomes, and intended outcomes such as behavior risk. For this proposed scoping review, the research question is: what is the scope of current quantitative, qualitative, mixed methods, and conceptual research on family therapy services within schools?

From a preliminary review of literature, there is a gap where family therapy services are part of a school district's disciplinary processes. The second study answers the questions:

1. What are the sample characteristics including student characteristics, service utilization rates, and discipline risk levels?

2. Is service utilization associated with end-of-the-year discipline risk when considering discipline risk at the time of referral and the length of time (in weeks) between referral and the end of the year?

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a. When adding potential risk factors to the model, what is the relationship between service utilization and end-of-the-year discipline risk?

   b. When adding student demographics (i.e., gender, race/ethnicity, age) to the model, what is the relationship between service utilization and end-of-the-year discipline risk?

Literature Review of Study Variables

Discipline Risk as a Measure of School Success

Measures of Discipline Risk and Student Characteristic Correlates

Office Discipline Referrals.

Discipline risk, also termed behavioral risk in some articles, is often defined by responses to behavioral incidents or violations of school rules such as office discipline referral (ODR; (Irvin et al., 2004; Pas et al., 2011), suspensions (B. L. Perry & Morris, 2014), or other exclusionary discipline practices such as expulsion (Skiba, Chung, et al., 2014). The term risk is emphasized because behavioral incidents and school disciplinary responses are linked to a higher risk for lower school success in addition to other school related problems such as low attendance and academic achievement that affect school success (Fabes et al., 2021; Novak, 2021). For the purposes of this study, I used the term discipline risk to describe the overarching construct of student risk associated with problematic behavior for its prevalence in related literature, but primarily because schools and districts vary in their collective policies and in staff's individual disciplinary response to behaviors (Pas et al., 2011). For example, many schools differentiate between major and minor infractions, such as in the district that is involved in the second study. Minor infractions might include dress code violations or tardies while major infractions include fighting, threats, or bringing a weapon to campus.

In summary, schools and school staff vary in their definition of what behaviors warrant discipline action, but the school's disciplinary response for children and adolescents' behavior is clearly associated with an increased risk for additional academic and disciplinary problems. Discipline risk has been studied in the context of schools, but also in parallel research such as counseling and psychology research that emphasizes mental health outcomes such as externalizing behavior (Lansford et al., 2017; Muniz et al., 2019) rather than school-related outcomes. While research on mental health outcomes is related and further supports the research question and methodology, this study focused on behaviors that are documented as an ODR. The ODR is the minimum criteria for what is documented in the school district's Power School software, which is the first step for an administrator and/or district level staff to determine if a disciplinary action will be taken.

Irvin et al. (Irvin et al., 2004) conducted a study on ODR's validity as indices by which to measure the effects and status of school-based interventions. Pulling from previous research, Irvin et al. define an ODR as a staff observing and documenting a student violating school rules or district policy. Based on Messick's (1994) decades of research on construct validity research, Irvin et al. developed a "framework for applied to defining research questions and relevant evidence for interpretation and use of ODRs as indices of school behavioral climate, intervention effectiveness, and school behavior support needs" (p. 135; Irvin et al., 2004). Irvin et al.'s table is organized into three columns that guide readers in identifying relevant research questions, necessary evidence of evidential basis (including interpretation and use of ODRs), and necessary evidence of consequential basis. Irvin et al. then analyzed peer-reviewed research articles to justify

use of ODRs to measure school-wide behavioral climate. This analysis included articles on general misbehavior at school, student perceptions, teacher perceptions, and classroom orderliness. To analyze ODRs as a measure of academic failure and social maladjustment, the authors reviewed studies on academic failure, suspensions and grades, juvenile delinquency, and behavior disorders. The authors then reported summaries of literature regarding the durability of ODRs in reviewing longer-term or longitudinal studies on ongoing discipline problems, behavior problems persisting into adulthood, behavior problems as predictors of later antisocial behaviors, recidivism and risk for identification as having an emotional disturbance. In a chart detailing their findings, Irvin et al. list studies that substantiate the interpretation and use of ODR measures as evidence of school climate and of behavior problems as well as studies that justify the use of ODRs as measures of the consequential correlates of individual (student level) and collective (school and district levels) ODRs.

The second section of Irvin et al.'s article examines the use of ODRs as indices of the effectiveness of school and classroom interventions and detail how ODR data can inform data-based decisions such as policy and procedure revisions and developing school-wide action plans or seeking consultation with behavior specialists. Irvin et al. also report accountability as a consequence of using ODRs, such as examining claims of discrimination. Furthermore, the authors caution readers to remember their focus on school-wide interpretations instead of individual, particularly as ODRs are highly interactional involving several layers of interaction from policy development and implementation to the interactions at the student level. Lastly, Irvin et al. encourage the standardization and triangulation of ODR measures such as clearly defining operational

definitions of behaviors with associated consequences and using other measures and sources of data to validate data on school climate and student concerns. In conclusion, Irvin et al. emphasize that the use of ODRs to interpret school climate and behavioral expectations explicitly communicates a value of order, safety, and control regarding school effectiveness. This may factor into cultural and racial disparities and inequities evident in data examining the demographics of students involved in the disciplinary process. The authors challenge readers to take responsibility for examining the cultural differences in those involved in the ODR process and to consider the moral, ethical, and social consequences of interpreting ODR data on different cultural subgroups.

Exclusionary Discipline

An abundance of literature across education (Anyon et al., 2018; Novak, 2021), psychology (Pas et al., 2011), and sociology (B. L. Perry & Morris, 2014) journals indicate racial and ethnic disparities in school aged youths' discipline risk. Specifically, Novak (2021) sought to contribute to the school-to-prison pipeline literature by using a group-based trajectory modeling study to identify the trajectories of exclusionary discipline. Exclusionary discipline includes disciplinary responses to ODR that exclude the student from the normal learning environment, such as in school suspensions, out of school suspensions, recommendation for expulsion and awaiting hearing, alternative educational settings, and expulsions. Novak states that labeling theory suggests that youth who receive exclusionary discipline are more likely to experience additional discipline reports as well as accumulate negative consequences as a result of being labeled and perceived as "bad" by school staff, peers, and even themselves. Referencing Skiba et al. (2014), Novak describes a "pushout" phenomenon, in contrast to more normative patterns

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of discipline, that alludes to a pattern of progressively pushing out, or excluding, students of certain subgroups from the academic environment.

For the study, Novak (2020), studied the existence of trajectories of students from the age of 8 to age 16 who have received exclusionary discipline. Novak examined individual-level factors such as demographic variables and exposure to adverse childhood experiences (ACEs) are correlated with "trajectory group membership" with self-reports of arrest as the indicator of serious discipline risk (p. 185). For this longitudinal study, Novak recruited children and families who were identified as at-risk for involvement in the child welfare system at ages 4 to 6. Data were collected from teacher, caregiver/parent, and child reports every 2 years. After accounting for missing data, a total sample of 1,166 youth were included in the study. At each data collection interval, suspensions were recorded as a binary variable (had been suspended, had not been suspended). At age 18, arrests were also recorded in a dichotomous fashion of had been arrested and had not been arrested. Novak collected ACE scores per parent report and had teachers use Achenbach's Child Behavior Checklist (CBCL) for internalizing and externalizing subscales. Novak also collected demographic data including referral to special education services, academic performance, race/ethnicity, and free and reduced lunch eligibility.

Novak used latent class growth analysis, specifically a Bernoulli model with a logistic link function to estimate trajectories. The study's sample was 54% Black, 48% male, and 52% female. 73% of students were eligible for free or reduced lunch and an average of 2.16 ACEs per child. The model indicated that 204 (18.9%) of the total 1,166 sample were in the pushout group and 962 (81.1%) students in the lower-level discipline

group. Novak reported that youth in the pushout trajectory group were nearly 9 times more likely self-report an arrest between the ages of 17 and 18. Moreover, students in the pushout trajectory group increased in their average probability of exclusionary discipline, increasing from 25% likely in middle childhood to over 90% likely by the age of 16. Lastly, Novak reports that Black children had 3.14 times the odds of belonging to the pushout trajectory group compared to White students, but this difference was not present between Latinx and White children. In addition to Black children having higher odds of belonging to the pushout trajectory group, male children were twice as likely than females to belong the pushout trajectory group. However, Novak's study did not indicate a correlation of children with ACEs and belonging to the pushout trajectory group as other research has, which the author states could be explained by data collection and data analysis methods.

Environmental or contextual factors during developmental periods such as ACEs have been associated with exclusionary disciplinary practices. Pierce et al. (2021) recently published a study conceptualizing ACEs as an antecedent to behaviors that result in ODR and exclusionary discipline practices. With a total sample of 3,382, Pierce et al. hypothesize that demographic information including child health factors will be associated with exclusionary discipline in high school and youth with higher numbers of ACEs by age 5 will be more likely to report exclusionary discipline in high school than students with no ACEs. Using the Fragile Families and Child Wellbeing Study, authors used exclusionary discipline as a dichotomous indicator (yes or no) and controlled for variables of parental education, mother's age, sex of the child, race/ethnicity, age of child, and neighborhood effects. Authors also measured relationship with parents and

child behavior through measuring adolescent impulsivity, self-control, and delinquency. Weighting to national baseline norms of large cities in the United States based on "leading factors established in the literature," authors used logistic regression analysis to test hypotheses through five different models (p. 7).

Pierce et al.'s analysis indicated that only 7% of children with an ACE score of zero received exclusionary discipline while 33% of children with an ACE score of 4 or more were suspended or expelled. In addition, researchers report that Black students were 3.44 times more likely to receive exclusionary discipline practices, Hispanic students were 1.63 times more likely, and students identifying as Other race/ethnicity were 2.62 times more likely than White students. Female students were 37% less likely and students whose parents were above the poverty line were 55% less likely to be suspended or expelled. Overall, Pierce et al. found that students who were Black or Other race/ethnicity, feared neighborhood violence, had been diagnosed with ADHD, and who demonstrated impulsive and delinquent behaviors were significantly correlated with increased rates of exclusionary discipline. Students who were female and whose families were above the poverty line were significantly correlated with decreased rates of exclusionary discipline. These studies clearly indicate disparities among different groups of students and their levels of discipline risk and suggest systemic and environmental, and not only the student's behavior, factor into their level of risk.

Predictive Analytics and Discipline Risk

Building on what researchers have proven to predict student difficulty in areas of school performance, such as the correlation between ODRs and exclusionary discipline and student discipline risk, researchers have turned to sophisticated predictive analytics to

create early warning systems (Kleine, 2022; Stuit et al., 2016). Predictive analytics have been common tools for other sectors such as business and insurance organizations to mine historical and longitudinal data and develop predictive models (Sparks, 2011). For educators, these statistical analyses create an early warning system to identify students who are at risk for various problems related to school performance. These early warning systems identify students with increased risk of not graduating on time based on the student's data as well as historical data such as district trends (Bright Bytes, n.d.; Stuit et al., 2016). These machine-learning approaches to risk identification present multi-dimensional data points that factor in student-specific information while adjusting for broad scale predictors of the student's immediate educational environment such as school climate, staff factors, and characteristics of the school's population (Bright Bytes, n.d.). These early warning systems create opportunities for early intervention and outcome management, providing real-time status and data for educators and interventionists.

Due to the personnel limitations of schools and school districts, the Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance recommends that schools use automated early warning systems to automatically identify students who are at risk, specifically mentioning behavior problems as a critical indicator of risk (Dynarski, 2008). However, predictive analytic algorithms in early warning systems are not necessarily accurate when applied to other school districts (Bowers et al., 2012). While generally speaking, the ability to extrapolate systems to the general population is a desired outcome of a study, the point of predictive analytics and machine learning is that the algorithm continuously adjusts for the specific data it processes. This means that the inability of predictive early warning systems to be applied to the general

population is actually an argument for their use as their predictive power increases over time for a localized population of students in a grade, school, and district. Predictive early warning algorithms are designed to alert school officials to a student at-risk rather than threshold models that only report what has already occurred (Bright Bytes & American Institutes of Research, n.d.). A specific algorithm developed by Bright Bytes and the American Institutes of Research identifies over 90% of 10th grade students who are at risk and over 95% of 11th grade students (Bright Bytes & American Institutes of Research, n.d.). In short, the point of an early warning system is that it varies by context.

Given the need to validate early warning indicators by context, the U.S. Department of Education conducted a thorough study to identify a set of core early warning indicators using three schools in Ohio with an additional purpose of also creating a step-by-step process that school districts can use to validate their own indicators (Stuit et al., 2016). This study evaluated indicators in attendance, academic achievement, and discipline. However, discipline was the focus of this review. The research team's sample included 8th and 9th grade students from 3 districts and to have 2 cohorts of students and 3-4 years to implement interventions and supports. The research team developed criteria for indicators including an ability to easily communicate the indicator to educators by identifying a point of separation for students who were more likely to graduate on time from those who were not, a statistically significant relationship with graduation outcomes, and an ability to consistently predict failure to graduate in future student cohorts within the same district. To identify the point of separation, the research team used receiver operating characteristics curve analysis by calculating the area-under-the-curve statistic considering any variable with less than .50 as not able to predict which

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students would graduate on time more than a random guess. To identify the most consistent indicators of graduation, the research team used a series of stepwise logistic regression analyses with validation tests on subsamples to ensure the validity over other potential prediction indicators. Lastly, the team examined off-track prediction rates, lowest false alarm rates, and best overall accuracy rates (a proportion of the former two rates). Regarding discipline risk, the research team found that being suspended one or more times were the strongest predictors of failure to graduate on time for both 8th and 9th cohorts in District A, 9th grade cohort in District B, but in neither cohort in District C. The research team reported one or more suspensions as an overall, consistent predictor of not graduating on time, emphasizing the need for districts to analyze their own data for determining which indicators consistently predict risk in their own districts.

Dating back over 20 years, researchers have advocated for early warning systems as a component to a school climate that prevents violence or severe discipline problems through collaboration and intervention. Dwyer, Osher, and Hoffman (Dwyer et al., 2000) contextualize the U.S. Department of Education's guide on creating safety schools through early warning and rapid responses. Dwyer, Osher, and Hoffman emphasize the need for early warning systems as no single behavior or indicator can predict future violence. Lastly, they emphasize a team approach to include a mental health professional and services that are family-friendly.

Treatment Factors

Individual and Family Services and Discipline Risk

In an effort to address some systemic or environmental context of student's school success, many schools are making efforts to engage and involve parents and caregivers

(Weist et al., 2017). However, this study examined predictor variables related to systemic, or family-focused, interventions of a family therapy training program as opposed to just engaging parents. In examining effects of individual and family therapy, Hogue et al. conducted a controlled trial to examine treatment adherence, therapist competence, and adolescent behavior problems outcomes for 136 adolescents engaged in individual cognitive behavioral therapy (CBT) and multidimensional family therapy (MDFT). While the program involved in the upcoming study does not use MDFT, the program does implement both individual and family therapy services in efforts to reduce discipline risk. Hogue et al. studied therapist characteristics of competence and therapist adherence to the treatment models while controlling for therapeutic alliance as a third level variable that could impact treatment fidelity. The sample for this study included adolescents who had confirmed substance dependence and abuse according to the DSM-IV criteria with 75% meeting criteria for cannabis dependence. In addition, 79% of the sample had been diagnosed with Oppositional defiant and/or conduct disorder and 49% of the sample met criteria for a mood and/or anxiety disorder according to the DSM-IV. Participants were 70% African American, 20% European American, and 10% Hispanic American. CBT treatment was an intensive intervention program focused on decreasing problem behaviors while increasing use of coping strategies. The MDFT treatment model focuses on several behavioral domains targeting changes in both adolescent and family functioning. Both the CBT and MDFT models are organized into modules that researchers used in treatment fidelity analysis. For outcome measures, authors used two substance use questionnaires, Achenbach's CBCL (parent report), and Achenbach's Youth Self-Report (YSR). For process measures, authors used a competence scale for

therapists for treatment adherence, a therapeutic alliance scale, and observational procedures.

Participants were assessed in a longitudinal panel design where data was collected at baseline, discharge, and 6 months following discharge. Outcome data was analyzed using latent growth curve estimates for individual and aggregate trajectories to estimate mean growth parameters of intercept (dependent measure) and slope (rate/shape of change over time). Researchers found varying differences in effects regarding identified outcomes but did find main effects for adherence on substance use frequency and parent-reported externalizing behaviors, but they did not find main effects for competence associated with any outcome variable. This is of particular interest when the program in the proposed study uses many graduate trainees as therapists whose skillfulness and responsiveness are still developing. Also of interest, Hogue et al. found that intermediate adherence to the treatment models also predicted positive outcomes in decreasing parent reports of internalizing behaviors. In summary, both individual and family therapy treatments can impact positive outcomes in symptom reduction for adolescents with behavioral problems even with varying degrees of therapist competence and treatment fidelity.

Treatment Factors in a Training Clinic

Another construct associated with this proposed study is the length of treatment, or service utilization, as students referred to the program have different requirements for number of sessions attended based on the referral source and reason. Examining treatment modality and number of sessions as predictor variables can provide guidance for future district and program policy and mandating requirements for students exhibiting

discipline risk. Moreover, the program in this proposed study provides many services through graduate trainees, a factor of treatment less frequently examined. However, Ward and McCollum (2005) conducted a study examining treatment effectiveness and its correlates in a marriage and family therapy training clinic. This study examined variables of treatment modality, treatment length, whether clients paid for services, and attrition status. Treatment modality included individual therapy, family therapy, and dyadic therapy. Ward and McCollum referenced a previous study that found no significant difference in drop out rates among the different modalities and therefore hypothesized that no significant differences would be found. The authors describe treatment length as a variable counseling and therapy literature that has been researched more frequently and generally found that an increase in sessions is associated with an increase in therapeutic gains, though it levels off with very high numbers of sessions. The authors cite several studies ranging from 1976 to a comprehensive review published in 2004 that led to their hypothesis that session number would be positively correlated with greater improvement. Ward and McCullum establish that fee for service has had little to no impact on therapeutic outcomes in their introductory review of related literature. Regarding treatment attrition, authors hypothesized that unplanned termination of services would be associated with fewer outcomes according to two studies mentioned in their review. The marriage and family training clinic in Ward and McCollum's study works with a university's graduate trainees who are supervised by licensed clinicians with supervision training, similar to the family therapy training program involved in the second study. Authors examined client records over a five-year period with a total sample of 696.

This study utilized therapist rating form at termination validated by supervisors for a portion of the cases. The researchers utilized an Analysis of Variance (ANOVA) data analysis methodology to examine the difference between treatment groups according to treatment outcomes of presenting problems "not at all resolved," "somewhat resolved," and "greatly/completely resolved" (p. 215; Ward & McCollum, 2005). Results indicated that clients in the "not at all resolved" and "somewhat resolved" groups attended fewer sessions than the "greatly/completely resolved" treatment group with no differences in fee for service. Moreover, a chi-square test showed a significant association between unplanned termination of services and the "not at all resolved" and "somewhat resolved" outcome groups. Researchers used a discriminant function analysis to determine which factors predicted group membership. The highest predictor was treatment attrition followed by number of sessions attended. No significant relationship between treatment modality (individual or family) and the outcome rating per the therapist. Authors conclude that the graduate trainees were successfully able to treat client concerns regardless of providing individual, dyadic, or family therapy services and that an increase in sessions increased likelihood of better outcomes.

Common Factors of Family Therapy

Given that the family therapy program in study two is a training program for graduate trainees and that many evidence-based and manualized family therapy models require extensive training, defining family therapy through common factors is useful in settings where trainees as well as professionals are encouraged to use models and interventions according to their level of training and identification of client needs. A common factors approach to family therapy considers the factors across models or

theories such as the client-therapist relationship, the use of psychoeducation, the process of therapy itself, or client factors such as motivation as responsible for desired change rather than model-specific elements of treatment (D'Aniello & Fife, 2020). Many models of marriage and family therapy (MFT) share processes or goals such as shifting individuals' responses to or perceptions of another's behavior to change problematic or distressing patterns of interactions. Hubble, Duncan, and Miller (Hubble et al., 1999) reviewed common factors and found that common factors were effective above and beyond any model-specific intervention. Likewise, in a review of child and systemic therapies for child-focused problems, Carr (2019) found that family therapy was effective over no treatment for a variety of complaints such as conduct and behavioral problems, child abuse and neglect, and emotional problems, but that no specific model or treatment was more effective than others.

In a 20-year review of the common factors in MFT, D'Aniello and Fife, conducted a content analysis on the contributions of the MFT common factors paradigm to theory, practice of MFT, research, and education of trainees (2020). D'Aniello and Fife reviewed empirical articles, conceptual articles, books, and book chapters to analyze available research on MFT common factors and provide a detailed analysis. They used a simultaneous, exploratory mixed methods content analysis of 37 scholarly articles, books, and book chapters. D'Aniello and Fife synthesized emergent themes from their analysis including common factors that are identified in MFT literature including (a) broadly conceptualized common factors or factors independent of specific models, (b) specifically conceptualized common factors or factors nested within specific models, and (c) common factors unique to MFT as opposed to individual or other forms of

counseling. Among the broadly conceptualized factors, they identified (a) client factors, (b) therapist factors, (c) therapeutic alliance factors, and (d) hope or expectancy factors. Narrowly conceptualized common factors included (a) cognitive mastery, (b) behavioral regulation, and (c) emotion regulation. The final cluster of common factors D'Aniello and Fife identified in MFT literature was common factors unique to MFT including (a) relational conceptualization, (b) expanded direct treatment system, and (c) expanded therapeutic alliance. Through identifying common factors prevalent in MFT literature, common factors are not mutually exclusive of model-specific interventions and strategies, but that the specific models and theories are the vehicles in which the common factors travel. In other words, model-specific or theory-driven approaches to MFT provide structure to the "how" of MFT while common factors explain the "what" happens and the "why" it occurs across various models and theories. D'Aniello and Fife end their content analysis with emphasizing training and research implications, noting a few graduate training programs that trains students in a common factors approach with positive and favorable results. D'Aniello and Fife stress the need for more research on the common factors of MFT.

While this study does not examine the practice of family therapy, specifically, it references a common factors approach when referencing family therapy. Specifically, when family therapists work in schools, the relational conceptualization includes both the relationships within the home as well as within the school building and involves complex relational interactions including the parent to school relationship, family to community relationship, student to peer relationships, classroom to school relationships, and even school staff to school district relationships. Expanding the direct treatment system and

therapeutic alliance includes the child's family, the child's classroom, and the child's school (American Association for Marriage and Family Therapy, 2022; Vennum & Vennum, 2013b). MFTs in schools may also influence the child's treatment system from the "top down" approach, such as providing school-wide or district-wide training or interventions for school-staff to promote trauma-informed educational practices or restorative discipline approaches (Anyon et al., 2016; Brunzell et al., 2016; Maynard et al., 2019). Expanding the therapeutic alliance requires the MFT therapist to develop a working alliance and rapport with the child of focus, their family members, teachers, and other members of their support team at school. Haine-Schlagel and Walsh (2015) conducted a review of 23 articles on parent participation, differentiating between service initiation, attendance, and participation in their child's mental health treatment. Haine-Schlagel and Walsh found that efforts to improve parent participation were correlated with enhanced outcomes. To further support expanding the treatment system and therapeutic alliance, Xia et al. (2016) studied the relationship with academic self-regulation, family climate, and school attachment in a sample of 979 rural adolescents and their families. Xia et al. found relationships among each of the three domains and recommended that interventions in both school and family domains would foster improvements in each domain. Specifically, they found an association between well-organized families and positive emotional climates within students' homes and increased academic self-regulation over time, with academic self-regulation surfacing as a strong predictor of academic success. In order for MFT therapists to develop therapeutic alliance with the child's expanded system, there first needs to be initiation and utilization of services.

Service Utilization of Family Therapy and Other Support Services

Service utilization is defined as the use of services and has been measured by attendance (Clarke et al., 2015), engagement (Ellis et al., 2013), attrition (Mattek et al., 2016), and number of sessions or services received (Ward & McCollum, 2005). For the purposes of the second study, service utilization is defined as the number of sessions attended as synonymous with number of services delivered. However, this review of the literature regarding service utilization examines correlates associated with several variations of service utilization, though any differences are minor and contextual to the particular study, contributing to the purpose of identifying use of services and specific characteristics that have been associated.

For service utilization among the general population and for youth with mental health symptoms or diagnoses, Duong et al. (2021) established that schools were the most common service settings with other outpatient settings a close second in their systematic review and meta-analysis. Researchers in this study noted that schools are in an ideal position for early detection, accessibility, and follow up support due to the interconnected nature of the systems associated with the child's school day. Accessibility of services is key, particularly for students who may have barriers to accessing mental health service or other support services. School-based health clinics are one method of increasing accessibility to underserved populations of youth such as youth from global majority populations or from lower socioeconomic families and communities (Whitaker et al., 2019). School-based health clinics offer both physical health and mental health care services, though they vary in types of services and types of professionals. In a study examining service utilization in a northern California high school, Whitaker et al. (2019)

examined student characteristic correlates to the type of services used within the school-based health clinic. Using several statistical analyses including Chi square, T-tests, and multivariate logistic regression for a sample of 658 students, Whitaker et al. examined demographic characteristics, risk and protective factors, as well as academic challenges to identify patterns of service utilization among students who accessed services at the high school's school-based health center. Whitaker et al. found that Black and Latino students, students received special education services, and students with lower grades were the most likely to use any of the school-based health center's services. Researchers also found an association between psychosocial distress, specifically being the victim or perpetrator of violence, and behavioral health counseling, but not other services provided by the center. Whitaker et al. did not identify any associations with socioeconomic status and service utilization.

In a study examining treatment success for families in poverty, Mattek et al. (2016) defined treatment success as both the child demonstrating change as well as the child and caregiver attending at least three sessions after the initial intake. For a sample of 425 participants in the Midwest, caregivers and children participated in a school-based parent-child relationship intervention. Controlling for race, age, gender, family income, and the use of corporal punishment through a hierarchical logistic regression, Mattek et al. found that parental attributional style and the severity of a child's symptoms predicted treatment success. Parents who attributed the cause of their child's problems to themselves were significantly likely to experience improved outcomes and attend at least 3 post-intake sessions. In contrast, Burnett-Ziegler and Lyons (2010) found that youth had more days of service when their caregivers reported it was not their idea to seek

services in a sample of 85 youth ages 5-18 who mostly identified as Black (68.2%), male (60%), and whose caregivers were primarily female (90%), Black (69.4%), and earning less than $24,999 each year (75.3%). Mattek et al. also examined caregiver characteristics such as age, physical health, mental health, employment, and education finding that youth of caregivers with less than a high school education and who were not employed had the highest mean days of service utilization. Researchers emphasized the need for providers to understand contextual factors to youth needing services and the need to improve outreach and decrease barriers for caregivers who may face additional challenges to use mental health services.

Understanding family and environmental systems is critical for mental health providers addressing school impairment for youth. George et al. (2018) examined service use among students with emotional and behavioral problems who were also experiencing school impairment as an effort to ensure adolescents in need receive and have access to services. George et al. summarized that student characteristics of race (female), low-income, ethnicity (students of the global majority), and community (living in rural and urban areas) have decreased access and underutilization of mental health services. To define school impairment, researchers set criteria as 4 or more office referrals or behavioral infractions for the semester prior to enrollments, 5 or more absences or tardiness, 2 or more suspensions during the current academic year, or 1 or more F or 2 or more D's in core academic subjects. With a sample of 647 high school students, George et al. found that 74.5% of students had received community-based services, 70.9% of students received pharmacological treatment, and only 28.6% of the sample had used school-based services. Of the students who had received school-based services, George et

al. found that parents were uncertain what type of services their child had received or was currently receiving. For associated student characteristics, they found that White students were 2.5 times more likely to have received some services over the course of their life than students of the global majority and that students classified as Special Education students were 3 times as likely to have received services than General Education students.

Across studies and in various contexts, certain student characteristics are consistently associated with service utilization including gender, ethnicity, Special Education classification, and socioeconomic status. These same student characteristics are associated with discipline risk as outline above. The second study explored if these student characteristics were associated with service utilization for students with identified discipline risk who are mandated to attend family therapy services following a recommendation for expulsion.

<div align="center">**Summary**</div>

Discipline risk is the primary dependent variable for this study and is defined by ODRs and disciplinary responses by school officials such as suspensions and expulsions, but was calculated by a predictive analytics program used by schools as an early warning system to identify students headed toward a trajectory of not graduating on time (Fabes et al., 2021; Irvin et al., 2004; Stuit et al., 2016). Discipline risk is linked to a variety of problems such as lower academic achievement, higher rates of dropping out, and increased likelihood for additional ODRs (Novak, 2021) and many studies have concluded that students with higher behavior risk levels are more likely to be Black, male, have a Special Education classification, and have experienced early adversity such as low socioeconomic status (Anyon et al., 2018; Fabes et al., 2021; Pierce et al., 2021; Sullivan et al., 2014). These same student characteristics of gender, ethnicity, Special

Education classification, and low socioeconomic status have also been correlated to service utilization of various mental health services for children and youth in and out of school settings (Duong et al., 2021; Reid et al., 2021; Whitaker et al., 2019). In this multiple manuscript dissertation, the first study is a scoping review to further identify the scope of research on family-focused services in schools including participant characteristics, type of school related outcomes tracked, and service utilization. The second study explored if there is a difference in discipline risk for students who are mandated to attend a family therapy program as part of disciplinary processes according to service utilization groups. The second study also explored if student characteristics are associated with service utilization for students who are mandated to attend family therapy services.

Chapter 3

Family Therapy and School Discipline Concerns: A 20-year Scoping Review of

Interventions by Family Therapists and Clinical Mental Health Counselors[12]

Abstract

Family therapy in schools is gaining increasing focus in both education and counseling fields. To explore existing literature on family therapy in schools, this scoping review examines and synthesizes key concepts of peer-reviewed literature on family therapy or family-focused interventions. Empirical and conceptual articles were included if the article included behavioral or discipline related concerns and involved family therapy or family-focused interventions within the context of K-12 education provided by clinical mental health counselors (CMHC) or marriage and family therapists (MFT). This PRISMA scoping review synthesizes themes including the school and behavioral contexts, the target population and sample characteristics, the interventions provided, and the outcomes assessed. Implications for this review include serving as a foundation for future research, such as a systematic review, informing family therapy program development within schools, and informing training objectives for counselor educators.

A

Scoping Review of Family Therapy Services in Schools

Recent and historical reviews of family therapy have focused on general child and youth problems and diagnoses (Berry et al., 2019; Carr, 2019), cost effectiveness of family therapy services (Crane & Christenson, 2014), or a specific model such as emotionally focused family therapy (Dhariwal et al., 2020). Additionally, there is robust research examining family and systemic therapy for child or adolescent problems and concerns specifically examining the effects on child and adolescent level outcomes (Berry et al., 2019). Carr (2009, 2014, 2019) reviewed the evidence for family and systemic interventions for child-focused problems in three iterations, finding that family therapy is generally effective in treating a wide range of child-focused problems including behavioral complaints, physical or medical problems, trauma and abuse, and emotional problems. In contrast, Hoagwood (2005) concluded in a review on family-based services for children's mental health that too few studies were conducted with scientific rigor, though this review does predate Carr's most recent review by nearly 15 years.

Nonetheless, family therapy, counseling, and education scholars have emphasized the benefits of family therapy to treat a variety of child and adolescent concerns, many of which directly affect their ability to function within a school (Berryhill & Vennum, 2015; Laundy et al., 2011). Despite evidence indicating effectiveness of family therapy in treating child and adolescent mental health concerns, there is no synthesizing literature on family therapy in schools, an approach to addressing student needs by integrating family therapy with school districts and school systems. To inform counselor educators, MFT and CMHC students, policymakers, and school district personnel of existing literature on

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how family systems interventions within a school context can impact child development, it is imperative to review the scope of recent and current literature on family therapy services within the context of schools and school-based mental health services.

School Mental Health Services

Mental health services in schools are increasing due to the increased needs of students (Mitchell, 2021) and to provide multifaceted support to children and adolescents since they spend a lot of their time in schools. The U.S. Department of Education Office of Civil Rights (2018) reported that during the 2015-2016 school year over 50% of schools had some procedures in effect for identifying and assessing the mental health needs of students. Mental health services offered in schools can be part of a system for early detection and rapid access by decreasing barriers such as transportation or parental work schedule conflicts. Kern et al. (2022) provide steps for schools and mental health professionals to establish services through existing structures and procedures, emphasizing collaborative and multisystemic efforts to effectively implement mental health services within and through schools. Kern et al. also note the importance of including families in these services as partners and as a critical component of providing culturally sensitive care to reduce racial and ethnic bias.

Moreover, in a report detailing crime, violence, discipline, and safety in public schools during the 2019-2020 school year, the U.S. Department of Education reported that 60.6% of schools has services to provide diagnostic mental health assessments either within or outside of the school setting while 62.4% of schools provided mental health treatment either within or outside of the school setting (Wang et al., 2022). The highest rates of schools that provide mental health assessments and treatment were at schools

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with over 75% of enrolled students who are eligible for free or reduced lunch at 63.3%

and 63.7% respectively. This included pre-pandemic data from the 2019-2020 school

year, but the COVID-19 pandemic has increased challenges faced by many students and

families. For instance, Mitchell (2021) highlighted the need for mental health

professionals in schools to address economic challenges, an increase in experience of

abuse and neglect, and how these stressors increase the prevalence of mental health

problems. Encouraging systemic change in schools such as addressing zero tolerance

discipline policies, and oppressive structures that disproportionately and negatively affect

students of students of color, Mitchell also recommends a focus on student families as

part of a collaborative, anti-oppressive approach to address student needs and challenges.

Rationale for Family Therapy in Schools

Family therapists have training and experience in systemic conceptualization of

individual complaints as well as systemic and relational interventions (CACREP, 2016;

Northey & Gehart, 2020). This training and skills have increased support for including

MFTs in schools (American Association for Marriage and Family Therapy, 2022) and

even to create a school certification for MFT students (Laundy et al., 2011) or

specialization in school-based family therapy (Vennum & Vennum, 2013). While there is

research on parent/caregiver and family engagement in mental health (Wymer et al.,

2022) and school-related matters (Carlson et al., 2020; Weist et al., 2017), family therapy

within the context of schools differs from engagement in that interventions are focused

on family systems and family relationships rather than focused on attendance or

participation of the responsible adults in the family. For family therapists working with

children and adolescents and their families, there is potential for growth and positive

change within the parent and the family system, within the child, within the child's

classroom and school, and even within siblings, all of which are in close proximity to the

individual child over time (Rosa & Tudge, 2013). Moreover, family therapists have the

training and experience to assess problematic systems, negative interactional patterns,

and relationships. Therefore, they have the potential to provide feedback to teachers or

school officials on practices and interactions that may be negatively contributing to,

exacerbating, or maintaining student behavior problems (Amatea et al., 2013; Berryhill &

Vennum, 2015).

Purpose of this Review

   This scoping review identifies the current and recent literature of family-focused

therapy and counseling services by clinical mental health counselors (CMHCs) and

marriage and family therapists (MFTs) specific to the setting and context of public

schools with relevance to the treatment of and/or prevention of behavioral or discipline

concerns. In a related review, Berry et al. (2019) notes that further research is needed in

different service contexts such as schools, recommending the inclusion of qualitative

studies that may provide insight into lived experiences of both clients and providers and

recommending research into clarifying factors of family therapy including typical length

of time for family therapy services, theoretical foundations, and assessment and

intervention processes. The research question for this scoping review is: what is the scope

of current quantitative, qualitative, mixed methods, and conceptual research on family

therapy services with K-12 public education context, relevance to behavior and discipline

concerns, and provided by CMHCs and MFTs?

Method

This scoping review followed the PRISMA-ScR (Preferred Reporting Items for Systematic-reviews and Meta-Analyses extension for Scoping Reviews) methodology checklist to (a) establish rationale and objectives for the review, (b) specify eligibility characteristics of included literature, (c) identify information sources, (d) develop screening processes and data charting for included articles, and (e) synthesize and summarize results. The PRISMA-ScR was developed by a panel of experts to align with the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) Network to improve the methodology and quality of scoping reviews. (Tricco et al., 2018). Additionally, this scoping review clarified key concepts, identified key characteristics of articles, and identified knowledge gaps within literature on family therapy within the context of K-12 public schools or school districts (Munn et al., 2018).

Eligibility Characteristics of Included Literature

Inclusion criteria includes family-focused mental health service, therapy, or intervention provided to a K-12 public school student with school-related context; some relevance to behavior or discipline related concerns; published between 2002 and 2022; and the service is provided by a CMHC or MFT. School-related context is defined as (a) within a school setting; (b) providers employed by a school district; (c) providers collaborate with or integrate care with school faculty; and/or (d) examining school-related outcomes such as discipline risk, academic performance, or attendance. Behavior or discipline related context included direct reference to behavior that would result in disciplinary action such as disruptive behavior, violence, substance use, bullying, or fighting. Additional inclusion criteria is that family therapy services are provided by a

CMHC, MFT, or graduate-level trainee. In addition to not meeting any of the inclusionary criterion, other exclusionary criteria included (a) articles that focus solely on parent or caregiver engagement in school activities due to a difference in intervention and theoretical framework, (b) outcomes are solely medical or physical (as opposed to mental health, social/emotional, or related to school success), and (c) articles not translated in English. Additionally, conceptual articles clearly identifying mental health professionals in other disciplines such as psychology or social work as the target audience are excluded, but conceptual articles that do not specify a type of mental health professional are included for the potential to inform future interventions or studies by CMHCs and MFTs. Empirical articles involving completed studies that do not specify provider characteristics are not included.

Information Sources

Search terms were limited to subject terms in the EBSCO database search engine including Education Source, ERIC, APA PsycArticles, APA PsycInfo databases. Search terms included: (family therap* OR family counsel* OR family interven*) AND (school OR public education OR k-12 OR school mental health). The initial search totaled 1,388 results. Filters were added, in the following order, to remove books (-217), dissertations (-93), articles without full-text access (-605), and non-peer-reviewed articles or other types of documents (-94) for a total of 379 articles. Exact duplicates were automatically removed by the database during downloading processes for a total of 309 articles and another 45 removed for publication outside the 20-year window.

Screening Processes and Data Charting

Once the final search was complete, research team members reviewed titles and abstracts for family therapy or family-focused intervention, school context, and behavioral context inclusion criteria and sorted into empirical or conceptual articles. Nineteen articles were marked as needing additional review from the principal researcher primarily due to questions associated with behavior or school context criteria, 48 articles were initially identified as empirical and 18 identified as conceptual reviews totaling 66 articles identified for full-text review. Articles were eliminated during this process if they did not meet the MFT or CMHC provider criteria. Research team members flagged articles if they were uncertain about an article meeting inclusionary criteria and the primary researcher reviewed the full text article to determine eligibility. Once articles were identified for inclusion, articles were categorized as either empirical (quantitative, qualitative, or mixed methods) or non-empirical (conceptual or commentary). During the initial charting, data extraction included article title, author, date, participants or target population, intervention model or theories, type of provider, type of setting, relationship to or impact on schools, outcome variables or outcomes of interest, and implications for future research and practice. The article selection chart in Figure 1 details the article selection process.
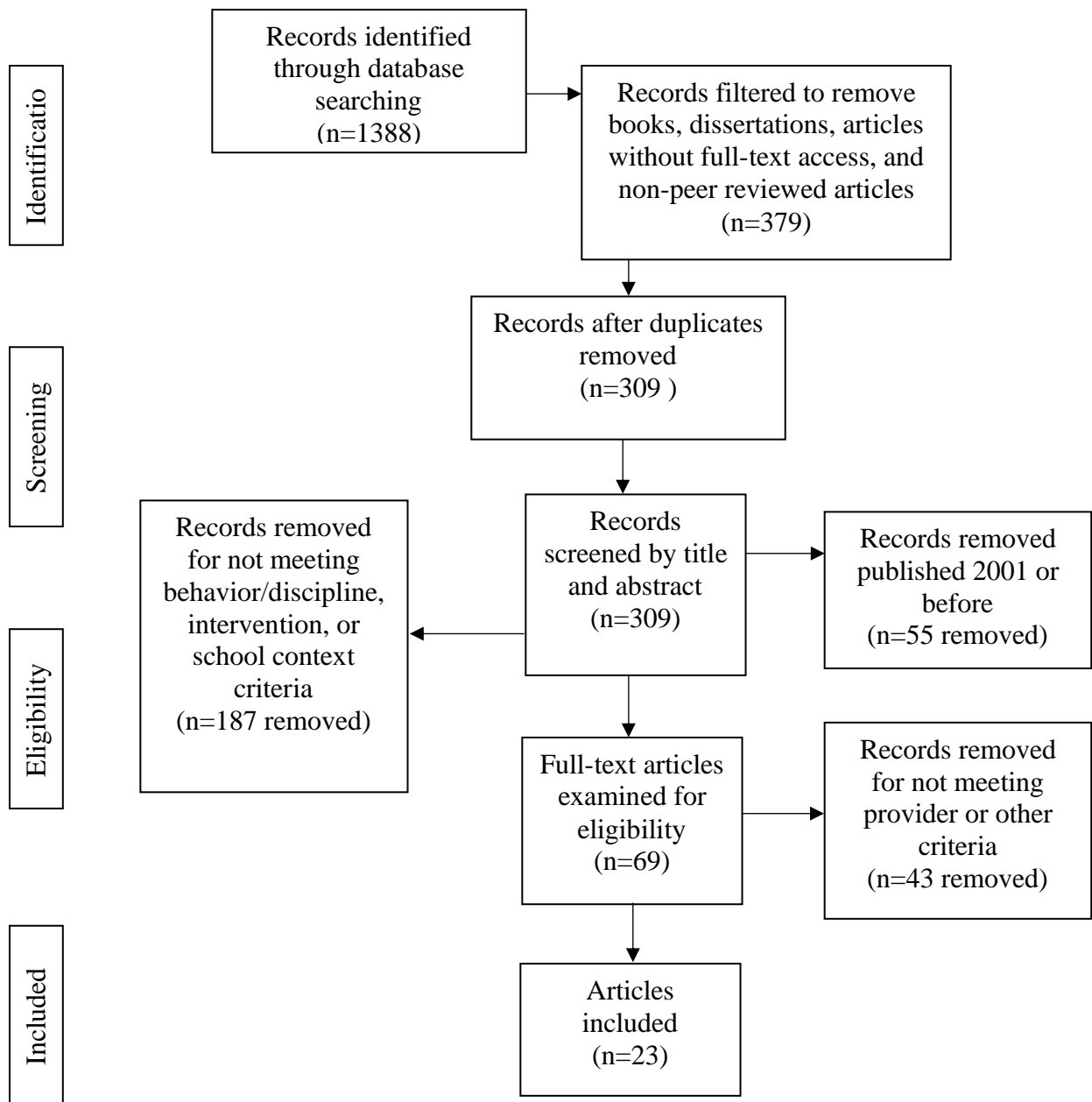
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Figure 3.1
Article Selection Chart

Results

Results of this scoping review included 23 articles with 12 empirical articles and

11 conceptual articles. Tables 1 and 2 synthesize data extracted from both categories of

articles with emphasis on school and behavioral contexts, target populations,

interventions, outcomes measured, and major contributions to education and family

therapy literature. Each of these articles met the inclusionary criteria with some flexibility

for empirical articles that may not have specified a CMHC or MFT specifically, but used

terms such as "mental health therapist," "therapist," or "counselor." We also allowed a

lack of specificity of professional identities for conceptual articles and one article that

specified mental health professionals, but stated providers only had a bachelor's level

education (Vardanian et al., 2019). This exception was due to the study occurring in a

different country where training and licensing requirements for mental health

professionals differ.

Target Populations

The populations that family therapy and family-focused interventions target

provide insight into groups of individuals identified as potentially benefiting from

additional support and services. Therefore, we examined the demographic factors and

sample characteristics of the populations included. Ten of the 12 empirical studies

measured intervention outcomes for students in early to late adolescence, particularly at

the fifth, sixth, and middle school grade levels, but up to high school (Adhikari et al.,

2018; Canfield et al., 2004; Connell & Dishion, 2008; Dykeman, 2003; Ellis et al., 2013;

Simon et al., 2009; Spirito et al., 2018; Stormshak et al., 2011; Vardanian et al., 2019),

while two of the articles focused on children at the elementary level (Nix et al., 2005;

Villodas, 2014). One article reported their sample as between 5 and 13 years of age,

focusing on both elementary students and students in early adolescence (Lazicki et al.,

2008). Four of the 12 empirical articles measured additional outcomes specific to the

families of the sample of interest (Adhikari et al., 2018; Nix et al., 2005; Vardanian et al., 2019). Of the studies included, 8 articles reported a majority male sample (Adhikari et al., 2018; Dykeman, 2003; Ellis et al., 2013; Lazicki et al., 2008; Nix et al., 2005; Spirito et al., 2018; Stormshak et al., 2011; Villodas et al., 2014).

The diversity of the sample populations is also noteworthy. Four of the studies reported a majority Black or African American sample ranging from 54%-72% (Canfield et al., 2004; Ellis et al., 2013; Nix et al., 2005; Simon et al., 2009) while White, Hispanic, Latino, Biracial, and Indian ethnicities were also included. One empirical study occurred in South Asia as Adhikari et al. (2018) studied a sample of rural Nepali adolescents. Four articles included substance use as an identifier for the participants in their studies (Connel & Dishion, 2008; Spirito et al., 2018; Stormshak et al., 2011; Vardanian et al., 2019). Additionally, 9 studies noted problem or aggressive behaviors as sample characteristics (Adhikari et al., 2018; Canfield et al., 2004; Connell & Dishiono, 2008; Dykeman, 2003; Ellis et al., 2013; Nix et al., 2005; Simon et al., 2009; Villodas et al., 2014; Vardanian et al., 2019).

The conceptual articles included in this review predominantly use language such as "students," "K-12," or "schools" when describing the population or setting of interest. However, Breunlin et al. (2006) specified a high school focus, Garfinkel (2010) discussed suggestions for students involved with the juvenile justice system, and Sensoy Bahar et al. (2020) addressed the needs of primary schools in sub-Saharan Uganda. Of the 11 conceptual articles, nine of them discussed disruptive and emotional behavior disorders to be considered sample characteristics among these populations (Breunlin et al., 2006; Day

et al., 2011; Garfinkel, 2010; Hudson et al., 2005; O'Gorman, 2018; Reinke et al., 2009; Sensoy Bahar et al., 2020; Sheridan & Wheeler, 2017; Vanderbleek, 2004).

Interventions

Seven of the 12 empirical articles included interventions that provided psychoeducation around similar topics such as prevention measures on an individual and school-based level, skills training, or conflict management strategies (Adhikari et al., 2018; Canfield et al., 2004; Connell & Dishion, 2008; Dykmen, 2003; Simon et al., 2009; Villodas et al., 2013). Five of the articles implemented a multi-level intervention approach (Adhikari et al., 2018; Connell & Dishion, 2008; Ellis et al., 2013; Nix et al., 2005; Stormshak et al., 2011) For example, Stormshak et al. (2011) measured a program called EcoFit which consisted of a combination of Family Check-Up (FCU) and the utilization of a family resource center staffed with a parent consultant. Additionally, Nix et al. (2005) studied the Fast Track Program which has levels dedicated to prevention, school-based services, therapeutic groups, as well home visits. There were three studies that specifically incorporated FCU as part of their intervention strategy (Connell & Dishion, 2008; Spirito et al., 2018; Stormshak et al., 2011). Four studies highlighted a theories-based framework for their interventions. Among these were multi-family counseling groups (Canfield et al., 2004), The Coping Power Program which has its foundations in Cognitive-Behavioral Therapy (Ellis et al., 2013), Motivational Enhancement Therapy (Spirito et al., 2018), and Functional Family Therapy (Vardanian et al., 2019). One article highlighted responses from an Intensive Mental Health Program with both family/home and school components (Lazicki et al., 2008).

Among the conceptual articles included in this review, four suggested the use of psychoeducation within their interventions (Breunlin et al., 2006; Garfinkel, 2010, Sensoy Bahar et al., 2020; Vanderbleek, 2004). Four articles proposed family therapy strategies (Day et al., 2011; Garfinkel, 2010; Stormshak et al., 2009; Vanderbleek, 2004). For example, Garfinkel (2010) suggested a combination of Functional Family Therapy (FFT), Dialectical Behavioral Therapy (DBT), Motivational Enhancement Therapy, and relapse prevention reinforcement. Vanderbleek (2004) proposed that mental health counselors work with district-level staff to change policies and perceptions about mental health treatment, as well working with families to support positive change for student success. Day et al. (2011) proposed a specific model called the Helping Families Programme, a multimodal approach that includes a 20-week family therapy session. Four articles proposed a multi-level approach in intervention strategies (Garfinkel, 2010; Hudson et al., 2005; Reinke et al., 2009; Sensoy Bahar et al., 2020). Finally, in Cooper-Haber and Haber's (2015) article they discuss the strategies and implications of graduate students receiving training from MFT's and Clinical Mental Health Counselors specifically around individual, group, and family therapy services.

School Contexts

School and behavioral contexts were extracted by the research team and aimed at identifying the context of public education in which the intervention or family therapy occurred and the relevance to behavioral or discipline concerns. The school context for most of both empirical and conceptual articles involved identification or referral of students for the intervention, interventions provided within the school setting, and interventions involving intentional collaboration between mental health professionals and

school staff. Ten of the twelve empirical articles identified the sample students and families through collaborative relationships and processes with schools (Adhikari et al., 2018; Canfield et al., 2004; Connell & Dishion, 2008a; Dykeman, 2003; Ellis et al., 2013; Lazicki et al., 2008; Nix et al., 2005; Simon et al., 2009; Spirito et al., 2018; Villodas et al., 2014). Each of the 11 conceptual articles discuss the school's critical role in identifying students for potential family-focused interventions or describe school-related criteria as an inclusion criterion for a potential intervention.

The degree of collaboration with schools or school-related context of empirical studies varied from referral and sample identification only (Spirito et al, 2018) to significant collaboration with schools ranging from referral and sample identification at the beginning of the study, then fully integrating school level staff in the interventions, and collecting school-related outcomes (Simon et al., 2009; Villodas et al., 2014). Each of the 11 conceptual articles described strong collaboration with school staff and family therapy providers with the majority of articles describing ongoing, reciprocal communication and efforts to support the child's growth and improvement. Specifically, Hudson et al. (2005) list several possible interventions, but emphasize that the communication between the school counselor and the family therapist is what is critical in identification of students who are at-risk for violence, noticing school-related behavior, providing crisis support within the school context, and understanding the importance of the family and home context.

In 9 of the 12 empirical articles, interventions were school-based or took place, at least in part, within the school setting (Adhikari et al., 2018; Canfield et al., 2004; Connell & Dishion, 2008b; Ellis et al., 2013; Lazicki et al., 2008; Nix et al., 2005; Simon

et al., 2009; Stormshak et al., 2011; Villodas et al., 2014). Interventions for other 2 studies were provided in a community agency or community-based location (Dykeman et al, 2003; Vardanian et al, 2019). Ten of the 11 conceptual articles recommended or implied school-based interventions that would occur, or partially occur, in school settings (Breunlin et al., 2006; Cooper-Haber & Haber, 2015a; Day et al., 2011; Hudson et al., 2005; O'Gorman, 2018; Reinke et al., 2009; Sensoy Bahar et al., 2020; Sheridan & Wheeler, 2017; Stormshak et al., 2011, Vanderbleek, 2004). Virtually every article across empirical and conceptual categories either measured or recommended measuring outcomes that are directly related to school functioning, which is be detailed below.

Behavioral Contexts

An inclusionary criterion for this scoping review, the behavioral context for the included articles provides insight into what behavioral symptoms and discipline concerns educators, mental health professionals, and scholars are addressing in recent literature. The most frequently referenced type of behavioral or discipline concerns can be grouped together with general terms used in the articles including disruptive behavior, oppositional behavior, a behavior disorder, or an emotional or behavioral disorder and was referenced in 12 articles across empirical and conceptual categories (Adhikari et al., 2018; Connell & Dishion, 2008b; Cooper-Haber & Haber, 2015a; Ellis et al., 2013; Garfinkel, 2010; Lazicki et al., 2008; O'Gorman, 2018; Reinke et al., 2009; Sensoy Bahar et al., 2020; Sheridan & Wheeler, 2017; Vanderbleek, 2004; Vardanian et al., 2020). Violence, fighting, or aggression was referenced 6 times across both categories (Breunlin et al., 2006; Canfield et al., 2004; Cooper-Haber & Haber, 2015a; Dykeman, 2003; Hudson et al., 2005; Simon et al., 2009) and substance use was the behavioral

context for 4 total articles (Spirito et al., 2018; Stormshak et al., 2011; Stormshak & Dishion, 2009; Vardanian et al., 2020). Two articles referenced conduct problems or conduct disorder, one in each category (Day et al., 2011; Nix et al., 2005), 2 conceptual articles referenced criminal behavior (Garfinkel, 2010; Stormshak & Dishion, 2009), and 1 empirical article referenced antisocial behavior (Stormshak et al., 2011). Interestingly, only 1 conceptual article referenced students who were at risk for suspension or expulsion, a process specific to school discipline policies and procedures (Cooper-Haber & Haber, 2015b). Total number of behavioral references is greater than the number of included articles as several articles referenced more than one type of behavior. However, nearly all the empirical articles referenced these behavioral concerns in outcomes measured. Decreasing undesired behaviors at school is an important component of the rationale for family therapists to collaborate with school systems. Measuring these outcomes is critical if schools and school districts are to seek family therapists and family-focused interventions for their students.

Outcomes Measured and Major Contributions

While reviewing the 23 articles, the research team noted measurable outcomes and major contributions as indicated in the articles. Looking at the 12 empirical articles, three articles measured outcomes relating to frequency of fighting behaviors, recidivism rates, verbal and physically aggressive behaviors in school and at home (Canfield et al., 2004; Dykeman, 2003; Simon et al., 2009). Three separate articles measured outcomes pertaining to substance use while also including data in treatment acceptability, truancy, parent-teen interactions, antisocial behavior, family functioning, youth callous-unemotional traits, and school outcomes (Spirito et al., 2018; Stormshak et al., 2011;

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Vardanian et al., 2019). One article primarily measured outcomes specific to the

implementation of the intervention rather than outcomes as a result of the intervention

(Lazicki et al., 2008). The remaining five articles measured outcomes relating to

frequency of desired and undesired behaviors, depression, antisocial, and oppositional

defiant disorder symptoms, internalizing and externalizing behaviors, disruptive

behaviors and school and home, parent involvement in treatment, family environment,

involvement in school-based services, social development, and degree to which

children's issues negatively impacted their parent, teacher, and peer relationships

(Adhikari et al., 2018; Connell & Dishion, 2008; Ellis et al., 2013; Nix et al., 2005;

Villodas et al., 2014). Seven of the empirical articles were noted by the research team as

providing major contributions to MFTs and schools (Adhikari et al., 2018; Canfield et al.,

2004; Dykeman, 2003; Ellis et al., 2013; Nix et al., 2005; Simon et al., 2009; Stormshak

et al., 2011). The following four articles were noted to provide major contributions to

support in school-home interventions, wide scale implementation to high-risk families,

reduction of depressive symptoms through family relationships, and the combining of

two brief theory-driven interventions to target substance use and school truancy (Connell

& Dishion, 2008; Spirito et al., 2018; Vardanian et al., 2019; Villodas et al., 2014).

Of the 11 conceptual articles included in the review, all were noted to have major

contributions to CMHCs and MFTs in relation to different aspects of schooling. While

measuring recidivism, greater school success, and sibling offense rates the research team

noted Garfinkel (2010) as laying major contributions to the importance of parent

involvement and multisystemic treatment for juvenile justice involved youth.

Additionally, Stormshak et al. (2009) focused on arrest records, substance use, and school

attendance which with their effective and cost-efficient model can be adapted to culturally diverse populations. Cooper-Haber and Haber (2015) emphasized that MFTs have the skills necessary to serve students in schools and contribute to a multidisciplinary support team while also evaluating the use of client feedback notes, family to school communication, perspectives of student behavior, and empathy.

When reading through the conceptual articles, the research team noted recommendations for measurable outcomes including out of school suspension rates, academic success, dropout rates, conduct problems, substance use, and notable risk factors for the development of later problem behaviors in school (Breunlin et al., 2006; Day et al., 2011; Reinke et al., 2009; Sheridan & Wheeler, 2017; Vanderbleek, 2004). To continue with the importance of collaboration between a MFT in a school-based setting, Hudson et al. (2005) and O'Gorman (2018) emphasize the importance school counselors and MFTs collaborating to support students, and to further this collaboration, the need for school counselors to be better trained in family system theory and continue to collaborate with family therapist. Lastly, Sensoy Bahar et al. (2020) noted a major contribution to their article utilizing the adaptation of evidence-based, American family-focused interventions for implementation in Uganda with consideration of culture and limited resources.

Table 3.1 Empirical Articles and Data Summary

Article Citation	Target Population and Study Sample	School Context	Behavior/Discipline Context	Intervention	Outcomes Measured
Adhikari et al. 2018	Children and adolescents in rural Nepal with behavior concerns; *n* = 39; 10 girls and 19 boys; 14 have food insecurities; varying Nepali ethnicities and castes	Referral (also self-referred), school/teacher intervention, inclusion of school staff in study; outcomes measured; interventions provided in school setting	Disruptive or oppositional behaviors	Three step psychoeducation program that includes school level prevention, family and parent engagement, and student progress monitoring	Frequency of desired and undesired behaviors
Canfield et al., 2004	Middle schoolers in an urban school district; *n=87* students; girls and boys were equal; Majority were Black/AA and minority were White	Referral; Schools contracted with the counselor working in private practice and services were offered in the school	Fighting behaviors	Multifamily counseling group consisting of psychoeducational and experiential interventions to prevent fighting behaviors	Frequency of fighting behaviors; recidivism rates

Connell & Dishion, 2008	Middle school students with problem behaviors or suspected substance use; data collected on subsample from a larger sample of 999 students, *n*=106 students who scored high risk on assessments from the larger pool of students; 46 male and 60 female students; about 68% global majority ethnicity	Family Resource Center embedded in schools, referrals from schools; intervention specifically designed to be implemented in public schools	Students who are at high risk for emotional and behavioral problems over 3 years	Multilevel, individualized intervention program tailored in frequency and intensity to students and families based on needs and assessments. First level - family resource center and classroom lessons; second level - FCU; third level - various evidence-based parenting interventions	Depression symptoms, antisocial symptoms, internalizing behaviors, externalizing behaviors
Dykeman, 2003	Middle schoolers of a recent divorce; *n*=15; 13 male, 8 White, 4 Latino/a/x, and 3 Black/AA	Referral: school counselor referred to a community agency; school-related outcomes measured	Verbal and physically aggressive behaviors	A conflict management training for children of recently divorced parents	Verbal and physically aggressive behaviors in school and home; Positive conflict resolution skills
Ellis et al., 2013	Fifth graders with aggressive behaviors; *n*=114; 68% boys, 72% Black/AA, 27%	Referral; school outcomes measured; some	Disruptive school behaviors prevention	The Coping Power Program (CBT based); multi-level; Manualized treatment and	School and home disruptive behaviors; Parent involvement in treatment; Family

	White, 1% other race, and 47% live with a single mother	interviews occurred in school setting		prevention program for children at-risk of behavioral problems	environment (e.g., parenting behaviors)
Lazicki et al, 2008	Youth that participated in the IMHP; Youth (n=14), caregivers (n=24), special education teachers (n=4), mental health therapists (n=18); all but one youth was male; various diagnoses, most had been exposed to trauma; ages 5-13	School-based intervention for students with severe emotional disturbance; embedded within special education services	Problematic behavior associated with Severe Emotional Disturbance; sample included students with ODD, ADHD, conduct disorder, and mood disorders	Referenced another article; home visits, core team meetings; results section indicated child group therapy, family therapy, and some parenting interventions	Caregiver, child, teacher, and therapist scales; measured treatment alliance, relationships, perceptions of treatment effectiveness and usefulness
Nix et al, 2005	Families of first-grade children; n=445; 72% boys, 28% girls; 53% African American, 45% European American, 2% Asian American, Latino American, or American Indian	Identification of sample; Delivered some of services in the children's schools.	Conduct problems	Fast Track Program: Designed to reduce the risk factors for and deflect the developmental trajectories of serious and persistent conduct problems.	Involvement in School-based services, therapeutic groups, and home visits.

Simon et al., 2009	6th grade students exhibiting high levels of aggression; n=5,580, equal number of girls and boys; 23% Hispanic, 48% black, 18% white, 8% multiracial	Students were referred from 37 schools in 4 different sites; intervention included teacher component; school-related outcomes; students completed outcome measures at school	Violence and aggressive behavior	Psychoeducation and skills practice for students and parents	Aggression, victimization, school safety problems, nonviolent behavior, risk factor index
Spirito et al., 2018	Adolescents using marijuana and a history of school truancy and their parents; n=69; majority male; White and Hispanic/Latino	Referral/recruitment source, eligibility requirements	Substance use/truancy	Family Check Up and Motivational Enhancement Therapy	Treatment acceptability, Marijuana use, alcohol use, truancy, parent-teen interactions
Stormshak et al, 2011	Middle schoolers; n = 593 from Title 1 schools, 51% male, 49% female; 36% European American, 18% Latino/Hispanic, African American 16%, 8% Asian, 3% American	Sample recruited from schools; Study embedded in school system; interventions offered through family resource center in the middle school	Antisocial behavior, substance use	EcoFIT is a 3-level intervention including a Family Resource Center staffed with a part time parent consultant; FCU includes assessment packet, recorded family interaction	Substance use and antisocial behavior

	Indian, and 19% biracial/multi ethnicity			assessment, and feedback session	
Vardanian et al., 2019	At-risk adolescents ages 11-18 and caregivers; $n=687$ families and 61 therapists; 911 total caregivers and 576 adolescents; approximately half female and half male.	School-related outcomes including attendance and performance	Behavior, substance use	Functional Family Therapy (FFT) that emphasizes behavior as part of a multisystemic relational and interconnected systems.	Youth behavior, family functioning, youth callous-unemotional traits, school outcomes and substance use
Villodas et al., 2014	Children with attention and behavior problems; $n=57$ total students/families; 70% boys; Children had clinically elevated symptoms of ADHD, significant impairment at home and school	Referral; school-based mental health professionals were providers of intervention, school-related outcomes; teachers involved in intervention	ADHD symptoms, ODD symptoms, social and behavioral functioning	Coordinated multi-systemic behavioral interventions focused on reinforcing desired behaviors and skills at home and school	Behavior problems, social development, ODD symptom severity, degree to which children's problems negative impacted parent, teacher, and peer relationships

Table 3.2 Conceptual Articles and Data Summary

Article Citation	Target Population	School Context	Behavior/Discipline Context	Intervention	Major Contributions or Recommendations
Breunlin et al., 2006	K-12 students, with a specific focus on high school	School-based intervention; School consultation and collaboration with family therapist; indirectly impacted school disciplinary procedures and school climate	Violence at school	Manualized psychoeducation and experiential treatment options for emotional regulation and conflict resolution for families and students. Used in lieu of suspension.	Continue investigating the intervention with diverse populations and securing funding to provide for free
Day et al., 2011	Children between 5 and 11 with ODD or Conduct disorder.	School outcomes	ODD or Conduct disorder	20-week family individual sessions to; address the complex multi-determination of severe conduct problems and associated problems in school attendance; reduce, or at least	Preparation to begin pilot of the intervention, particularly noting the importance of parent feedback and reasonable expectations for parent participation

				stabilize, the compounding influence of specific risks factors; reinforce the presence of specific protective factors.	
Garfinkel, 2010	Youth with emotional and behavioral disorders (E/BDs) who are involved with the juvenile justice system	Educational rights, referral of school-based cases, criticism of schools' charging students with E/BDs with criminal charges as well as zero tolerance policies; emphasis on programs that promote school success	Emotional and behavior disorders, criminal behavior such as disorderly conduct or assault	MST - intensive and individualized interventions in homes, schools, and communities; FFT - multisystemic interventions that focus on family and individual functioning; FITP - combines MST with dialectical behavior therapy, motivational enhancement therapy, and relapse prevention/community reinforcement	Importance of parent involvement and multisystemic treatment to include court/legal, school, family, and community systems for juvenile justice involved youth
Hudson et al., 2005	Students who engage in violent behaviors	Context of violence, collaboration of school counselors	Violence at school	Varies as many models and interventions are mentioned, but generally emphasize conceptualizing the	Specific recommendations for school counselors to understand family systems concepts and for family therapists to

		and family therapists		problem through a systemic perspective and directing treatment and intervention in multiple systems	consult with school counselors for additional contextual information on a student's environment and functioning in the school setting
O'Gorman, 2018	Schools	Describes common school-based counselling referral criteria that are well suited to family therapy responses.	Emotional, psychological or behavioral distress.	Family practice rooted in systemic and attachment theory	Trauma-informed approach to family therapy practice within school context is critical to nurturing the student's development; attention to theoretical base of family therapy practice is critical for school-based counselors
Reinke et al., 2009	Children with disruptive behavior problems	Educational implications of disruptive behavior, combining family-focused intervention with tiered interventions within schools	Disruptive behavior	PBIS - multilevel continuum of services involving multiple systems and settings to address student needs and staff behavior to increase positive outcomes; FCU - Assessment and feedback-based, family-focused, brief intervention	Combining these two evidence-based models may further contribute to positive outcomes

Sensoy Bahar et al., 2020	Children in primary schools within sub–Saharan Uganda	Interventions provided in schools	Part of a randomized trial for children who demonstrate behavioral challenges and their caregivers	Multifamily group interventions focused on behavioral health knowledge, family strengths, family communication and relationships, and other relational protective factors and skills	The systematic adaptation of an evidenced-based, American, family-focused intervention for implementation with consideration to government policies, cultural values and contexts, and established community healthcare workers; how to adapt a clinical intervention for a setting that may have limited resources
Sheridan & Wheeler, 2017	Schools	Translating family interventions to be effective in the school setting	academic, behavioral, and social-emotional development	A strength-based, cross-system problem-solving and decision-making model where caregivers and teachers work to share responsibility for positive outcomes related to a child's academic, behavioral, and social-emotional development	Test Conjoint Behavioral Consultation intervention on a larger scale and within schools
Stormshak et al., 2009	At-risk children and families across	Referral, family resource center	Substance use, arrest records, attendance	Parenting consultations to skill-building interventions	Effective and efficient model, cost effective, model can be adapted to

	developmental stages	located within schools		such as parent management training in formats such as behavioral family therapy or parent groups	culturally diverse populations
Vanderbleek, 2004	Families of children in need of mental health counseling	Identification of students in need of treatment, alignment with policies, district and school level integration, training of school professionals, collaboration between systems; setting for service delivery and collaboration with other professionals	Emotional or behavioral problems	Varied approach offering a continuum of interventions such as district-wise prevention, school-level identification, and response strategies, shifting perspectives, advocacy, and integrating mental health services into policy and procedures	Mental health counselors need to stay informed of barriers to family enrollment and retention from the time of assessment and through treatment; importance of cultural competence and evidence-based family systems training and supervision

Additional Findings

Additional findings for this scoping review include information not summarized in the charts such as the lack of detail in provider characteristics for family-focused interventions and family therapy in schools. In addition, valuable information can be gleaned from the exclusionary criteria. Twenty-seven articles were excluded as interventions or therapy were not provided by an MFT or CMHC. Eleven empirical articles provided no information on professional identities of providers. Five articles specified psychologists, 4 specified social workers, 2 articles involved school counselors, 5 involved multiple professional identities such as psychiatrists, teachers, school staff, and social workers. When professionals providing the family-focused interventions are not licensed mental health providers, it may indicate that these interventions are not requiring the same type or degree of clinical education, practice, and skill obtained by a licensed mental health professional practicing family therapy within a clinical setting. Moreover, this information about excluded articles is important to note for MFTs and CMHCs who could investigate the interventions and strategies other professionals are implementing to address family needs and improve family functioning within a school context. For example, perhaps bachelors or masters level trainees could provide family-focused interventions under supervision as a preventive effort or lower tiered intervention.

Indicating an interest in family-focused interventions within schools across several disciplines empirical articles were published in the following journals: Child and Adolescent Psychiatry and Mental Health, Professional School Counseling, Journal of Family Psychology, Journal of Instructional Psychology, Prevention Science, American

Journal of Community Psychology, Consulting and Clinical Psychology, Journal of Clinical Child & Adolescent Psychology, Child Development, Journal of Marital and Family Therapy, Child Psychiatry Human Development, and Journal of Child and Family Studies. Generally categorized, 2 of the empirical articles were published in journals with a psychiatry emphasis, 5 articles in psychology journals, 1 in a prevention journal, 1 in a school counseling journal, 1 in a child development journal, and only 2 articles were published in journals with a family focus. Conceptual articles were published in the following journals: Journal of Family Therapy, The Journal of Mental Health Counseling, Child and Adolescent Mental Health, Behavioral Disorders, Journal of School Violence, British Journal of Guidance & Counseling, Psychology in the Schools, Family Process, Family Relations: An Interdisciplinary Journal of Applied Family Studies, The American Journal of Drug and Alcohol Abuse, and Contemporary Family Therapy. One conceptual article was published in a psychology focused journal, 1 in a journal with a school or education focus, 3 in counseling journals, 1 in a drug and alcohol journal, 1 in a journal with a focus on behavior disorders, and 4 of the 11 conceptual articles were published in family therapy journals.

Discussion

This scoping review aimed to synthesize existing literature on family therapy provided within a school context for behavior or discipline-related concerns and can serve as a resource to identify resources for schools who wish to implement family therapy, counselor educators, or MFTs or CMHCs providing family therapy in schools. Both the target population and behavioral context results are consistent with research on students who demonstrate behavioral concerns in schools and research on office discipline referrals that indicate students involved in disciplinary proceedings are more

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likely to be in middle and high school, students of marginalized identities and ethnicities, and male (Anyon et al., 2018; Fabes et al., 2021).

With over 90% of articles in this scoping review emphasizing the school's role in referring students or identifying students for family therapy and nearly 83% of the 23 articles offering or recommending services in school buildings, one can conclude it is a critical step in the process of beginning to offer family therapy students to develop a systematic process of identifying students who would benefit from family therapy services. The collaboration with schools is a critical component of engaging families in services and reinforces what Wymer et al. (2022) found in their content analysis of parent engagement in child mental health services. Specifically, they recommend addressing barriers like accessibility of services, physical resources, and scheduling flexibility. Schools are often within a family's close, local community, have access to a school or district social worker, or able to offer evening appointments such as a program highlighted in one of the conceptual articles (Cooper-Haber and Haber, 2015).

Lastly, an interesting outcome of this scoping review was that many of the empirical studies involved psychoeducation, brief, or multi-family group interventions while others studied or suggested traditional single-family clinical family therapy. Give of the included articles studied or suggested a multilevel or tiered approach to family-focused services that may include brief psychoeducational interventions at lower levels and provide more intensive, individualized, and targeted therapy services for students identified as needing higher levels of support or who do not demonstrate positive outcomes following lower-level interventions. This is also supported by Weist et al.'s publication on integrating family engagement strategies with tiered behavioral support

systems (2017). While parent engagement differs from family therapy, this literature contributes to growing recommendations for tiered support such as in Thompson and Carlson's (2022) model for providing tiered Neuroscience-Informed Caregiver interventions within the context of schools that suggests offering a range of opportunities from newsletter columns to single-family therapy sessions.

Implications

Family Therapy

School-based family therapy expands the treatment system to both the school and family systems and MFTs and CMHCs with family systems training are equipped to provide clinical systemic interventions. However, there is a notable lack of empirical research on family therapy and family-focused interventions by MFTs and CMHCs within schools. However, there is some precedence for collaborating with school systems and family systems to improve functioning for K-12 students such as implementing programs that intervene across and within systems (Connell & Dishion, 2008; Lazicki et al., 2008; Simon et al., 2009). Conceptual articles provide peer-reviewed guidance on justifying and implementing programs and interventions for family therapists to collaborate with schools to improve school-related and family-related outcomes (Bruenlin et al., 2006; Cooper-Haber & Haber, 2015; Garfinkel, 2010; Hudson et al., 2005; Reinke et al., 2009). Moreover, these articles provide support for beginning slowly in school districts such as beginning with collaboration or inviting family systems trained therapists and counselors to behavioral support teams (Bruenlin et al., 2006; Hudson et al., 2005) that could evolve into fully supported programs that integrate family therapy

into discipline policies or response to student's identified needs (Cooper-Haber & Haber, 2015; Day et al., 2010; Reinke et al., 2009; Villodas et al., 2014).

Counselor Education

Themes identified in the scoping review also have implications for counselor educators preparing future counselors, as well as supervisors that employ or contract counselors trained in family therapy within their school system. Counselor education programs may consider courses that are geared towards school-based family therapy services. With a call for more mental health professionals to be in schools (U.S. Department of Education, 2022), this course may have objectives for CITs from different specialty areas (i.e., school, MFT, clinical mental health counseling) and provide didactic and experiential opportunities for students to practice systemic approaches in school settings. However, it may not always be feasible to develop a full course and counselor educators may consider developing structured lessons in established courses (e.g., introductory family therapy courses) to support their students' understanding of the role of family therapy within schools. Additionally, the breadth of approaches identified in this review provides a variety of tangible strategies for counselor educators and supervisors to provide their trainees. Examples of presenting concerns in this review included disruptive school behaviors, addiction, attendance, family engagement, and acts of aggression. Furthermore, given that 27 studies were excluded as they were provided by other professionals such as psychologists or social workers, it may be beneficial for counselor education programs preparing school counselors, clinical mental health counselors, or family therapists to examine the work of other disciplines. This may

include opportunities to engage in interprofessional practice, which has documented outcomes to support student development and learning (Borg & Drange, 2019).

Limitations and Future Research Directions

As with all scoping reviews, there are noted limitations and our team has recommendations for future scholarship. First, Munn et al. (2018) remarked that scoping review results are broad compared to similar methodologies (systematic reviews and meta-analyses) and should be interpreted as exploratory. Consumers of this report are encouraged to explore the rigor of the included articles prior to making conclusions. Additionally, future scholars may consider a systematic review for the empirically based articles and using a quality analysis to assess the rigor of published interventions. Second, this report only included peer-reviewed articles in scholarly or scientific journals. Thus, our team may have other publications, such as dissertations or commercialized interventions, that utilize family or systematic approaches within school systems. Third, the search terms used for this review may have limited some articles or studies such as interventions that may have primarily been caregiver-focused or titled parent-intervention but had a strong child and family component. The inclusionary criteria of types of providers may also be a limitation in that other disciplines such as psychologists, social workers, or school counselors who identify as professional counselors have also contributed to the field of family-focused interventions within schools. Lastly, given that there are 476 members in the Family Therapists in Schools Member Forum in the AAMFT interest network, there may be more family therapists working within a school context that are not publishing in peer-reviewed journals.

Conclusion

Family therapy in schools is one solution to the mental health needs of students within K-12 public education. With the ability to apply specific systems and relational training and skills to both school and family contexts, family therapists could prove as valuable members of interdisciplinary and collaborative school teams. This scoping review offers a summary of articles published in peer-reviewed journals with attention to the target populations, interventions, outcomes measured and major contributions to family therapy and to schools. Though this scoping review narrows the body of literature to MFT and CMHC and to behavioral context, family therapists and school personnel can benefit from understanding the scope of literature that generally emphasizes strong collaboration between school and family systems. Many empirical articles focused on target populations of early adolescents and provided psychoeducational and preventive interventions through group and multi-family group formats with some empirical articles emphasizing a more traditional, single-family family therapy approach. The body of conceptual articles emphasized intentional and strategic multi- and inter-systemic interventions to support students and families toward school success. However, overall, the literature lacked specificity in the type of and degree of school collaboration and school context as well as details about the professional identities and training of the providers. In closing, this scoping review builds a foundation upon which researchers, family therapists, and leaders in education can build.

Chapter 4

Family Therapy Service Utilization, Student Characteristics, and Discipline Risk:

An Exploration of Relationships[1][2]

Abstract

Office discipline referrals (ODRs), a measure of discipline risk, and exclusionary

discipline practices occur at higher rates for students of marginalized ethnicities, students

with an Individualized Education Plan (IEP) or 504 Plan, and students in low-income

households. ODRs and exclusionary discipline are positively correlated with academic

problems such as failure or retention, but family therapy services may address systemic

issues both within the student's home environment as well as their school environment

according to Bronfenbrenner's bioecological Process-Person-Context-Time (PPCT)

theory. Family therapy services have demonstrated positive outcomes for students and

families. As such, this study explored relationships between discipline risk and utilization

of services from a family therapy training program embedded within and funded by a

school district. Using hierarchical Multinomial Logistic Regression (MLR) for a sample

of 374 K-12 public school students who were recommended for expulsion and

subsequently referred to a family therapy program, we found that the greatest predictor of

end-of-year discipline risk is the student's discipline risk at the time of referral. Impact,

limitations, and social change are discussed within the context of at-risk students, family

therapy, and discipline practices.

Keywords: Discipline risk, family therapy in schools, exclusionary discipline

Introduction

Students involved in disciplinary processes in public schools report higher rates of childhood adversity which is associated with an increased risk for academic challenges (Bell et al., 2021; Pierce et al., 2021). Childhood adversity includes abuse; neglect; and other experiences of adversity within the family or home such as witnessing violence, substance use, or incarceration of a family member (Felitti et al., 1998). These adverse experiences can lead to disrupted neurodevelopment that has clear implications for a child's functioning at school including memory formation, behavior and discipline problems, impulse control, and executive functioning (Bremner, 2006; Cross et al., 2017; Lund et al., 2020; Perry, 2009; Teicher & Samson, 2016).

Family-focused interventions in schools may address the family or environmental stressors affecting student functioning in schools by preventing the accumulation of adverse experiences and increasing protective factors such as safe and supportive parenting practices (Crouch, Radcliff, et al., 2019; Howard et al., 2010). However, schools' responses to a student's problematic behavior may compound challenges for students. School officials often employ punitive consequences of office discipline referrals (ODRs) and exclusionary discipline (suspensions and expulsions) in response to behavioral challenges in schools. ODRs and exclusionary discipline are associated with negative outcomes including an increased risk of dropping out (Hoover & Cozzens, 2016; Marchbanks et al., 2014), involvement in the justice system (Novak, 2018, 2021), and grade retention (Marchbanks et al., 2014).

Moreover, marginalized students receive exclusionary discipline consequences at rates disproportionate to their White peers (Darensbourg et al., 2010; Skiba, Chung et al., 2014; Welsh, 2022a). Students living in poverty and students identified as having a

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disability are also more likely to be suspended (Skiba, Chung et al., 2014; Sullivan et al., 2014). Therefore, this study explored the relationship between levels of discipline risk for students involved in disciplinary processes who are referred to a family therapy program provided by the school district and the relationship between student characteristics and utilization of family therapy services provided by the school.

Discipline Risk

Determining a student's level of discipline risk involves data from multiple levels, such as the student's number and type of ODRs, school and district-level data and trends, as well as research on discipline trajectories and patterns. Pas et al. (2011) found ODRs to be moderately valid as an indicator of student behavior problems when compared with teacher ratings, while Irvin et al. (2004) conducted a thorough review of ODRs and found, among other outcomes, that ODRs are effective in measuring the effectiveness of interventions as well as in program evaluation. Researchers have consistently associated ODRs and exclusionary discipline consequences with an increased probability of additional ODRs and exclusionary discipline consequences, dropping out of high school, grade retention, and legal and justice system involvement (Novak, 2018; Pas et al., 2011; Skiba, Arredondo et al., 2014; Skiba, Chung et al., 2014). Rather than effectively deter future problematic behaviors, ODRs and exclusionary discipline practices are correlated with an increase in problems for the student, which also have negative social and economic effects. Marchbanks et al. (2014) estimate a cumulative loss of $96 million in purchasing power for students across their cohort sample of over 350,000 students who start their careers a year late due to discipline-related retention. For that same cohort, Marchbanks conservatively estimated a cost of $44 million to the state. These estimates

can serve as powerful motivators for educators and policymakers to identify students at risk of escalating discipline problems and implement interventions and strategies that address the underlying needs rather than exacerbate problems for the students.

Discipline Risk and Predictive Analytics

To identify students who are at risk for a variety of negative outcomes related to school, educational leaders have turned to machine learning and predictive analytics systems to harvest meaningful and useful information from student information systems. Predictive analytics involves several statistical techniques and has long been used in business and insurance industries for predicting and managing risk (Sparks, 2011). Lacefield and Applegate (2018) demonstrated how predictive analytics, combined with longitudinal student data, can be applied to inform school supports and evaluate educational interventions. Specifically, Lacefield and Applegate report that the use of predictive analytics for both examining the effectiveness of educational interventions and for informing systemic changes are among the implications of their study. In a study of two rural high schools in the southeastern United States, Hoover and Cozzens (2016) examined 947 students and behavioral risk factors including office discipline referrals, absences, and serious "zero-tolerance" offenses on the rates of graduation. Not surprisingly, Hoozer and Cozzens found a relationship between higher numbers of ODRs and students not graduating. To address these known behavioral risks prior to a student not graduating, these researchers suggest that school leadership teams use early warning systems to identify students in need of support based on their behavioral risk factors.

One type of early warning system is a predictive analytic algorithm that "learns" to predict when students are at greater risk of not graduating on time based on

longitudinal data of the specific student, the school, and the school district (Bright Bytes & American Institutes of Research, n.d.; Stuit et al., 2016). This approach to risk prediction has more accurate predictive power as it controls for teacher, administrator, student, district, and community effects over time as the sample of students analyzed grows through the years (Stuit et al., 2016). Stuit et al. (2016) examined the differences in the validity of a variety of indicators to predict students not graduating on time. Stuit et al. found differences among three districts with two separate cohorts in a longitudinal study. This study emphasizes the need for districts to identify their own indicators of risk that are valid for their own student population.

Student Characteristics and Discipline Risk

Among large and diverse student populations, certain characteristics have been consistently associated with an increase in discipline risk or an increase in likelihood of receiving ODRs or exclusionary discipline consequences, including gender and ethnicity (Skiba, Chung et al., 2014; Wallace et al., 2008), socioeconomic status (Skiba, Chung et al., 2014), and students with disabilities (Sullivan et al., 2014). Using a hierarchical linear model analysis on disproportionality of exclusionary school discipline practices, Skiba, Chung, et al. (2014) nested students within schools of all levels to control for school characteristics and type of behavioral infraction. These researchers found that Black students were more likely to receive out-of-school suspension (OSS) consequences than White students, male students were more likely to receive OSS than female students, and students who receive free and reduced lunch were more likely to receive OSS. Sullivan et al. (2014) studied a sample of nearly 3,000 students receiving special education services. Sullivan et al. also found that Black students, students of low socioeconomic status

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(SES), and students with an emotional disability were more likely to be suspended. Sullivan et al. emphasize the need for systemic change to how discipline is addressed in schools given these obvious disproportionalities and call for proactive support for students to prevent further exacerbating their educational challenges through exclusionary practices.

Family Therapy in Schools

Family therapy within schools may be a solution that can address systemic issues within the school as well as engage caregivers as a proactive and protective support for students at risk of disciplinary infractions. This concept is supported by Bronfenbrenner's bioecological framework that suggests proximal processes between an individual and their environment, relationships, and experiences are mutually influential (Bronfenbrenner & Evans, 2000; Rosa & Tudge, 2013). A simplistic example of this may be the influence of sociocultural and family influences on a student's behavior, which may impact disciplinary trends at a certain school that leads to changes in district policies, which then impacts families/caregivers and school staff's daily interactions with a student. Leaders of larger systems like schools, school districts, communities, and states are interested in improving health and increasing positive outcomes in the systems they value. In a review examining the effectiveness of family therapy treatments for child-focused problems, Carr (2019) organized results by type of child-focused problem or diagnosis. Carr found that family systems interventions were effective and cost-effective in addressing symptoms associated with child abuse and neglect, conduct or behavioral problems, and emotional problems. However, a family therapy program with multiple clinicians such as the training program involved in this study may not enforce the use of a

single manualized treatment. Shadish and Baldwin (2003) found that family therapy is clearly effective over no treatment, but reported no single approach to family therapy is more effective than others. When addressing the agents of change across family therapy models and modalities, scholars and clinicians reference a common factors approach to family systems therapy and interventions in their work (D'Aniello & Fife, 2020).

A common factors approach to family therapy emphasizes the common threads of family systems treatment across approaches and theories such as client and therapist characteristics or psychoeducation and skills training. In addition to common factors of individual counseling models, D'Aniello and Fife (2020) summarized additional factors specific to couple and family therapies in a 20-year review, including a relational conceptualization of clients, disrupting dysfunctional relational patterns instead of focusing on the individual, expanded direct treatment system by involving more than one person, and expanded therapeutic alliance by developing rapport with multiple individuals. This notion is supported by a systematic review that examined the parenting factors of low-SES families who experience educational success (Watkins & Howard, 2015). In contrast to the body of literature on the factors contributing to the educational success of higher SES students, Watkins and Howard reviewed 30 studies and found that parent-school involvement, parental expectations for academic performance, and warm and responsive parenting styles were the strongest predictors of educational success. A common factors approach to family therapy within schools would address each of those predictors. D'Aniello and Fife's final point was to suggest training implications for graduate counseling programs and educators of family therapy trainees such as infusing

common factors into MFT curriculum and training through a supervised lab for practicing common factors skills.

Family Therapy and Service Utilization

Ward and McCollum (2005) examined service utilization and client outcomes in a marriage and family therapy training clinic without specifying a specific therapy approach. They found that 80% of clients who attended two or more sessions had at least some resolution to their initial complaints while 40% reported experiencing great or complete resolution, arguing that the effectiveness of services provided by a training clinic was not negatively affected by the clinic being a training setting. Ward and McCollum also reported that an increase in services was generally correlated with more positive outcomes for shorter-term treatment, regardless of individual or family modality, and that clients who completed treatment with a planned discharge session also experienced more positive outcomes than clients that dropped out.

School mental health services, though not necessarily family-focused, are an important larger umbrella to family therapy through schools. School mental health services can increase service utilization through school relationships and connections to services as the U.S. Department of Education reported that over 54% of schools provide evaluation for mental health concerns (Wang et al., 2022). However, Burnett-Zeigler and Lyons (2010) reported that services initiated by caregivers increase service utilization. This initiation may be complicated by requiring counseling services when a student is involved in disciplinary proceedings as the parent may not feel it is their choice, even if they are willing to seek support for their student. However, even with clients who are required to attend, Sotero et al. (2018) found treatment outcomes did not vary from

voluntary clients in a comparison examining both outcomes and therapeutic alliance. Their sample of 29 families included families involuntarily referred by public institutional services including schools. Examining service utilization among mandated clients is an important characteristic of this proposed study, particularly in exploring if any student characteristics are associated with service utilization.

Student Characteristics and Service Utilization

Several student-level characteristics are strongly associated with elevated discipline risk including gender, ethnicity, disability status, and significant environmental stressors such as living in poverty or foster care. George et al. (2018) synthesized several studies finding that older, female, low-income, and students of marginalized racial identities (specifically Latino/a and Black/African American) students have decreased access and lower utilization of a variety of mental health services. Alternatively, students who receive special education services or who are identified as having a disability demonstrate higher rates of service utilization (George et al., 2018a). In a particularly relevant study, Whitaker et al. (2019) explored patterns of service utilization of services from a School-Based Health Center (SBHC) which often includes nursing, physical health, and mental health professionals and services. Whitaker et al. found that students of marginalized racial identities, special education classification, and being either victims or perpetrators of violence predicted use of behavioral health services. They also found that female students were more likely to use counseling services while age and special education classification predicted use of medical services. However, the authors acknowledge that they did not track referral sources or types, which may play a role in service utilization of various students. This is a critical component of this study as all

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students in the sample were referred as part of the district's policy on discipline processes and requirements.

Research Questions

There is a connection between students with marginalized racial identities, disabilities, and low SES and family therapy has been identified as a possible solution for supporting students who have a higher risk for disciplinary concerns, particularly as part of disciplinary processes (Cooper-Haber & Haber, 2015b; Lam, 2004; Rollins, 2008). However, there is no known literature exploring relationships between services from a family therapy program, students involved in disciplinary proceedings, and a predictive analytics program that identifies a student's level of risk based on longitudinal district and school data as well as student-specific data. Therefore, research questions for this study are:

1. What are the sample descriptives including student characteristics, service utilization rates, and discipline risk levels?

2. Is service utilization associated with end-of-the-year discipline risk when considering discipline risk at the time of referral and the length of time (in weeks) between referral and the end of the year?

    a. When adding potential risk factors to the model, what is the relationship between service utilization and end-of-the-year discipline risk?

    b. When adding student demographics (i.e., gender, race/ethnicity, age) to the model, what is the relationship between service utilization and end-of-the-year discipline risk?

Study Design

The research design for this study is correlational and aimed at exploring the differences in students according to their utilization of family therapy services offered by the school district (Limberg et al., 2021). This study used data that existed prior to this study but was consolidated for this project. This study used a multinomial logistic regression (MLR) to examine relationships between student characteristics, service utilization, and a dependent variable of discipline risk which is presented as one of three categories (Bright Bytes, 2022; Cavaleri et al., 2011; Pas et al., 2011; Tabachnick & Fidell, 2013).

The nuance of this study is in examining an outcome variable of discipline risk, which is an outcome frequently studied and valued by education researchers and educators, but not often examined as a primary outcome variable for counseling, family therapy, or mental health services (Hoagwood et al., 2007) . More specifically, this study examines discipline risk as determined by a predictive analytics program chosen by and routinely used by the school district across schools and departments. This is directly related to the gap in literature of services from a family therapy program utilized by a school district as a response to a recommendation for expulsion. Exploring the relationships between student characteristics and service-utilization of services from a family therapy program has the potential to guide educators and mental health professionals on how to be most effective with at-risk students in public schools (Rollins, 2008; Szapocznik et al., 2012).

Setting and Sample

Following approval from both the Institutional Review Board (IRB) and the school district's department of accountability, this study's sample was pulled from a

suburban school district in the southeastern region of the United States. Characteristics of the district's population consists of 61% of students who identify as Black or African American, 18% White or Caucasian, 12% Hispanic or Latino, 5% two or more races, 3% Asian, .2% Native Hawaiian or other Pacific Islander, and 0.2% American Indian or Alaska Native (less than 100% due to rounding). The sample of 374 students was pulled from a larger group of students (n=582) who were referred to the district's family therapy program following a recommendation for expulsion by their school during the 2021-2022 school year.

The district largely uses the district's family therapy program to meet counseling requirements established by district policy and discipline-related procedures associated with recommendations for expulsion (RFE). When students receive an RFE, they attend a hearing at the district office where determinations include a dismissal of the RFE, a return to their school on probation, an option to attend an alternative education setting, or expulsion. Among other referrals, such as to a substance use treatment program, many students who are allowed to return to their sending school are referred to the family therapy program along with every student attending the alternative education setting. However, in lieu of the district's family therapy program, families are encouraged to continue with an existing mental health provider or external counseling if they prefer.

The sample of students was referred between August 2021 and April 2022, but dates of services from the family therapy program were collected between August 2021 and August 2022 to allow time for students to receive services who were referred late in the school year. Eligibility criteria for study participants is the referral to the family therapy program within the school district as a result of a recommendation for expulsion.

For that referral to occur, assumptions include that the student was enrolled in a school or program within the school district during the 2021-2022 school year. Students were not included in the sample if they did not have both a discipline risk level at referral and at the end of the school year.

Study Variables

Independent Variables

Family Therapy

For this study, the term family therapy is defined as any clinical or therapeutic service provided by qualified providers at the family therapy training program which includes assessment, crisis, individual, group, family, and multi-family group therapy. The school district in this study employs six licensed mental health professionals with credentials including licensed professional counselors, licensed marriage and family therapists, and licensed social workers each supervising graduate-level trainees from local universities in clinical mental health; marriage, couples, and family; and social work programs. All staff members have specializations and training in working with children, adolescents, and family systems and favor various models and theories including Emotionally Focused Family Therapy, Cognitive Behavioral Therapy, Contextual Family Therapy, and Neuroscience-Informed Family Therapy, as well as individual models such as Eye Movement Desensitization and Reprocessing, Trauma-Focused Cognitive Behavioral Therapy, Expressive Arts, Adlerian Play Therapy, and Motivational Interviewing. Multi-family therapy groups use a hybrid psychoeducational-process curriculum that emphasizes family relationships and school success.

All staff and trainees have the freedom to implement the theories and models they favor in individual and family therapy sessions if the interventions align with the mission

of the program that emphasizes the following common factors. For the purposes of this study, the term "family therapy" refers to a common factors approach regardless of modality (individual, family, or group) that emphasizes a relational or systemic conceptualization that includes both the school system and the family systems, changing negative interactional patterns within family and school systems, and expanding treatment and rapport to others in the child's family and school systems. Licensed staff engage in weekly individual supervision, group supervision, and live supervision with trainees. In addition, licensed staff meet twice each week for supervision of their supervision of trainees, peer consultation, and case staffing for additional accountability to the mission of the program.

The family therapy program is housed in a separate location within the school district where families attend sessions face-to-face sessions. Telehealth services are utilized when families are unable to attend face-to-face sessions, such as in the case of parents' conflicting work schedules, transportation obstacles, homelessness, or other challenges that would otherwise prevent parental participation (Wymer et al., 2022). The school district fully funds the family therapy program, so students and families are not billed, third-party payers are not involved, and students do not receive diagnoses in an effort to further reduce barriers to treatment such as the ability to pay, citizenship status, or mental health-related stigma (Vanderbleek, 2004; Xu & Brabeck, 2012). Finally, while the majority of family therapy sessions and multi-family therapy groups are scheduled during after-school hours, graduate trainees provide supplementary individual services during the school day for students who demonstrate the need for additional support. For families who are unable to participate in face-to-face sessions after school, a family

therapist or trainee may pull the student from class to attend a session where the parent joins via telehealth. This strategy maintains parental involvement and minimizes student's missed instructional time as they remain onsite rather than miss upwards of half a day to attend a session at an external outpatient facility or counseling center.

Service Utilization

Service utilization was calculated by the total count of clinical services attended and logged in the family therapy program's electronic health records system. Clinical services include family therapy, individual therapy, multi-family group therapy, group therapy, parent sessions, assessment, and crisis. Services are coded as family therapy when multiple family members of the child-of-focus attend a session, such as a parent and a child, a caregiving dyad, or the child-of-focus and their siblings. Services were coded as individual therapy if only the child-of-focus is in attendance. Multi-family group therapy services include multiple children-of-focus and at least one caregiver or responsible adult. Group therapy is a service code for multiple children-of-focus such as a peer group in the school or for a parent group where only caregivers are in attendance. Services coded as a parent session were characterized by when only a guardian or caregiver attends the session. Assessment is a code used for intake assessments, behavioral assessments in natural settings such as the classroom or playground, or other standardized assessments such as a trauma screener or rating scale for depressive symptoms. Lastly, crisis is a service code for suicidal or homicidal assessments, assessing for safety after a disclosure of abuse or trauma that may require a mandated report, or in another situation such as a child running from the clinic when upset.

Student Characteristics

Student characteristics data were pulled from the state's student information system including (a) gender, (b) ethnicity, (c) pupils in poverty (PIP) code, and (d) presence of an IEP or 504 plan. Student's gender is categorized as male or female. While the school district in this study does have a comprehensive process for supporting and accommodating the needs of gender non-conforming (Federation of Parents and Friends of Lesbians and Gays, Inc., 2022) students, the binary gender identity is the only option in the student information system at this time. Due to the large proportion of the sample identifying as Black or African American (n=318, 85.5%), student ethnicity was categorized as the majority ethnicity of Black or African American or other. Students categorized as other in this study include students who identify as White, Hispanic, multiracial, Asian or Pacific Islander, Native American, or other.

For a student to be identified as a pupil in poverty (PIP), the state's department of education requires that a student be eligible for Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, be placed in a foster home, are homeless, qualify for Medicaid, or are identified as migrant (South Carolina Department of Education, 2022a, 2022b; Spearman, 2017). SNAP benefits are for low-income households and require an application process including documentation of income, expenses, and the number of individuals living in the home (South Carolina Department of Social Services, 2022). TANF benefits are temporary, limited to 24 months within 10 years, and provided to qualifying families with dependent children. TANF benefits include financial benefits and support services such as childcare and

work-related expenses to qualifying families. (South Carolina Department of Social Services, 2022).

Students with an active IEP or 504 plan were be identified from a designation in the student information system. Students with an IEP have been evaluated and determined to have a disability and need special education and related services. According to the Individuals with Disabilities Education Act, a child with a disability includes, but is not limited to, a child with intellectual disabilities; hearing, speech, visual, or language impairments; a serious emotional disturbance; a specific learning disability; serious health or physical disabilities; or developmental delays (Individuals with Disabilities Education Act, 20 U.S.C. §1401, 1990). Students with a 504 plan have a documented disability that includes a physical or mental impairment that significantly limits normal living activities or primary body functions (U.S. Department of Education Office of Civil Rights, 2020). A 504 plan may include academic or behavioral accommodations for a student to meet grade-level expectations while an IEP may include a change in curriculum and/or additional interventions or services for academic or behavioral expectations.

Outcome Variable

Discipline Risk

Bright Bytes is a data analytics program used by the school district involved in this study for purposes of identifying at-risk students through an early warning system, tracking interventions, and managing universal screening data. Bright Bytes calculates "risk" in two ways, in a student's progress toward graduation and in a student's readiness for postsecondary education, pulling data for the latter from the National Student

Clearinghouse Student Tracker database (Bright Bytes, 2022). Bright Bytes calls its early

warning algorithm "Early Insights," stating it calculates the level of risk based on a

student's level of risk relative to past students in the district and the district's actual

graduation rates. Predictive analytic early warning systems, like the Bright Bytes'

algorithm, are most accurate when they pull from longitudinal data of the student's

school and school district (Stuit et al., 2016). Lastly, Bright Bytes reports the level of risk

for each student as low, indicating the "threshold range within 8%-39%" of previous

students missed the milestone, medium risk as 40%-69%, and high risk as the "threshold

met or exceeded by at least 70%" of previous students who did not meet the milestone

(Bright Bytes, 2022). Essentially, Bright Bytes calculates the reported level of risk by an

algorithm that factors in standardized educational milestones, historical district data, and

actual current graduation rates of the district. Because Bright Bytes is constantly

collecting and analyzing data on current students, the thresholds may shift year to year or

month to month, but this produces real-time, accurate predictions based on students

within the same geographical area as well as national standards for education.

For this study, discipline risk was determined by Bright Bytes' Early Insights,

Progress Towards Graduation module that indicates a level of risk for academic

performance, attendance, and behavioral domains. The discipline risk variable for this

study was the level of risk calculated for the behavioral domain of the Early Insights

module, or early warning predictive algorithm. Bright Bytes calculates discipline risk by

calculating behavioral incidents each month which the program differentiates as major or

minor behavioral incidents according to the district's discipline matrix. The school

district in which this study occurs has three levels of disciplinary infractions. Levels one

and two are coded as "minor" infractions and level three infractions are coded as "major." Level one infractions are incidents such as tardiness, dress code violations, or identification violations. Level two infractions include classroom disruptions such as disruptive behavior, threats, vandalism, or bringing a toy weapon that could not inflict serious injury. Level three infractions include physical violence, sexual assault, bringing a weapon that could inflict serious injury onto campus, or drug possession on campus. Level three infractions are also typically criminal offenses and students are generally recommended for expulsion. Bright Bytes also factors the disciplinary consequences which include detentions, suspensions, RFEs, and expulsions (Bright Bytes, 2022). All of these consequences would include an office discipline referral (ODR) as teachers in this district may make the ODR but the administrator makes the determination on consequences (Irvin et al., 2004; Pas et al., 2011). In addition to individual student-level risk, Bright Bytes also calculates behavioral incidents and disciplinary consequences from longitudinal data collected over a decade to predict a level of risk to the student's progress toward graduation. Over time, the predictive algorithm becomes more accurate as the algorithm "learns" which students actually drop out or do not graduate on time. However, Bright Bytes does not use student demographic, IEP/504, English proficiency, or poverty indicators in their risk prediction to avoid biasing the level of risk against one of these student characteristics (Bright Bytes, 2022).

Procedures and Analysis

Data Collection

Data were collected from the electronic health records program, the state's student records program, and Bright Bytes from the time period between August 1, 2021 through August 31, 2022, consolidated and then cleaned using Excel and SPSS (Pallant, 2020). Auditing processes included using the minutes associated with the clinical service note to ensure the accurate code was entered for the service, manually pulling student characteristics for students who had discipline risk levels but were missing demographic information, and manually pulling discipline risk data for students with a unique student identification number not recognized by Bright Bytes.

Data Analysis

A multinomial linear regression (MLR; (Tabachnick & Fidell, 2013) was performed to examine the relationship between clinical service count, risk factors, and demographic variables on the likelihood of end-of-year risk levels. The data met initial assumptions including a nominal dependent variable, multiple independent variables, and independence of observations. The data also passed multicollinearity tests with tolerance for each variable as greater than .9 and variance inflation factor less than 1.1 for each variable. The categorical variable of end-of-year discipline risk was the outcome variable for each level of analysis and was categorized as low, moderate, or high risk. Assuming students with high levels of discipline risk are of the highest concern to educators and family therapists, we used the low-risk category as the reference category in the MLR analysis. In this same pattern, we also used no IEP/504 plan, no PIP indicator, and Black/African American students as the reference categories. Variables were entered in

stages to better understand significant relationships. The first model, or block of variables, included the discipline risk at the time of referral, the weeks between the time of referral and the end of the school year, and the clinical count, or number of services received from the family therapy program. The second model added risk factors of a pupils in poverty (PIP) indicator and the presence of an active IEP or 504 plan during the 2021-2022 school year. The third model added demographic information including gender, ethnicity, and grade. The models were blocked according to known associations with risk factors (Sullivan et al., 2014; Watkins & Howard, 2015) and demographic information (Fabes et al., 2021; Wallace et al., 2008) to determine if these variables changed relationships between variables.

Results

The results of this study indicate that the majority of the sample identified as Black or African American, male, and had a poverty indicated in the student information system. To further answer the first research question regarding the sample's descriptive characteristics, we provided detailed statistics organized in crosstabulation tables according to the outcome variable, the end-of-year discipline risk level identified by the Bright Bytes' Early Warning risk in Tables 1 and 2. The study also revealed the primary predictor of a student's end-of-year discipline risk was their risk level at the time of referral to the family therapy program. Answers to the second research question are organized by each of the three models analyzed by MLR through a classification prediction results in Table 3 and statistical significance, odds ratios, and confidence intervals in Tables 4, 5, and 6.

Descriptive Statistics

Discipline Risk

For students identified by the Bright Bytes' program as having low discipline risk at the time of their referral, the majority remained at a low level of risk by the end of the school year (n=62, 60.8%) while 25 (24.5%) students increased to a moderate level of risk and 15 (14.7%) students increased to a high level of risk. For students with a moderate level of risk at the time of referral, 60.3% (n=79) students remained at a moderate level of risk at the end of the school year while 13.7% (n=18) students decreased in level of risk to low and 26% (n=34) students increased in level of risk to high. In that same pattern, an overwhelming majority of students (91.5%, n=129) with a high level of discipline risk at the time of referral remained categorized as high risk by the end of the school year. However, 11 students (7.8%) decreased to moderate level of risk and 1 student (0.7%) decreased to low level of risk. When examining this data in Table 1, the students along the low-low to high-high diagonal are students whose discipline risk level did not change (n=270, 72.19%), students under the diagonal demonstrated a decrease in discipline risk (n=30, 8.02%), and students above the diagonal demonstrated an increase in discipline risk (n=74, 19.79%).

Risk Factors

Table 1 details descriptive results of the sample regarding students with an IEP or 504 and students identified by a PIP indicator in the student information system. Only 23.9% (n=89) of the sample were identified as having an IEP or 504 plan during the 2021-2022 school year. However, of those 89 students, just over half of them (n=45, 50.6%) still had a high level of discipline risk at the end of the school year. Table 1 also

reports the number of students with a PIP indicator in the student information system at 81.5% (n=303) of students in the sample. Over half (51.8%, n=157) of students with a PIP indicator remained at a high level of discipline risk at the end of the school year.

Demographics

The primary ethnic group represented in this sample was students identifying as Black or African American (n=318, 85.5%). Students who identified as White made up 5.1% of the sample (n=19), 12 students were identified as Hispanic ethnicity (6.2%), and 12 students were identified as either multiracial or another ethnicity (3.2%). Due to the disparity in racial groups of this sample, ethnicities were classified as a binary variable of sample majority (Black/African American) or other for the statistical analysis. With Black or African American students at 85.5% of the sample, students who were not identified as Black or African American totaled 54 students or 14.5% of the sample. This is consistent with literature that has shown students of marginalized racial identities are more likely to be involved in disciplinary procedures and disproportionately receive exclusionary discipline consequences than White/Caucasian students (Fabes et al., 2021; Keels, 2020; Novak, 2021). Table 1 provides details on levels of risk at referral and end of the school year by student ethnicity.

Students identified as male by the student information system were the majority of the 374 student sample at 232 (62%) students and were the majority of every risk level over female students as presented in Table 1. Only 15 (4%) of students were in elementary school, 109 (29.1%) of students were in middle school, and 250 (66.8%) students were in high school. Table 1 reports additional detail on levels of risk by grade

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level. With a range of 9 grades between 3rd and 12th grades, on average students were in 9th grade (M=9.02, SD=1.79) as displayed in Table 2.

Clinical Count

      The range for the total sample's clinical count of services received by the student from the district's family therapy program varied between 0 and 18 over the course of the 2021-2022 school year for students in the study's sample. Only 102 (27.27%) of the 374 total sample received at least 1 clinical service from the family therapy program. Of the students who attended at least one session, the mean attendance was 6.13 sessions with a standard deviation of 3.52 sessions. Of the students who received at least one service, 50.9% (n=52) received between 5 and 7 sessions.

Table 4.1 Sample characteristics by end of year discipline risk

| | Overall | | | End of Year Discipline Risk | | | | |
| | | | Low | | Moderate | | High | |
	n	%	n	%	n	%	n	%
RefDR								
Low	102	27.3%	62	60.8%	25	24.5%	15	14.7%
Mod	131	35.0%	18	13.7%	79	60.3%	34	26.0%
High	141	37.7%	1	0.7%	11	7.8%	129	91.5%
IEP/504	89	23.9%	19	21.3%	25	28.1%	45	50.6%
PIP	303	81.5%	56	18.5%	90	29.7%	157	51.8%
Gender								
Female	142	38%	29	20.4%	40	28.2%	73	51.4%
Male	232	62.0%	52	22.4%	75	32.3%	105	45.3%

Ethnicity								
Blk/AA	318	85.5%	66	20.8%	94	29.6%	158	49.7%
Other	54	14.5%	15	27.8%	20	37.0%	19	35.2%
Grade Level								
Elem	15	4.0%	1	6.7%	7	46.7%	7	46.7%
Middle	109	29.1%	4	3.7%	30	27.5%	75	68.8%
High	250	66.8%	76	30.4%	78	31.2%	96	38.4%

Note: Blk/AA – Black or African American, RefDR – Discipline Risk at time of referral to family therapy program. Overall percentages are percent of total sample (n=374); Other percentages are within variables by row.

Table 4.2 Descriptive statistics for continuous variables

	n	Range	Min	Max	*M*	*SD*
Clinical Count (sample)	374	18	0	18	1.67	3.29
Clinical Count (attended FTP)	102	17	1	18	6.13	3.52
Grade	374	9	3	12	9.02	1.79
Weeks	374	36	5.14	43.43	41.14	9.85

Note. Min = minimum, Max = maximum, M = mean, SD = standard deviation, FTP = family therapy program. Attended FTP = received at least 1 clinical service.

Hierarchical Multinomial Logistic Regression

Classification Prediction

Table 3 reports the percentage of cases correctly predicted by each model compared to observed cases. At a glance, this table reveals each model is accurately predicting between 68% and 78% of cases. However, there is minimal difference in

predictive power by adding risk factors and demographics with a range of 9.4% between the strongest predictive classification of Model 3 for students with low discipline risk at the end of the school year and Model 2 for students with moderate discipline risk at the end of the school year. There is less than 1% difference in the models' abilities to accurately predict case classification overall.

Table 4.3 Classification predictions by model

| | Percent Correctly Predicted | | | |
	Overall	Low	Moderate	High
Model 1: Clinical count and RefDR	72.2%	76.5%	68.7%	72.5%
Model 2: Add risk factors	72.0%	76.5%	68.4%	72.3%
Model 3: Add demographics	72.8%	77.8%	69.3%	72.9%

Note. RefDR = discipline risk at time of referral

Model 1

When considering the count of clinical services received from the family therapy program, discipline risk at time of referral, and number of weeks between referral and end of the school year, only the referral discipline risk returned a statistically significant result. The overall model was statistically significant with $\chi^2(265.853)$, df(8), and p<.001 and explained 33.9% (McFadden's R^2) of the variance in end-of-year discipline risk. Table 4 reports statistically significant (p<.05) results indicated in bold with odds ratio (OR) results less than 1 indicating a decrease in relative risk and more than 1 meaning an increase in risk in contrast to the reference group. Compared to students with a low or high level of discipline risk at referral, students with a moderate level of discipline risk at the time of referral are more likely to have a moderate (OR=12.184) or high level of

discipline risk (OR=9.858) when compared to students with low end-of-year risk.

Students who had a high level of discipline risk at the time of referral were more likely

than students with a low discipline risk at the time of referral to have a moderate

(OR=.33.027) or high level of risk at the end of the year (OR=807.625). Neither weeks

nor clinical count were significantly associated.

Table 4.4 Parameter estimates for Model 1: Clinical count

	Moderate EOY Disc Risk				High EOY Disc Risk			
	OR	p	CI Lower	CI Upper	OR	p	CI Lower	CI Upper
Clinical Count	.943	.254	.853	1.043	.895	.066	.795	1.007
Weeks	1.009	.615	.975	1.045	1.023	.255	.984	1.064
RefDRMod	12.184	**<.001**	5.857	25.346	9.858	**<.001**	4.182	23.239
RefDRHigh	33.027	**.001**	3.850	283.340	807.625	**<.001**	95.855	6798.604

Note: OR = Odds Ratio for predictor, CI = 95% Confidence Interval, EOY = End of

Year, RefDR = discipline risk at time of referral. Reference category is low discipline

risk for both time of referral and end-of-year. Statistically significant results at p<.05

indicated in bold.

Model 2

Adding in risk factors of a PIP indicator and presence of an IEP or 504 plan

revealed similar results as Model 1 in that only discipline risk at the time of referral is

statistically associated with the end of year discipline risk. Overall, Model 2 was also

statistically significant with χ^2(266.822), df(12), and p<.001 and explained 34.2%

(McFadden's R^2) of the variance in end of year discipline risk. Just as in Model 1,

compared to students beginning with a low level of discipline risk, students beginning

with a moderate level of discipline risk were more likely to have moderate (OR=11.871) or high risk (OR=8.798) at the end of the year compared to students with low end-of-year discipline risk. Compared to students with low beginning discipline risk, students who had a high level of beginning risk had increased odds of having a moderate (OR=31.194) or high level of risk (OR=701.076) at the end of the school year compared to students with low end-of-year risk.

Table 4.5 Parameter estimates for Model 2: Clinical count and risk factors

	Moderate EOY Disc Risk				High EOY Disc Risk			
	OR	p	CI Lower	CI Upper	OR	p	CI Lower	CI Upper
Clinical Count	.948	.298	.857	1.048	.898	.079	.796	1.012
Weeks	1.008	.666	.973	1.044	1.019	.366	.979	1.060
RefDRMod	11.871	**<.001**	5.635	25.007	8.798	**<.001**	3.687	20.996
RefDRHigh	31.194	**.002**	3.620	268.785	701.076	**<.001**	82.946	5925.643
IEP/504	1.122	.777	.506	2.489	.826	.680	.333	2.050
PIP	1.146	.726	.534	2.460	2.113	.122	.818	5.461

Note: Note: OR = Odds Ratio for predictor, CI = 95% Confidence Interval, EOY = End of Year, RefDR = discipline risk at time of referral, Blk/AA = Black or African American. Reference category is low discipline risk for both time of referral and end-of-year, not identified as PIP, and no IEP/504. Statistically significant results at p<.05 indicated in bold.

Model 3

Model 3 maintained the same statistically significant association between referral levels of risk and end of year levels of risk but displayed a significant relationship

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between grade and students with a moderate level of risk at the end of the school year, as

well. Overall, Model 3 was also statistically significant with χ^2(276.132), df(18), and

p<.001 and explained 35.4% (McFadden's R^2) of the variance in end of year discipline

risk. Compared with students with a low level of risk at referral, students with moderate

beginning risk were more likely to have a moderate (OR=9.239) or high (OR=7.089)

level of risk at the end of the year compared to students with a low end-of-year risk.

Compared to students with low beginning risk, students with high level of discipline risk

at referral were more likely to have a moderate (OR=19.307) or high (OR=469.895) level

of risk at the end of the year than students with a low level of end-of-year risk. Lastly, the

association between grade and moderate end-of-year risk was significant. For each grade

increase (beginning with 3rd grade), students were less likely to end the year with

moderate risk compared to ending with low discipline risk.

Table 4.6 Parameter estimates for Model 3: Clinical count, risk factors, and

demographics

	Moderate EOY Disc Risk				High EOY Disc Risk			
	OR	p	CI Lower	CI Upper	OR	p	CI Lower	CI Upper
Clinical Count	.954	.364	.861	1.056	.903	.096	.801	1.018
Weeks	1.007	.698	.971	1.044	1.018	.384	.978	1.060
RefDRMod	9.239	**<.001**	4.269	19.998	7.089	**<.001**	2.874	17.487
RefDRHigh	19.307	**.008**	2.149	173.422	469.895	**<.001**	53.138	4155.222
IEP/504	1.183	.686	.523	2.676	.358	.841	.358	2.308
PIP	1.005	.990	.461	2.189	.747	.173	.747	5.081
Male	.931	.842	.460	1.884	.678	.330	.678	3.183

Blk/AA	1.458	.412	.592	3.592	.712	.182	.712	5.997
Grade	.759	**.023**	.598	.963	.604	.063	.604	1.014

Note: OR = Odds Ratio for predictor, CI = 95% Confidence Interval, EOY = End of Year, RefDR = discipline risk at time of referral, Blk/AA = Black or African American. Reference category is low discipline risk for both time of referral and end-of-year, no IEP/504, not identified as PIP, female, and not Black or African American. Statistically significant results at p<.05 indicated in bold.

Discussion

Overall, these findings indicate the primary predictor of end-of-year discipline risk is discipline risk at the time of referral, which is consistent with literature that has shown that exclusionary discipline, such as an RFE, increases the likelihood of further risk or ongoing disciplinary problems (Novak, 2021; Welsh, 2022a). The addition of risk factors and student demographic information did not strengthen the model or significantly contribute to increased case classification percentages, which contrasts with research finding that risk factors such as special education or adverse childhood experiences (e.g. poverty) are associated with higher disciplinary problems and risk (Pierce et al., 2021; Sullivan et al., 2014). The descriptive results of this study may be most interesting. Nearly 92% of all students in this sample maintained their discipline risk level or returned a higher level of discipline risk by the end of the school year. Notably, only 27% of students utilized any service from the family therapy program. However, many students that attended at least 1 session (M=6.13, SD=3.52), attended more than 1 session. This is consistent with Sotero's (2018) findings that clients who are mandated to attend are still able to engage in treatment.

Given that the family therapy services were mandated to attend as part of

disciplinary processes that have been shown to disproportionately include marginalized

students, there may have been complications to a willingness to participate in the family

therapy program (Darensbourg et al., 2010; Novak, 2018). To this point, the majority of

students in this sample were Black or African American, male, and students with a PIP

indicator. These results may indicate that a referral to a family therapy program may not

be sufficient for students and families to receive the support needed to decrease their

level of risk given policies and disciplinary procedures or other environmental stressors

such as low income and caregiver's difficulty missing work or unreliable transportation

(George et al., 2018b; Hoover & Cozzens, 2016). Moreover, it may reinforce previous

literature that exclusionary discipline such as suspensions, recommendations for

expulsion, and alternative education settings increase risk for increasing discipline

problems and barriers to school success (Welsh, 2022a). The findings of this study,

notably the lack of association between clinical services, risk factors, or student

demographics may be related to the sample size or proportion of students who received

services from the family therapy program. The lack of association could also be due, at

least in part, to hidden variables such as disparate disciplinary practices at school or

district levels, Adverse Childhood Experiences (ACEs) not represented by the PIP

indicator, or the use of a predictive analytics program as an outcome measure where other

outcome measures may be more sensitive to positive or negative change that the

discipline risk prediction does not detect.

Implications

In spite of null results for predictive associations between service utilization of

family therapy services, risk factors, and student demographics, scholars emphasize the

need to publish studies with varying results (Bespalov et al., 2019; Iwachiw et al., 2019). The results of this study, both the null associations and the correlation between referral discipline risk and end-of-year discipline risk, have significant implications for policymakers, public school educators, and counselor educators. From this study, we know that the majority of students did not change their level of discipline risk, but a small number (8%) of students did decrease their level of risk and 27.7% of students participated in the family therapy program at least once. Additionally, this study adds to the body of literature that students who experience a recommendation for expulsion are disproportionately black or African American males and demonstrate increased discipline risk (Darensbourg et al., 2010; Novak, 2021). Policymakers can examine the factors contributing to a student's level of discipline, such as their local discipline data in regard to race, ethnicity, and gender, and examine how discipline policies such as a zero-tolerance approach to discipline impact a student's trajectory for school success (Novak, 2021; Ryan & Goodram, 2013).

The results of this study also indicated a majority of students (81.5%) had a PIP indicator in the student information system. While this was not correlated with end-of-year risk, it is useful information. Public school educators can examine how to increase motivation and incentive for students and families to engage in family therapy and mental health services by systematically incorporating various types of services into schools and offering support at the first indication of elevated risk, such as immediately when a student moves from low to moderate discipline risk. Although discipline risk levels, such as those determined by the Bright Bytes program, do not guarantee a particular outcome for a student, public school educators can increase the speed and specificity to which they

implement support for students who are identified as high risk to increase the likelihood

of changing their risk levels in the future. An example of multi- and inter-systemic

supports would be incorporating family- and caregiver-focused services at each tier of a

multi-tiered or positive behavior system of support in response to disciplinary concerns

(Eber et al., In Press; Reinke et al., 2009; Thompson & Carlson, 2022; Weist et al., 2017).

Lastly, counselor educators can reference both the sample descriptive statistics

and the referral level of risk as a primary predictor of end-of-year risk to emphasize the

need for family therapists and counselors to develop skills in working with school-aged

youth such as learning multi- and inter-systemic interventions that support students who

are at a higher risk for disciplinary problems. This requires consideration of cultural and

community factors such as policies that maintain disparate discipline practices, and

interpersonal factors such as experiences of ACEs or problems in the parent-child

relationship. Counselor educators can also emphasize how systems influence each other,

such as how discipline practices have negative collateral consequences on students not

involved in disciplinary processes (B. L. Perry & Morris, 2014) or the long-term costs for

and effects on local communities (Marchbanks et al., 2014). This is particularly relevant

to family therapists in learning systems conceptualization, assessment, and advocacy

skills as trainees learn cultural humility in an effort to avoid reinforcing Eurocentric

standards for how systems function and even a definition of health and wellness (Cooper-

Haber & Haber, 2015a; Jordan, 2021). Furthermore, many counselor education programs

require social justice advocacy as a critical component of mental health counselor and

family therapist education and professional identity and would benefit from examining

how larger systems affect clients, referrals, service utilization, and clinical intervention (CACREP, 2016; Singh et al., 2020; Solmonson, 2010).

Limitations and Future Research Directions

While the family therapy training program had years of referral and service utilization records, one limitation was keeping the sample to the 2021-2022 school year. This was due to the many complications of COVID-related factors and because of shifts in student behavior and discipline responses over the last few years as school systems, individual adults, and students experienced heightened levels of stress (Limberg, Villares, et al. 2022; Welsh, 2022b). Any study examining discipline during this time is subject to complex influences. Limiting the sample to this year limits the study to a snapshot of a period in a student's life subject to many other influences such as individual, school, caregiver, family, or community factors for which we did not control. Several limitations of this study are related to the use of a predictive analytics program to determine discipline risk levels. This program may not be sensitive enough to respond to brief interventions, but it may be more sensitive to other factors not considered in this study such as length of time a student was out of school while awaiting a hearing following their recommendation for expulsion. Moreover, a discipline risk predictive analytics algorithm is only as accurate as the data entered by schools. If data is not entered or entered erroneously, this affects the algorithm's ability to accurately report a student's level of risk. The discipline risk level is also designed as an early warning system to notify school personnel of students who are at risk and in need of additional support and not necessarily an indicator of intervention effectiveness. Lastly, the services from the family therapy program varied according to the family's needs, preferences, and specific barriers they may encounter. This variation in type of service (such as multi-family

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therapy, family therapy, or individual counseling) and lack of adherence to a specific model or manualized intervention could affect the ability to determine a relationship to discipline risk.

Future research may address longitudinal studies to examine relationships between recidivism, such as the number of referrals over time, service utilization of family therapy or other mental health services, and discipline risk. Research could also include a randomized control with students randomly assigned to multi-family therapy group, single-family, and waitlist to increase rigor in examining family interventions. Additionally, future research could incorporate additional outcome measures such as resilience, subjective surveys, qualitative analysis of the experience of families who choose to attend family therapy services and those who do not, or other measures of academic success such as attendance and academic performance. Additionally, school climate has been associated with ODRs and racial disparities in school discipline (Heilbrun et al., 2018; Irvin et al., 2004). Gage et al. (2016) studied the role of student perceptions of school climate as a predictor of ODRs such that future research could examine school climate factors as a predictor of discipline risk. Gage et al. identified several school climate predictors of decreased ODRs, including survey items related to student-adult relationships. Lastly, future research could also address service utilization as the outcome variable, examining relationships between student characteristics, school climate, and protective or resilient factors such as parent-child or student-teacher relationships as predictors of family therapy service utilization for discipline-related referrals.

Conclusion

Student characteristics such as gender, ethnicity, low SES and other environmental stressors, and IEP/504 classification have been strongly correlated to increased discipline risk in K-12 schools. Family therapy services within schools are encouraged in peer-reviewed literature to address both systemic issues in the home such as the parent-child relationship, but also systemic issues within schools such as the disproportionality of discipline risk among students with various characteristics. However, using a hierarchical MLR, this exploratory study examined relationships between students who had been RFE and referred to a family therapy program; service utilization of services from the family therapy program; risk factors including an IEP or 504 plan and PIP indicator; and student demographics of gender, ethnicity, and grade. With an outcome variable of discipline risk as determined by a predictive analytics program, there was no significant relationship found between service utilization, student risk factors, or student demographics. However, with three models of MLR, the single predictive variable was the level of risk at the time of referral to the family therapy program. With nearly 92% of the study's sample of students maintaining or increasing their level of discipline risk from the time of their referral to the family therapy program to the end of the school year, this study has major implications for policymakers, public school officials and educators, counselor educators, and future research. Students with elevated levels of discipline risk need systems that work toward decreasing risk and increasing their chances of academic success.

Chapter 5: Conclusion

Family therapy in schools is one approach to addressing needs of students identified with behavioral concerns or who have been identified as at risk for disciplinary problems. Family therapists are trained in understanding and intervening in systems involving human relationships and relational interactions (Cooper-Haber & Haber, 2015a; Vennum & Vennum, 2013a). Family therapists in schools can support both the student's family relationships as well as relationships with others in school who have frequent interactions with the student (Amatea et al., 2013). By family therapists collaborating with schools, schools can quickly identify and refer students who require additional support, potentially improving family-school relationships.

For this multiple manuscript dissertation, I conducted two studies related to family therapy services in schools focused on students with discipline-related concerns. The first study was a scoping review on family therapy or family interventions focused within a school context, related to disciplinary or behavioral concerns, and provided by family therapists or clinical mental health counselors. This scoping review highlighted the scope of school context and collaboration with the family service providers, the type of behavioral or disciplinary focus, intervention characteristics, and outcomes measured. In the second study, I examined relationships between students' initial discipline risk levels, student characteristics, risk factors including disability and a poverty indicator, and end of year discipline risk levels for a sample of 374 students who had been recommended for expulsion and referred to a district-funded family therapy program.

Results included descriptive characteristics of the sample as primarily Black/African American (85.5%) male (62%) students with a poverty indicator (81.5%). Following a multinomial logistic regression (MLR), I also found the primary predictor of end-of-year discipline risk was the risk level at the time of referral to the family therapy program.

While the nature of neither the scoping review nor the exploratory correlational analysis is to extrapolate results to the general population, results of both studies add to bodies of literature on school-based mental health services, family therapy, and students with discipline-related concerns. Our scoping review findings are consistent with previous literature that suggests both psychoeducational and traditional family therapy interventions are recommended to improve parent-child relationships and improve family relationships toward improved school success (Lam, 2004; Thompson & Carlson, 2022). My findings from the correlational analysis study are supported by literature indicating the deleterious effects of exclusionary discipline practices on students as discipline practices such as a recommendation for expulsion often compound students' school problems (Novak, 2021; Welsh, 2022a). In addition, our findings from both studies indicate that schools can collaborate with family therapists and mental health counselors to identify students with disciplinary concerns who may benefit from family therapy interventions.

Early warning systems, such as Bright Bytes' School Success module used in the second study, can be a helpful tool in quickly identifying students with moderate to high levels of risk. Once students are identified, family therapy interventions can be offered in lieu of punitive disciplinary practices to offer restorative and supportive services designed to increase protective factors that mediate behavioral and metal health

problems, especially for students who have experience ACEs (Crouch, Radcliff, et al., 2019; Logan-Greene et al., 2011). Overall, our findings provide evidence that further collaboration between schools, policymakers, family therapists, and counselor educators can address broad and narrow systemic factors toward decreasing discipline risk and increasing student's school success.

Family Therapy Interventions

Studies from both counseling and family therapy literature emphasize that family therapists and mental health counselors who work in schools have the skill set, training, and ability to effectively intervene with both school and family systems to benefit students (Cooper-Haber & Haber, 2015b; Thompson & Carlson, 2022; Vennum & Vennum, 2013b)). This was evident in all 23 scoping review articles, but also a central component of the family therapy program in the second study that is used by the school district as part of disciplinary processes. Many studies are using a multi-family group or psychoeducational component to their approach to family interventions. In fact, there seems to be a difference between the family intervention and family therapy in the literature. For example, the family interventions tend to be more psychoeducational in nature and can be provided by a wide variety of professionals who have training in the curriculum, but who are not necessarily licensed mental health professionals with training and experience in clinical family systems work. While some articles using these approaches were excluded in the scoping review as they did not meet the provider inclusionary criteria, this is an important component to advocating for family therapists in schools collaborating with a variety of family-serving professionals providing a range of services.

Moreover, the family interventions and family therapy strategies were varied in the scoping review article, with limited references to theoretical framework as only four articles directly referenced a family system or counseling theoretical underpinning. The most common intervention in the empirical articles was the Family Check-Up (FCU) intervention that includes a school-based parent consultant and brief family-focused interventions rooted in tenets of Motivational Interviewing (Reinke et al., 2009; Spirito et al., 2018; Stormshak et al., 2011; Stormshak & Dishion, 2009). The second study did not identify a specific model or manualized treatment indicating that the mental health professionals had the freedom to choose the interventions they felt would be most effective with their clients if those strategies and goals aligned with the mission of the program. This approach to family therapy interventions is consistent with research in the common factors of family therapy, though the family therapy program in the second study did not control for adherence to this approach (D'Aniello & Fife, 2020). Even if more than 27% of the second study's sample had participated in the family therapy program, the lack of controlling and measuring the precise interventions is a limitation of the study where future research could control for specific treatment effects. A common factors approach has been recommended (Sprenkle et al., 2009) as an effective component of family therapy practice and may be an option for single-family therapy services where a specific treatment or model is not recommended such as in several of the conceptual articles included in the scoping review (Cooper-Haber & Haber, 2015; Hudson et al., 2005; O'Gorman, 2018; Vanderbleek, 2004). Choosing a specific family-focused intervention or model of family therapy should be influenced by research and peer-reviewed literature on which interventions and models have an evidence-base or

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have been recommended for addressing the concerns of the target population, such as students with disciplinary concerns that are highlighted in both of these studies.

Discipline Risk and Behavioral Concerns

Results from the scoping review included a variety of behavioral concerns and discipline risk including violence, fighting, general references to behavioral and conduct problems, and criminal behavior. The articles used a variety of methods of measuring outcomes, though most articles included a count or frequency of undesired behaviors. Sophisticated methods of calculating and reporting discipline risk are increasing in popularity in school districts and show promising utility to school officials (Clune & Knowles, 2016; Kleine, 2022). However, the only variable associated with end of year discipline risk levels in the second study was the discipline risk level at the time of referral. This may suggest that a predictive analytics program is not sensitive enough to respond to the effects of family therapy services. I recommend future research include additional measures such as client- or clinician-rated measures to assess in conjunction with discipline risk levels calculated by predictive analytic and early warning indicator software.

However it is calculated, there is consistent evidence that discipline risk is associated with racial and socioeconomic status disparities (Heilbrun et al., 2018; Skiba, Arredondo, et al., 2014; Sullivan et al., 2014, 2014). Therefore, future research could examine interventions that address family systems and school systems that also integrate antiracist discipline policies or widespread restorative discipline practices to evaluate whether family therapy services might be more effective for students receiving an education in a more supportive environment. Although the sample from the second study

was not an exhaustive sample of every student who had been recommended for expulsion, still over 85% of the sample was black or African American and 62% of the sample students were male. Results from the scoping review were less consistent, partially due to the general nature of the scoping review. Four of the studies reported a majority Black or African American sample ranging from 54%-72% (Canfield et al., 2004; Ellis et al., 2013; Nix et al., 2005; Simon et al., 2009). However, White, Hispanic, Latino, Biracial, and Indian ethnicities were also included, and two studies occurred in countries other than the United States. Future research should address the disparities, but also strategies that decrease the gap between White students and students of the global majority or between students with and without risk factor such as ACEs, disabilities, or low SES. With training in family systems and educational requirements for advocacy, family therapists and clinical mental health counselors with training and experience in family systems are in a prime position for this work (CACREP, 2016)

Professional Providers

Professionals in schools who work with parents, engage parents, and communicate with parents on any level have necessary skills and offer valuable services. However, it is important to differentiate between a service or intervention for parents to improve skills, improve caregiver-school relationships, and to support student success, and family therapy. Twenty-seven articles from the early scoping review results were eliminated because they did not meet the MFT or CMHC provider criteria. Several articles identified providers as psychologists or social workers. While qualified to provide family-focused interventions, training and professional identities differ. Because a wide range of family-focused interventions can be effective, future articles could identify

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which interventions or treatment models can be provided by paraprofessionals, teachers, or other qualified staff who are not mental health professionals, which interventions require mental health professionals, and which approaches would require licensed MFTs or CMHCs. Additionally, the Cooper-Haber & Haber (2015) article and the second study reference the use of graduate level trainees, which could be a promising method of extending services at low-cost to students and families through schools and school districts. Lastly, I recommend future research specify credentials, training, and professional identities of the providers of the interventions and family therapy services. This can help guide future implementation, strengthen rationale for schools or mental health providers beginning the process of providing family-focused interventions, or provide support for a multi-systemic and integrated care approach to working with students who are at-risk for discipline concerns.

Limitations

Although both studies offer contributions as both being the first of their kind, to our knowledge, they are not without limitations. In fact, both are a starting point for launching additional research. The scoping review did not include a quality assessment, which may have strengthened the results and implications. This study also restricted articles to those that included an element of behavioral or discipline concern where there are other articles that may focus on internalizing symptoms, school refusal, anxiety, or medical diagnoses. Additionally, the scoping review did not include articles where providers of family services were not clinical mental health counselors or family therapists, such as psychologists or social workers, who have contributed to literature on family therapy services in schools.

The second study limited the sample to one school year and only to two types of referrals that were part of the district's response to a recommendation for expulsion. The sample was from a single school district in a southeastern state with a specific set of discipline policies and procedure that are not necessarily relevant to other districts in that state, other states, or other regions. To that point, each school in this particular school district had different practices of data collection and entry in addition to variations in responding to disciplinary infractions or rule violations. Statistically, the second study had generally null results except for the statistically significant ($p<.05$) association between the level of discipline risk at the time of referral and at the end of the year. Compared to students with a low or high level of discipline risk at the time of referral, models 1-3 each showed a statistically significant relationship between a moderate discipline risk at the time of referral and an increased likelihood for having a moderate end of year discipline risk (compared to a low end of year discipline risk) (Model 1 OR=12.184, Model 2 OR = 11.871, Model 3 OR = .9.239). When compared to low or moderate level of discipline risk at referral, all 3 models reported a statistically significant relationship between a moderate referral discipline risk and a high level of discipline risk at the end of the school year (compared to a low end of year discipline risk) (Model 1 OR = .9.858, Model 2 OR = .8.798, Model 3 OR = 7.089). All 3 models also reported a statistically significant association between a high level of discipline risk at the time of referral (compared to low or moderate risk at time of referral) and moderate level of discipline risk at the end of the school year (compared to a low end of year discipline risk) (Model 1 OR = 33.027, Model 2 OR = 31.194, Model 3 OR = 19.307). Lastly, the largest odds ratios were for students who started and ended with high levels of discipline

risk when compared to students with low or moderate beginning levels and low ending

levels (Model 1 OR=807.625, Model 2 OR=701.076, Model 3 OR=469.895). However,

only 27.27% of the sample attended at least 1 session from the family therapy program, a

relatively small number (n=102) of the total 374 student sample.

Lastly, neither study examined the extent to which family therapists and mental

health counselors engaged in activities that would influence policy change such as

discipline change. Future research could examine the effects of MFTs and CMHCs

spending time with school personnel such as teachers, support staff, administrators, and

district leaders. This research could overlap with research on school climate (Gage et al.,

2016; Heilbrun et al., 2018) or with research on restorative practices (Anyon et al., 2016)

and discipline practices.

Future Research

Given the results of the two studies, future research should examine the effects of

family interventions, family therapy, and school and district-level interventions regarding

working with students who demonstrate behavioral problems or discipline-related

concerns (e.g. fighting). Specifically, a systematic review on the family-focused mental

health interventions in schools could further support and guide efforts of school districts

and family therapists collaborating to support student needs. To further the validity of

using predictive analytics as an outcome measure for family-focused interventions, future

research should include a larger sample and consider longitudinal data over the course of

several years. This research could also include additional measures such as a resilience or

protective factor screener, parent-rated behavioral and mental health assessments, and

additional variables such as parent factors (e.g. income, education, and parenting stress).

Lastly, future research could include increasing internal validity by controlling for

common factors approach to providing single-family therapy services.

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