
Conjoint Behavioral Consultation: Collaboration among Systems Serving Children with ADHD

Emily D. Warnes, PhD

University of Nebraska Medical Center

Brandy Clarke, MA

Susan M. Sheridan, PhD

University of Nebraska-Lincoln

Conjoint Behavioral Consultation (CBC)

- Indirect service delivery model that links families, schools, and others (e.g., physicians) in provision of services for children
 - Used to address academic, behavioral, emotional, and medical needs of children
 - Comprised of four stages (Needs Identification, Needs Analysis, Treatment Implementation, and Treatment Evaluation), three of which are procedurally operationalized via conjoint structured interviews
-

Overarching Goals of CBC

- Promote academic, socio-emotional, and behavioral *outcomes for children* through joint, mutual, cross-system planning
 - Promote *parent engagement* wherein parental roles, beliefs, and opportunities for meaningful participation are clear, within a developmental, culturally sensitive context
 - Establish and strengthen *interdisciplinary partnerships* on behalf of children's learning and development, immediately and over time
-

Previous Research

- CBC shown to be effective in addressing needs of children at risk for academic, behavioral and/or social difficulties (Sheridan, Clarke, Knoche, & Pope Edwards, 2006; Sheridan, Eagle, Cowan, & Mickelson, 2001)
 - Small-*n* experimental and controlled case studies using CBC also report positive outcomes (e.g., Colton & Sheridan, 1998, Galloway & Sheridan, 1994; Sheridan, Kratochwill, & Elliott, 1990; Weiner, sheridan, & Jenson, 1998)
-

Purpose and Research Questions

- Evaluate feasibility and acceptability of CBC for children with ADHD

 - Exploratory research questions:
 - (a) What are the parent- and teacher-reported effects of CBC in addressing identified concerns in a physician-referred sample?

 - (b) How do parents and teachers perceive CBC in terms of its acceptability?

 - (c) How satisfied are parents and teachers with CBC consultants and services when provided across home-school-medical settings?
-

Participants and Setting

- 3 school psychology doctoral students in a specialized pediatric psychology training program
 - 2 developmental pediatricians working in a large Midwestern Medical University
 - 14 children (ages 5-14) diagnosed with ADHD and their parents and teachers
 - Most consultation sessions occurred in teachers' classrooms
-

Outcome Measures

- Target behaviors – behavioral data collected by parents and teachers across baseline, treatment, and follow-up phases
 - Goal Attainment - Goal Attainment Scaling (GAS; Kiresuk, Smith, & Cardillo, 1994)
 - Treatment Acceptability - Behavior Intervention Rating Scale (BIRS; Von Brock & Elliott, 1987)
 - Satisfaction with Consultation Services - Consultant Evaluation Form (CEF; Erchul, 1987)
-

Procedures

- Children referred by pediatricians due to behavioral, socio-emotional, or learning difficulties impairing functioning or learning at home and/or school
 - Consultant facilitated CBC meetings with parents, teachers and other relevant personnel
 - Series of 3-5 conjoint meetings lasting approx 1 hr
 - Phases of CBC: Needs Identification, Needs Analysis, Treatment Implementation, and Treatment Evaluation
 - Pediatricians attended weekly case conferences with consultants and met with families during regularly scheduled appointments
-

Results

Table1. *Objective and Subjective Outcomes of Medically-Referred CBC Cases*

Outcome Measure	Home		School	
	Mean	SD	Mean	SD
Effect Size	2.67 (Mdn ¹ = 1.8)	2.2	.73 (Mdn ¹ = .77)	.87
<i>BIRS-R</i> ² (Acceptability Factor)	5.37	.65	4.83	1.0
<i>GAS</i> ³	4.20	.70	3.70	1.0
<i>CEF</i> ⁴	6.38	.56	5.80	.96

¹ Mdn = Median

² *BIRS-R* = *Behavior Intervention Rating Scale-Revised (Acceptability Factor)*, measuring acceptability of CBC, with possible mean item scores ranging from 1 (not at all acceptable) to 6 (highly acceptable).

³ *GAS* = *Goal Attainment Scaling*, measuring attainment of consultation goals, with scores ranging from 1 (goal not met; situation got significantly worse) to 5 (goal completely met).

⁴ *CEF* = *Consultant Evaluation Form*, measuring satisfaction with consultation services, with possible mean item scores ranging from 1 (not at all satisfied) to 7 (highly satisfied).

Main Findings

- Overall, high effect sizes and goal attainment scores across home and school
 - Parents and teachers report high acceptability and satisfaction with CBC
 - Parents tend to report more favorable perceptions than teachers
 - Physician's perceptions were highly favorable
-

Limitations and Research Needs

- Exploratory analysis with relatively small sample
 - Physicians were developmental pediatricians not physicians in primary care pediatric offices
 - Research with more highly controlled procedures and independent observers needed
 - Investigate contexts and conditions under which CBC is effective
-

Implications for Practice

- CBC was shown to be effective and acceptable means of addressing concerns across settings for children with ADHD
 - CBC allows for multiple systems to collaborate and share in consistent treatment planning and evaluation
 - School and other pediatric psychologists are in a unique position to coordinate such consultation services
-

CBC References

- Colton, D., & Sheridan, S. M. (1998). Conjoint behavioral consultation and social skills training: Enhancing the play behavior of boys with attention deficit-hyperactivity disorder. *Journal of Educational and Psychological Consultation*, 9, 3-28.
 - Galloway, J., & Sheridan, S. M. (1994). Implementing scientific practices through case studies: Examples using home-school interventions and consultation. *Journal of School Psychology*, 32, 385-413.
 - Sheridan, S.M., Clarke, B.L., Knoche, L., & Pope Edwards, C. (2006). The effects of conjoint behavioral consultation in early childhood. *Early Education and Development*, 17, 593-617.
 - Sheridan, S. M., Eagle, J. W., Cowan, R. J., & Mickelson, W. (2001). The effects of conjoint behavioral consultation: Results of a four-year investigation. *Journal of School Psychology*, 39, 361-385.
 - Sheridan, S. M., & Kratochwill, T. R. (in press). *Conjoint behavioral consultation: Promoting family-school connections*
 - Sheridan, S. M., Kratochwill, T. R., & Bergan, J. R. (1996). *Conjoint Behavioral Consultation: A procedural manual*. New York: Plenum.
 - Sheridan, S. M., Kratochwill, T. R., & Elliott, S. N. (1990). *Behavioral consultation with parents and teachers: Delivering treatment for socially withdrawn children at home and school*. *School Psychology Review*, 19, 33-52. and interventions. New York: Springer.
 - Weiner, R., Sheridan, S. M., & Jenson, W. R. (1998). Effects of conjoint behavioral consultation and a structured homework program on math completion and accuracy in junior high students. *School Psychology Quarterly*, 13, 281-309.
 - Wilkinson, L. A. (2005a). An evaluation of conjoint behavioral consultation as a model for supporting students with emotional and behavioral difficulties in mainstream classrooms. *Emotional and Behavioural Difficulties*, 10, 119 – 136.
 - Wilkinson, L. A. (2005b). Supporting the inclusion of a student with Asperger Syndrome: A case study using conjoint behavioural consultation and self-management. *Educational Psychology in Practice*, 21, 307 – 326.
-

Contact Information

Emily D. Warnes, PhD

University of Nebraska Medical Center; Meadowlark Psychiatric Services
emwarnes@yahoo.com

Brandy Clarke, MA

*Nebraska Center for Research on Children, Youth, Families and Schools;
University of Nebraska-Lincoln*
bclarke1@bigred.unl.edu

Susan M. Sheridan, PhD

*Nebraska Center for Research on Children, Youth, Families and Schools;
University of Nebraska-Lincoln*
ssheridan2@unl.edu
