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Social Work Best Practices in Schools: Effect of Family-Focused Case Management on Rural School Students' Success

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Effect of Family-Focused Case Management on Rural School Students' Success

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By Sheryl L. McKlveen

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by Sheryl L. McKlveen

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ABSTRACT

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By

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Directed by Dr. John Vafeas

Rural families and children have historically been challenged by a lack of public investment in their communities. Over generations, such deprivation created cycles of pervasive, persistent behavioral health and well-being disparities that negatively impact contemporary families and children, and threaten the socioeconomic future of America (Branson, 2019; Showalter et al., 2019; U.S. Department of Health and Human Services, n.d.). The purpose of this dissertation was to build a model of school social work best practices employing strategies intended to break cycles of unmet needs by reducing social determinant of health (SDOH) risks in rural environments, thereby enhancing the health and well-being of families, and the children in their care.

This work integrated current knowledge and advancements from multiple fields of study to forge innovations in practice supported by the foundational framework set forth by the School Social Work Association of America ([SSWAA], n.d.). The best practices model was piloted in five elementary schools in three rural school districts in northeastern Pennsylvania (N = 1,727). A quasi-experimental, nonequivalent control

group design was used to examine the effects of family-focused case management (FFCM) on student success. At the end of the first phase of this longitudinal community-based action research (CBPR) project (one public school trimester averaged 56 days), inferential statistics found no significant differences in the sample (n = 95) between the experimental group of youth whose family voluntarily participated in FFCM (n = 13) and the control group of youth whose family did not voluntarily participate in FFCM (n = 82). Barriers to implementing the model's best practices of multisystem practice (MSP), family-in-environment (FIE), and planned change process (PCP) included lack of funding to achieve appropriate provider–student ratios in the high need, post-COVID-19 era and ideologies discounting families as a pivotal social institution. Provider shortages obstructed the inclusion of families in service offerings and the use of upstream prevention programs critical to reducing SDOH risk factors from the convenient hub of rural schools. Study implications and recommendations for future research are offered.

Keywords: school social work, family-in-environment, behavioral health prevention, National School Social Work Practice Model, social determinants of health, rural schools

This dissertation is dedicated to my father, Dennis E. Bates, my first teacher and role model and the man who instilled in me the belief I could accomplish anything I set my mind to—if I started from the ground of humility and built my plan around the pillars of goodness of spirit, patience, and persistence.

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The rural penalties of shorter life expectancies and subpar health, paid by families in agricultural communities across the countrysides of America, have become increasingly unjust over the past 30 years (Cosby et al., 2019; Smalley et al., 2012). These socially constructed health inequities are place-based disparities that have been unrelenting in their rise and have expanded compared to other national social determinant of health (SDOH) indicators (Cosby et al., 2019). Health disparities associated with rurality rival gaps in health due to educational attainment and surpass gaps due to race (Cosby et al., 2019). The root causes of socially determined health inequities are complex, but their consequences manifest clearly as social welfare policies withhold needed resources, services, and investment dollars for entire subgroups of the population (McNeill, 2010; Pickett & Wilkinson, 2015). When families are faced with an overwhelming accumulation of exogenous stressors, their capacity to fulfill the role of cornerstones of their communities can be adversely impacted, and their ability to function as providers for the welfare and healthy development of their members can wane (Biglan, 2018; Fogarty et al., 2020; Gasker & Vafeas, 2010; R. Spencer & Komro, 2017). The implications for children and their education are apparent when conceptualizing schools as representative microcosms of communities—housing all the social problems society fails to remediate in one central place (Allen-Meares, 1996). See Appendix A for a visual representation of this phenomenon.

Similar in Scope, Unique in Magnitude

Rural Americans have noteworthy challenges in achieving positive health outcomes due to sprawling community geographies, distinctive cultures, lack of resources, and shortages of behavioral health service providers (Milette-Winfree et al., 2020; Smalley et al., 2012). Yet, the scope of the health struggles rural residents endure are similar to those of community members living in urban environments. For example, in 2014, in both rural and urban U.S. communities, opioid overdose, suicide, and chronic liver disease were major contributors in the first life expectancy decline in over 60 years (Colpe, 2020; Woolf & Schoomaker, 2019). Media attention regarding these "deaths of despair" (Gold, 2020, para. 1), in combination with deaths from the COVID-19 global pandemic, highlighted the depth and breadth of the impact SDOH have on marginalized families' lives— regardless of zip code (Centers for Disease Control and Prevention [CDC], 2020; Gold, 2020; University of Wisconsin, Population Health Institute, 2022; Woolf & Schoomaker, 2019).

Despite similarities in scope, rurality acts as a unique risk factor affecting the magnitude of health and well-being concerns in a community. For each of the top 10 noncommunicable diseases, 2019 death rates were higher in rural communities than urban communities (Curtin & Spencer, 2021). In particular, rural death rates for suicides, the second leading cause of death in the United States, were 43.2% higher than those of urban areas (Curtin & Spencer, 2021). Overdose death rates in the rural U.S. increased 390% from 1999 to 2019 whereas urban rates rose 243.7% (Hedegaard & Spencer, 2021). Rates of alcohol-induced deaths rose 51% in rural areas from 2000 to 2018, whereas urban areas increased 32% (M. Spencer et al., 2020).

The 9.3 million children attending rural schools have experienced more social isolation across their developmental years than urban children (Blad, 2019; Showalter et al, 2019). As adolescents, rural youth are more likely than urban youth to abuse drugs and have a suicide rate two times higher than their urban counterparts (Blad, 2019). Haseltine (2021) reported pre-pandemic rural–urban youth rates of anxiety and depression were about 12.9% and 11.6% respectively; post-pandemic rates of 25.2% and 20.5%, suggest both have nearly doubled. The magnitude of this issue is alarming as the National Alliance on Mental Illness (2020) found average delays between first symptom onset in youth and treatment is 11 years.

These generalities connect and gain significance when considered in conjunction with study findings which indicated rural residents are more likely to rate their mental health as poor and they have higher rates of substance use, depression, suicide ideation, incidences of intimate partner violence, and child abuse than their urban equivalents (Branson, 2019; Jensen & Mendenhall, 2018; Milette-Winfree et al., 2020; Smalley et al., 2012). Lack of public investment in rural communities cause these preventable behavioral health concerns to be experienced at higher levels than in urban communities (Branson, 2019; Jensen & Mendenhall, 2018; Smalley et al., 2012). . The subsequent issues of access, availability, and stigma then persist as unresolved barriers to better health (Branson, 2019; Jensen & Mendenhall, 2018; Smalley et al., 2012).

Leadership and Emancipation

In the United States, rural Americans are the nation's largest population subgroup, constituting an estimated 20% of the population; this subgroup is greater in number than any racial or ethnic group, yet a lack of research leaves them little known by their state

and national governments (Jensen & Mendenhall, 2018; Smalley et al., 2012). To the misfortune of families and children in rural communities, rurality as a SDOH has garnered inequitable amounts of public investment. Thus, health and well-being in these communities continue to deteriorate as lack of focus on this demographic has stagnated advancements in policy, research, and practices in their service. Moreover, rural community leadership has not congealed to unite and empower this subgroup to give voice to their plight or organize advocacy on their own behalf (Browne et al., 2017; Christian & Jhala, 2015; Elmaliach-Mankita et al., 2019). As such, rural residents remain decades behind their urban counterparts in making progress toward achieving their universal basic human right of equitable health and well-being (Smalley et al., 2012; World Health Organization [WHO], 2022).

Changing Exogenous Stressors

Place-based SDOH are influenced by social, political, and economic forces that underpin complex interactions between levels of public investments in a population subgroup over time and the contexts of the subgroup's local environments (Biglan, 2018; Robbins et al., 2019; Smalley et al., 2012; R. Spencer & Komro, 2017). However, the social constructions that inform decision makers and uphold SDOH are amenable to change, given the interventions used are of high quality, culturally competent, and well-matched for the targeted social systems (Biglan, 2018; Cranton, 2016; Gitlin & Czaja, 2016; M. Spencer et al., 2020; Stringer & Ortiz Aragón, 2021).

Prior to the mid-1980s, for example, urban rather than rural communities had higher disparities in health as their populations were threatened by communicable diseases, unsafe drinking water, and poor sewage disposal practices (Cosby et al., 2019;

Ruth & Marshall, 2017). Over the course of the 20th century, however, significant efforts were made to disrupt these place-based SDOH by investing in the science of prevention: following the data, changing the environments perpetuating disease, and then designing interventions specifically to teach urban populations how to best use their new milieus to improve the health and well-being of their families (Ruth & Marshall, 2017). This reform resulted in clean drinking water, safer sanitation practices, and new social norms; health education networks were built, annual physical health check-ups were adopted, and preventive vaccinations for children and adults saved millions of lives (Cosby et al., 2019; Ruth & Marshall, 2017; U.S. Department of Health & Human Services, 2001). Science set change in motion, guiding recursive system dynamics to set new paths for success. Positive environmental change at the community level stimulated positive change in families, which in turn created more positive community level change.

Rural families and children would benefit from a similar investment in their environments to address noncommunicable disease threats—as would the nation. Federal and state commitment to alleviate suffering from preventable behavioral health concerns and chronic conditions resulting from socially determined, place-based, hostile environments is long overdue; hence, vested professional organizations have issued grand challenges and clarion calls for action from their members, practitioners, and the educators of professions (Coalition for the Promotion of Behavioral Health, 2019; Hawkins et al., 2015; Ruth & Marshall, 2017). Given the opportunities to focus on preventative behavioral health services made possible by the Patient Protection and Affordable Care Act (2010), it is time for real change through innovative responses (Biglan, 2018; Gitlin & Czaja, 2016; National Research Council & Institute of Medicine,

2009; R. Spencer & Komro, 2017; Stringer & Ortiz Aragón, 2021; Wallerstein et al., 2020).

As the science of epidemiology set change in motion by identifying environmental risk factors for urban communities' communicable diseases, similar applications can be made to address rural communities' noncommunicable diseases. From an epidemiological standpoint, work with families must identify environmental risk factors at the local level. Place-based SDOH must be known, such as (a) the social, political, and economic forces at play; (b) whether social interactions are biased, prejudiced, or discriminatory and the conditions under which they occur; (c) whether local institutions are exclusionary and how this might be rectified; and (d) how to decrease the number of families and children in distress by documenting the origins of their plight and working to alleviate them.

Historically, social work professionals have been instrumental in guiding broad initiatives for change; unfortunately, these initiatives have stemmed from a variety of public policy platforms rather than assessments of community needs at a local level and from the perspective of residents. Thus, when policies are generous, institutional work from community- and school-based platforms may prevail. In lean times, local nonprofit initiatives can ease the gaps in services for families, schools, and communities. As helping professionals, social workers must be prepared to respond to families in need with a process, informed by local environmental risk factors in varied policy milieus, that can flexibly pivot with the ebbs and flows of social, political, and economic forces over time. Contemporary work with families is socially and politically supported by school-based initiatives (Commonwealth of Pennsylvania, Office of the Governor, 2018; U.S.

Department of Education, n.d.b, 2013). Ethically, work with families should be supported every day in all policy platforms as a means of just compensation to families for the additional struggles they endure from structural deficits and unintended consequences resulting from policymaking in a democracy with a capitalist economy.

Social Work Agents of Change

The social work profession evolved as it shared in the responsibility for public health achievements during the 20th century (Ruth & Marshall, 2017; Van Pelt, 2009). Having a common commitment to communities' health and well-being, the disciplines of social work and public health collaborated on a variety of health issues and preventative approaches including child and maternal health, responses to the influenza epidemic, and prevention of venereal disease in community-based settings (Ruth & Marshall, 2017; Van Pelt, 2009). Describing this synergistic partnership, Harry L. Hopkins (social worker and New Deal architect) wrote "the fields of social work and public health are inseparable, and no artificial boundaries can separate them. Social work is interwoven in the whole fabric of the public health movement and has directly influenced it at every point" (as cited in Ruth & Marshall, 2017, p. 236).

Applied Education and Policy Preparedness

In the 21st century, social work is poised to respond to the socially determined threats that jeopardize the health and well-being of the rural United States. The profession has a rich history of individual and family-focused casework from community, school, and medical settings. The workforce of over 715,000 is the largest provider of behavioral health services in the United States, and many of these professionals hold positions of influence that routinely have positive impacts for community, state, and national change

efforts regarding social welfare policy and prevention practice reforms (U.S. Bureau of Labor Statistics, 2022). Prevention has been integrated into educational and practice standards, and nearly 40% of all Master of Social Work programs have widened their focus to include public health content (Ruth & Marshall, 2017; Van Pelt, 2009). Social work leadership, education, and expertise have prepared the profession to assert its place as an agent of change to reverse the trajectory of SDOH disparities in this century from a variety of platforms (Ruth & Marshall, 2017; U.S. Bureau of Labor Statistics, 2022; Van Pelt, 2009). The sociopolitical climate in the state of Pennsylvania has favored change resulting from school-based initiatives, but economic support has remained elusive (Commonwealth of Pennsylvania, Office of the Governor, 2018).

Applied Research Preparedness

Recommendations and strategic plans from national professional organizations and federal agencies are in agreement that reducing SDOH requires a prevention focus and a more advanced multipronged approach than was used previously with urban communities during the 20th century due to the infodemic created by contemporary social media (CDC, 2022; Coalition for the Promotion of Behavioral Health, 2019; National Academies of Science, Engineering, and Medicine[NASEM], 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2019; WHO, 2021b). This multipronged approach, known to social scientists as an ecological perspective, has long been a pillar of social work practice (Bronfenbrenner, 1974; Gasker, 2019). Family ecological theories emphasize individuals, families, communities, organizations, and institutions must all be simultaneous targets of prevention interventions because root causes of disparities lie deeply hidden in the processes of interactions in and between

these social systems (Cranton, 2016; White et al., 2019). Current theoretical knowledge has indicated centuries' old biases, prejudices, and discriminations are unconsciously carried forth into decisions and activities of the present day through the common human experiences of constructing reality and using language to communicate thoughts (Cranton, 2016; Dirkx et al., 2006; WHO, 2021a). However, social workers' intellectual and practice-based experience of attending to the nature of these interactions gives them an acute understanding of the notion that "all social work is health work" (Ruth & Marshall, 2017, p. 242) as they implement and monitor change interventions (Crutchfield et al., 2020).

Applied Leadership Preparedness

National leadership from professional organizations and government agencies have suggested primary healthcare centers and public school settings are optimal locations to base behavioral health prevention services for diverse family systems (Biglan et al., 2020; Coalition for the Promotion of Behavioral Health, 2019; NASEM, 2019; Walter & Petr, 2011). However, researchers concentrating on root causes of disparities have stressed the need for a nuanced and holistic approach centralizing convenient, homegrown initiatives that are community-based and grassroots in their development (O'Mara-Eves et al., 2015; Tremblay et al., 2018; Wallerstein et al., 2020). Interventions to reduce disparities should be transformative, grounded in environments where change can be nurtured and given time to emerge, space to be shaped by local people spanning multiple generations, and an attentiveness that encourages youth voices and leadership (Biglan et al., 2020; Coalition for the Promotion of Behavioral Health, 2019; NASEM, 2019; O'Mara-Eves et al., 2015; Tremblay et al., 2018; Wallerstein et al., 2020).

In comparing these options, the mechanistic, procedural ways of conducting business in primary healthcare seems a poor environment to house interventions intended to forge new interactional patterns that include socioemotional dimensions of well-being. For example, a survey of more than 17,000 physicians across the United States found 86% did not feel they had adequate time to provide high-quality patient care due to their employers' value prioritization of efficiency (i.e., number of patients seen per shift) over delivery of collaboratively successful care (Prasad et al., 2020; Suri, 2013). Neither successful relationship building nor successful change interventions abide by rules binding them to time.

Conversely, goals for inclusivity, youth empowerment, and high levels of family and community engagement make public schools a natural, logical, and pivotal choice for forging the systemic change required to bring about health equity by altering attitudes, beliefs, and norms harbored in unexamined habits of mind (Cranton, 2016; Dirkx et al., 2006; U.S. Department of Education, n.d.b). Additionally, in rural communities where help-seeking behaviors are rarely exercised, knowledge about the role of social workers is limited, and resources are sparce, trusted relationships are a key ingredient to catalyze change (Sheridan et al., 2017). Unsurprisingly, study findings of Sheridan et al. (2017) incdicated rural parents are more likely to trust behavioral health professionals associated with the long-standing, community-based social institution of schools (Sheridan et al., 2017).

Social Work Tools for Change

Social work practice with schools is guided by national standards developed specifically for this specialty area by the National Association of Social Workers

(NASW, 2012). Subsequently, the School Social Work Association of America (SSWAA, n.d.) provided school social workers further guidance by distilling the standards into four key constructs of service provision: (a) home–school–community linkages, (b) ethical guidelines and educational policy, (c) education rights and advocacy, and (d) data-based decision making (see also Frey et al., 2012; Kelly et al., 2016). These principal constructs are supported in the framework by three broad practice goals: (a) "provide evidence-based educational, behavioral, and mental health services;" (b) "promote a school climate and culture conducive to learning;" and (3) "maximize access to school-based and community-based resources" (Kelly et al., 2016, p. 17; see also Frey et al., 2012; SSWAA, n.d.).

Multisystem Practice

To train social work professionals, these school social work goals imply a multisystem practice (MSP) lens where each goal is equally applicable to students, families, school professionals, and community systems. However, for other disciplines in which habits of mind view issues from mostly individualistic lenses, school social workers must assume the role of educator to teach the skill of perspective taking from multiple levels. From a leadership role, they must ask who is missing at the decision-making table. In their role as researcher, they must ask what is known, what is not known, and what is being assumed. In short, social workers must experientially help their counterparts and laypersons alike to learn agent of change skills.

Planned Change Process

Social work professionals' competency- and value-based, generalist education acts as the milieu in which the SSWAA framework is situated, providing familiar

pathways and processes to move goals forward in school environments. Important to this discussion is the MSP change theory used by social work, which guides holistic practice with children, families, schools, organizations, and community systems through a reflective, collaborative, often reiterative, and planned process of change (Gasker, 2019). The planned change process (PCP) is a social process—an open, flexible, experiential learning curriculum and a means of incrementally stepping any size social systems or a stakeholder team toward chosen goals. Phases of the planned change process include: (a) self-reflection, (b) engagement, (c) assessment, (d) planning, (e) implementation, (f) evaluation, (g) termination, and (h) follow-up (Gasker, 2019).

School-based teams, of which school social workers are a part, must come to know and use this planned change process tool as desires for change alone do not bring about change. Social work is the professional activity of helping for a reason. Training, practice, and theoretically tested tools make change happen. Ethics and values make good change happen; *good* is defined and decided upon by inclusive stakeholder groups. Families, in and of themselves, are a stakeholder group with an identity beyond being a partner in helping educational systems meet goals to educate students. Families are valuable social systems in society with needs, goals, and aspirations for themselves and their children.

Family-in-Environment Perspective

Family functioning is influenced by interactions with many systems in their social environment. Indeed, a basic assumption of family ecology theory is this functioning can be understood at every system level (White et al., 2019). Yet, normative practices persist in using either individual or population level lenses for analysis; family, community, and

multilevel analyses are scant at best (White et al., 2019). The family-in-environment (FIE) perspective recognizes the family as an entity, an important and valid unit of measure. FIE assists in conceptualizing and documenting the interactional reverberations set in motion by a lack of government investment and policy inequities regarding the pivotal social institution of *family*, their children, schools, and communities (Fogarty et al., 2020; Gasker, 2019; Gasker & Vafeas, 2010). For all schools, and especially rural schools, documentation provides quantitative and qualitative data to understand concerns from the family's perspective—a voice rarely heard (Fogarty et al., 2020; Gasker, 2019; Gasker & Vafeas, 2010). For communities, urban or rural, the FIE perspective gathers a new type of aggregate, evidentiary support for policy and practice reforms that remove access and availability barriers. This support is recorded during each iterative cycle of the planned change process thereby reducing disparities, improving health, and incrementally moving society a few steps closer to achieving the goal of social justice—one community at a time (Biglan, 2018; Gasker, 2019; R. Spencer & Komro, 2017).

Guiding Questions

The innovation and significance of this best practices study for school social work with families is twofold. First, it used the FIE perspective as a level of analysis because "changing the level of analysis can radically alter our perspective" (White et al., 2019, p. 241) about issues of concern, the generation of solutions for school settings, and beyond. Second, to break cycles of unmet needs in community environments, social work's overarching process for change (i.e., research, policy, practice, and lifelong learning) must be completed by disseminating research findings where they matter most—locally,

to legislators, school administrators, and voting citizens. The following research questions guided this study:

1. What conditions do families perceive as being supportive or detrimental to their family's functioning?
2. What effect does family-focused case management have on student success?

Chapter 2: Literature Review

This literature review traversed the knowledge base in search of information relevant to (a) the evolution of social work practice with families in community and school settings and (b) strategies that show promise for breaking cycles of unmet family needs, which perpetuate place-based health disparities. The primary path of discovery was through literature from the discipline of social work. However, knowledge from other fields of study informed the nature of the connectivity of thought and discourse across disciplines as meaning-making systems and research methodologies advanced over time. As such, this literature review was comprehensive but not systematic in its process.

The collection of literature reviewed was gathered through repeated explorations of databases including EBSCO, ProQuest, Google Scholar, and Google search engines. Search terms included the singular and combined use of (a) social work, (b) famil*, (c) casework, (d) school*, (e) risk*, (f) stressor*, (g) family stress model, (h) prevent*, (i) efficacy, (j) outcomes, (k) social determinants of health, (l) leadership, (m) transformative learning, (n) rural, and (o) basic human values. An integrative, holistic perspective guided the synthesis of the literature reviewed herein.

Statement of Reflexivity

Having transitioned through the majority of phases and stages defined by science for a life course of 6 decades, I am surprised, regardless of how much I learn, I continue to be awestruck, curious, and contemplative about the concept of humanity and the nature of *being* human. I have an unshakable belief in people and hope for humanity's continued positive development. I wholeheartedly agree with social work's conceptualization of the

role environments play in the direction of growth. I am committed to creating and fostering spaces in my tiny corner of the world that set hearts and minds on fire with visions of what humanity may become when everyone works together—inclusively, mindfully, and with care for one another and the natural world.

With an empty nest and a lifetime of unanswered "but why?" questions, I returned to higher education to find answers for my unsettled soul. I wanted and needed to understand why problems like substance use, teen pregnancy, intimate partner violence, and child abuse repeat across generations. I chose the social work curriculum because it seemed broad, far reaching, and encompassing yet also organic, growth oriented, and hopeful. With the utmost gratitude, I not only learned the practice of social work, I experienced it through the value-based professional leadership and mentoring of a team of faculty whose observable practices act as a North Star for me, my practice, and my life, each and every day. As part and whole, faculty led me on a journey to discover social work as a profession, a belief, a value, and a way of life. I found no definitive truths on my "but why" journey. However, I did find pathways that lead in that direction, and I enjoy traveling them with others.

Throughout the course of pursuing my Bachelor of Social Work, Master of Social Work, and Doctor of Social Work (DSW) degrees, I have had the honor and privilege of working with a grassroot community coalition, whose mission was to prevent the onset of youth behavioral health conditions. I am a preventionist by nature, so the fit was perfect. My position as community coordinator was created by the first in a series of grants from the Pennsylvania Commission on Crime and Delinquency (PCCD). As a strategic means of reducing youth violence and substance misuse behaviors, PCCD supported the

implementation of the Communities That Care intervention, which develops grassroots prevention coalitions (Conahan et al., 2018). Communities That Care is one of few programs to provide training and technical assistance for grassroot coalitions to cultivate a significant ground-up, community-sector-based approach to generating solutions that educate and empower community voices to reduce socially determined risk factors in the coalition's chosen service area (Astor et al., 2021).

Communities That Care uses a public health approach to prevention which combines epidemiology's biopsychosocial risk factors in context with social work's planned change process. The result is a scientific yet humanistic method of looking at problem behaviors in the context of a local environment using an ecological lens. From my perspective, the Communities That Care intervention is best implemented by social workers, and social work would do well by implementing the Communities That Care model in any community or school setting. Reflectively, it seems I have spent the last 8 years of my life trying to convince each side of this coin of the other's utility.

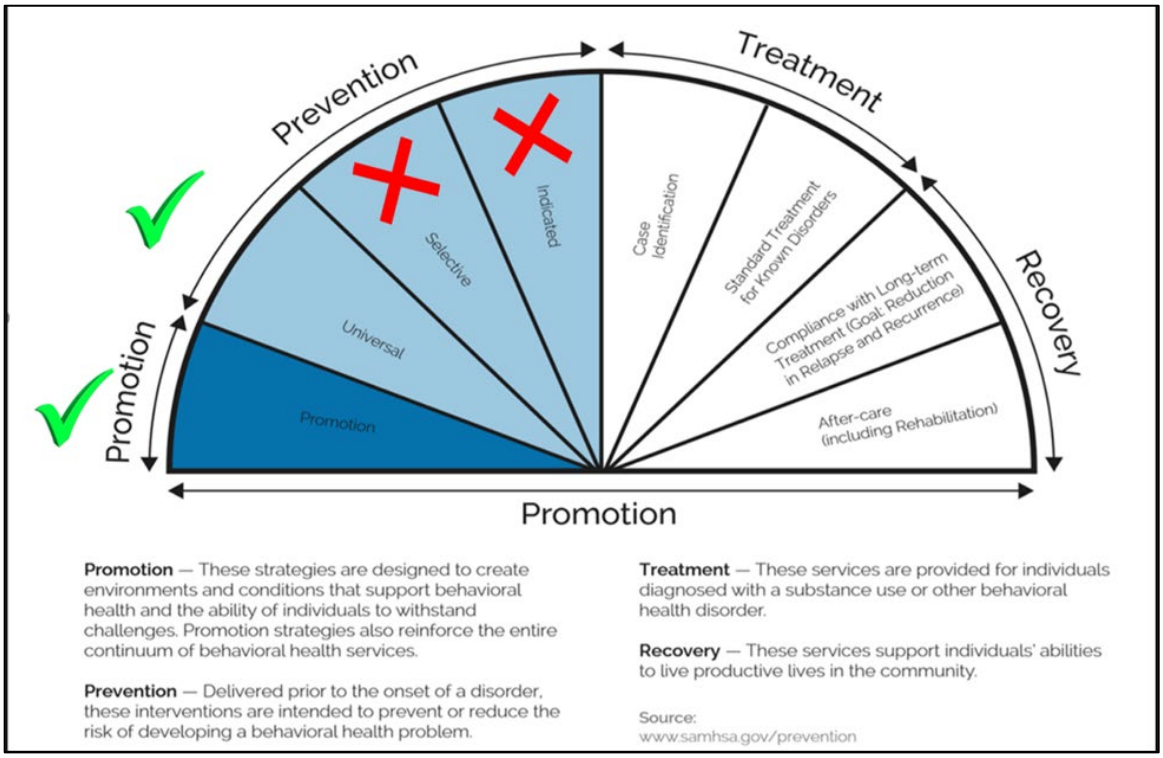
As my understanding of social determinates of health (SDOH) and intervention methods deepened, I realized there were shortcomings in the coalition implementing the Communities That Care model in the local, rural areas. The coalition's volunteer members did an excellent job creating and distributing behavioral health promotion messages for all ages, and work with their local single county authority and schools had ushered in funds for high quality evidence-based universal prevention programming for children and families. However, the coalition had no information about selective and indicated services provided to students in the school setting. Furthermore, families' assessments of the needs in the community were not gathered on any routine basis.

The practice of not sharing data and the lack of family assessment data caused the coalition and the schools in their service area to act in a disconnected fashion; each pursued its own goals. Opportunities to unite the efforts of the community to work toward reducing the same publicly chosen risk factors were lost. There were no family case management skill-building services; students' behavioral health intervention outcomes were not shared at the community level, nor did they combine with coalition outcomes to drive legislative advocacy efforts for environmental improvements through policy change. As Figure 1 depicts, these circumstances left a large gap in multisystem, full-spectrum preventive practices for youth and families that can intervene before behavioral health concerns cross the threshold to diagnosable disorders and potential lifelong, chronic conditions.

Shortly thereafter, members of a local food pantry conducted a community-wide needs assessment survey with support from the prevention coalition. Findings from the survey revealed 17% of responding households were having difficulty locating behavioral health services for their children (Lee et al., 2018). Financial needs (29%) and afterschool care (20%) rounded out families' top three areas of concern (Lee et al., 2018). The coalition took families' voices seriously and went to work writing grants and advocating to local legislators on behalf of the families. Their efforts resulted in a grant to bring the rural area's schools their first two school social workers. This was a good start, but 18 school social workers less than the number required to properly address the estimated needs in the schools. Given the student population, and the National Association of Social Workers (NASW, 2012, 2023) recommendation of one school social worker per

Figure 1

Behavioral Health Continuum of Care Model



Note. Adapted from *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities,* by National Research Council & Institute of Medicine, 2009, National Academies Press, (https://www.ncbi.nlm.nih.gov/books/NBK32789/). Copyright 2009 by National Academy of Sciences.

250 students, adequate supports in the rural schools would require 20 school social workers. To bridge this divide, the coalition has been working toward supporting their schools, children, and families by using master's level school social work interns from a nearby state university. As a 2023 DSW candidate at the university, I directed the work of the interns during the program pilot in the fall of 2022. Schools and social work

professionals need to understand what outcomes can be achieved when student–worker ratios are met, and collaborations include both community coalitions and families.

Personally, various self-assessments have characterized me as an introverted intuitive and idealist with values grounded in universality, benevolence, and an openness to change. Broadly, I tend to agree with this characterization. Adaptively, my middle child status provided many opportunities to exercise my values and cultivate skills for the roles of mediator, negotiator, and a quiet type of leadership that ultimately seeks understanding, harmony, collaboration, teamwork, and opportunities for win–win outcomes. I accept conflict as a natural part of any process that pursues greater understanding.

I have been advantaged by the color of my skin, the country in which I was born, the historical events of my time, the concept of student loans to attend college, and a host of wonderful, thoughtful mentors along my life's journey. I have been disadvantaged by my gender, the dominant patriarchal ideology of my lineage, and the early low economic status of my family of origin. Looking at the opposite side of these circumstances, though, it is apparent disadvantages can also advantage individuals and vice versa. For example, the will to break free from patriarchy and economic disadvantage can foster tremendous flows of creativity, independence, perseverance, and thirst for education.

Jolts to my idealistic child's vision of America—land of the free, home of the brave—caused by historical events, also awakened critical judgments from my value-oriented heart. Witnessing police brutality in the racial riots of the 1960s while living in the south, watching the funerals of my idolized orators for change in Martin Luther King Jr., John and Robert Kennedy, and then the dishonor of President Nixon in the Watergate

scandal, all set my introverted thinking self on a path to scrutinize stated values and mismatched observable behaviors. I do not believe power, control, and exclusionary habits of mind need to lie beneath dominant cultures. Lifelong learning experiences can reorient such habits of mind.

This literature review is presented with my values, a few of my life experiences, and my role in the development of this research project stated for transparency. My philosophy of science and knowledge generation is critical and interpretive. I view the construction of knowledge as an ever-evolving process, one that is collaborative and inclusive in nature. As a society, U.S. culture has excluded many interpretative voices from critical conversations for centuries. “We the People” was set forth in the Preamble of the U.S. Constitution from habits of mind that favored homogeneity over diversity (U.S. National Archives and Records Administration, 2022, para. 1). Many individuals have suffered and died for the cause of bringing inclusivity to this phrase. I have contemplated what truth or unifying theory of knowledge might ever be known without these voices. With humility, I questioned how I might unknowingly stand in the way of this goal.

Theoretical Frameworks

Family systems are complex, as are their interactions with other systems in their multilevel environments (Scott & Davis, 2007). Bubolz and Sontag (1988, 1993, 2009) emphasized the necessity of selecting theoretical foundations for research projects that are well-matched to the complexity of the phenomenon of interest. Theoretical frameworks are used as a means to examine and gain understanding for social phenomena. Theories logically connect formally defined concepts, each with their own

set of variables and attribute values, then predict alternate or future states given the relationship between variables (Grant & Osanloo, 2014). From the theoretical blueprint that emerges, researchers can investigate the pathways and processes that either create or maintain social phenomena (Gitlin & Czaja, 2016; Grant & Osanloo, 2014). When considering methods to intervene, these theoretical maps help in determining which process or pathway may be most amenable to change, the degree of malleability in variables, and optimal points of measure in the case of formative and summative processes (Gitlin & Czaja, 2016; Grant & Osanloo, 2014).

For the complex case of family health and well-being, with its multileveled points of analysis, family ecology theory and the family-in-environment (FIE) perspective were selected as a means to understand the topic of intervening with families (Bubolz & Sontag, 1988, 1993, 2009; Gasker & Vafeas, 2010; White et al., 2019). Theoretical connections were also be made with Schwartz's theory of basic human values and transformative learning theory to illuminate potential linkages (Robbins et al., 2019; Schwartz et al., 2012; Taylor & Cranton, 2012). Discovering such commonalities holds potential for uniting disciplines and theoretical perspectives and opens promising new pathways to develop more holistic, effective interventions for families. This literature review begins with a synthesized overview of major developments in studying and intervening on behalf of families, from the mid-19th century to the early 2020s, using the selected theoretical lenses. Each theory is also outlined. Next, a brief summary of the history of social work practice with families is provided. The literature review concludes with a summary of the gaps in the knowledge base.

Ecology of the Family

Similar to the genesis of social work, ecological perspectives for family studies first emerged in the mid-1800s out of concerns for families' health and well-being (Bubolz & Sontag, 1988, 1993, 2009). The study of human ecology emphasized the goal of survival, achieved via the process of adaptation, which occurs through interdependent interactions in and with multileveled environments. Family ecology theory was purposefully delineated from human ecology theory for applications specific to studying families (Bubolz & Sontag, 1988, 1993, 1993). Here, diverse family forms were viewed as an interdependent "energy transformation system . . . for creative adaptation, human development, and the sustainability of environments" (Bubolz & Sontag, 2009, p. 419). This interdependence implies family and environment are not separate; they are parts of a greater whole, with the crucial role of managing resources through value-based decision making processes (Bubolz & Sontag, 1988, 1993, 2009; Carter, 2011).

Family as a System

Given families are living social systems, family theorists chose to increase the analytical power of family ecology theory by applying concepts from general systems theory, which was first presented to the public in 1954 by Austrian biologist Ludwig von Bertalanffy (Klir, 1972). Bertalanffy asserted "all systems—whether biological, ecological, social, political, [or] organizational—have similar characteristics" (Wilkinson et al., 2017, p. 128). Therefore, basic system ideas like input, throughput, output, feedback, entropy, and negative entropy can also be used to describe the family and its functioning (Bubolz & Sontag, 1988, 1993, 2009). As such, family ecology theory can be considered a descendent of general systems theory, social systems theory, and human

ecology theory with the FIE perspective becoming its logical extension. FIE is useful as a lens to maintain focus on the pivotal social institution of family; a worthy research unit of analysis; a critical environment between child and society; a system recursively interacting in and with its multilevel environments, capable of change, and free to take action to create change in its environments (Bubolz & Sontag, 1988, 1993, 2009; Gasker & Vafeas, 2010; White et al., 2019).

Primacy of the Family System

The logical FIE extension of family ecology theory suggests another extrapolation of Bronfenbrenner's (2005) advancement of Lewin's (1935) classic field theory formula may be necessary. Lewin famously described human behavior as a joint function of both person and environment (Bronfenbrenner, 2005, p. 108):

$$B = f(P,E)$$

This work from Lewin catalyzed a flurry of developments from Bronfenbrenner, family researchers, and family theorists and furthered ecological models to such an extent they are now the most influential means for theorizing about families' influence on the development of its members (White et al., 2019). Bronfenbrenner's (2005) initial realization was the key element of time was absent from Lewin's formula; thus, he proposed behavior (B) be replaced with the outcome of human development at any one point in time (D). Bronfenbrenner's (2005) formula expressed:

> the characteristics of the person at any point in time in his or her life are a joint function of the characteristics of the person and of the environment over the course of that person's life up to that time (p. 108):

$$D = f(P,E)$$

Understanding of the importance of family systems deepened as a result of advanced ecological models. Families were viewed as powerful decision makers in recursive relationship with environments that influence the developing child, societies (in part and whole), and the sustainability of the global biophysical environment. This knowledge suggests the primacy of family systems, as the cornerstone of developing children and societies, be noted as an element critical to the outcome of human development. Elevating the family to this position, the formula would describe the characteristics of a person at any point in time in their life as a joint function of the characteristics of the person, developed as a meaningful and participating member in the family ecosystem over the course of that person's life up to that time, and of the environment over the course of that person's life up to that time (Bronfenbrenner, 2005):

$$D = f\,(F(p_1 \ldots p_n), E)$$

Breaking Cycles of Unmet Family Needs

Family ecology theory was designed with specific intentions to be holistic, transdisciplinary, and inclusive by (a) integrating the natural, social, and health sciences; (b) transcending boundaries to solve complex, real world social problems; and (c) using unique, unhabituated perspectives and comprehensive research questions to generate knowledge in the context of the humanities (Bubolz & Sontag, 1988, 1993, 2009; Choi & Pak, 2006; White et al., 2019). Recursively, knowledge created using family ecology theory has become an available resource to families as information input for their energy transformation system. Together, the sum of families in a given local environment might provide new feedback for subsequent research questions furthering knowledge and stimulating community action for the march of change.

Bubolz and Sontag (1993) offered some intriguing examples of research questions they believed family ecology theory is capable of addressing due to its analytic power and scope. For instance, in the scope of improving public good, they suggested:

> What changes are necessary to bring about human betterment? How can families and family professionals contribute to the process of change? What should be done to realize such universal values for the common good as economic adequacy, equity in access to resources and opportunities, increased freedom and justice, and the development of peace? How are these values developed and transmitted in the family? (p. 429).

Breaking the cycle of unmet family needs that perpetuate place-based health disparities clearly improves the public good and accomplishes the main goal of family ecology theory: survival of the family system through the first function of the family energy transformation system, an adaptation that reverses the trend toward entropy to one of negative entropy. Negative entropy trends in turn increase the likelihood human development will occur—the second function of the family's energy transformation system. Human development implies progressive cognitive development that embraces inclusivity, pluralism, collaboration, and systems thinking can increase appreciation for the health and sustainability of all systems, including the biophysical environment—the third function of the family energy transformation system (Dirkx et al., 2006; Hoggan et al., 2017; Kegan & Lahey, 2016; Taylor & Cranton, 2012).

Value Perspectives of Families

The family's energy transformation system sits in the higher ordered system of values, with its own process of value ranked decision making (Bubolz & Sontag, 1988,

1993, 2009). Schwartz's theory of universal basic human values connects with family ecology theory here (Schwartz & Cieciuch, 2016). An assumption of the theory of basic human values is people lack a well-differentiated awareness of the values that motivate their behavior; instead, they derive knowledge of their values through an inferential process or act in rote from sociocultural learning (Schwartz & Cieciuch, 2016). Thus, individuals, families, and communities would be helped by practices that make individual and group values explicit and salient so decision-making processes are consciously chosen, not determined by socially acquired habits of mind that may carry previous generations' biases and prejudices.

Schwartz's survey tool assesses 10 basic, cross-cultural, universal values that underpin the attitudes and motivational energy for catalyzing behavior. Assessments are available for both children and adults. Graphically, findings from group assessments depict a social group's value priorities (i.e., family, community, organization, or nation). Values lie along a dynamic continuum, fashioned in a circular pattern, where tensions are balanced between conflicting or complementary motivational goals (Schwartz et al., 2012). A majority of group values lying along the circle's circumference would represent high levels of stress, anxiety, and intolerance for differences among the group. At the community or family level, these values might be experienced as struggles to maintain control of resources, excessive security measures, and acts of intolerance (Schwartz & Cieciuch, 2016; Schwartz et al., 2012). As points of difference for the majority of group members begin to move toward each other, represented as drawing closer to the center of the circle, the group's level of stress and anxiety decreases (Schwartz & Cieciuch, 2016; Schwartz et al., 2012). Differentiation between self-image and images of others softens

and allows for more inclusivity, resource sharing, and helping behaviors—an indicator of the formation of new, inclusive prosocial norms (Schwartz & Cieciuch, 2016; Schwartz et al., 2012). Variations of Schwartz Portrait Values Questionnaire (PVQ-40, PVQ-21, and PBVS-C) have been shown to be reliable, consistent measures with structural, convergent and discriminant validity (Cieciuch et al., 2013; Döring et al., 2010, 2015).

Empowering Families

Consciously directing behavior in accordance with one's own true internal compass of core values can be both challenging and rewarding. Humanity has preferred individuals' actions to be consistent with their core values (Miller & Rollnick, 2013). As a person experiences the world and takes in new information, value–behavior discrepancies can enter one's field of awareness. People may describe this experience as a sense of uneasiness or psychological tension. In the theory of transformative learning, this tension is commonly referred to as a disorienting dilemma (Taylor & Cranton, 2012). Transformative learning theory intersects with family ecology theory as its processes of discourse and reflection (i.e., system interactions) are intended to resolve the uneasiness or psychological distress caused by disorienting dilemmas. Ethically, if family work includes raising awareness to conscious value-based processes rather than rote decision-making processes, then it must also include work that helps families and its members to process their past and present experiences of discrepancy.

Transformative learning theory is considered a seminal work in the field of adult education (Hoggan et al., 2017; Wang et al., 2019). Often viewed through a humanistic lens, assumptions of the theory's goodness of fit for adult learners, settings of higher education, and achievement of social justice goals have become inherent since Mezirow

(1978) first published his research sketching the processes of perspective transformation (Anastas, 2010; Drago-Severson & Blum-Stefano, 2017; Ettling, 2006; Taylor, 1998, 2007).

As new and varied information enters the family system, past understandings may be reevaluated. If values are salient, or have changed, perspectives and worldviews may also change. This cognitive development is just one dimension of human development, but it can have significant impact on the ways families and their members find meaning, purpose, and happiness in their lives (Taylor & Cranton, 2012; Western Governors University, 2020). Thus, the recursive nature of interacting with the environment drives forward momentum for growth and change of the family, its members, and the environment. Outcomes of transformative learning are empowerment, resolved power dynamics, more freedom and confidence in decision-making processes, critical thinking, critical reflection, and increased participation in society (Cranton, 2016; Dirkx et al., 2006; Hoggan et al., 2017; Taylor & Cranton, 2012). Again, professional ethics must draw attention to the exclusionary practice of only those in higher education having access to such a meaningful life process. If social justice begins with the self understanding its own values, and democracy begins with the first group experience of values' negotiation, then merging these theoretical perspectives for families is not only a rational choice, but also a social imperative.

Brief History of Social Work Practice with Families

Immigration, poverty, and urbanization were considered pressing social problems in American communities midway through the nineteenth century. Ineffective federal government responses caused communities to question how they might help address

these issues set in motion by social and economic forces pushing the nation toward becoming an industrialized society (Simmons University, 2022). The impact of this social progress on marginalized families excluded from the process was apparent. Their capacity to function dwindled until they could no longer adequately nurture and protect their members (M. Brown, 1984). During that time period, habits of mind did not stereotype or blame families for their plight; rather, the condition of families was seen as a sociological problem resulting from dominant culture's choice to pursue economic growth without balancing government investment to buffer families from its unintended consequences (M. Brown, 1984; Rank, 2021; Welshman, 1999).

Community-Based Work with Families

Finally, in the late 1800s, sufficiently organized communities began to offer solutions for families' needs through settlement houses and charity organization societies; both played a major role in the development of the discipline of social work—the professional activity of helping (Gasker, 2019). From the perspective of settlement houses, the best approach for helping was a top-down strategy to address inequities in government investment in families and communities through local action and social welfare policy reform (Gasker, 2019). Charity organization societies, however, preferred a bottom-up approach, in which they help by empowering individuals and families one at a time (Gasker, 2019).

School-Based Work with Families

Early in the 20th century, attitudes about families in need began to change for some. Darwinian thought and eugenics fueled fears about mental deficiencies in families, and the potential that these conditions were genetically inherited (Welshman, 1999).

Discussions in these circles suggested sterilization as a possible means of preventing the spread of the "problem family" (Welshman, 1999, p. 457). Meanwhile, social work continued to develop along its complementary yet parallel paths. Those with interests in community and policy change found instrumental roles to aid families and children by drafting federal legislation for the New Deal and the Civil Rights Act. Those that had been mastering skills through charity organization work with families were significantly "influenced by the passage of compulsory school attendance laws for children" (Allen-Meares, 1996, p. 203). Early successes in casework took social work services into schools to meet the policy's demands, birthing the role of school social work under the title of home-school visitor (Allen-Meares, 1996; Stalnecker, 2020). During the Great Depression of the 1930s, school social workers were critical community resources for families and children as they ensured the provision of food and shelter when necessary (Allen-Meares, 1996).

By the 1940s, federal education policy slowly began to tighten the focus of school social work services, moving schools from being caring neighbors and partners of families in rearing healthy, educated children to embracing the medical model which emphasized the clinical needs of the child (Allen-Meares, 1996; Stalnecker, 2020). For struggling families, schools' role reversal from supporter of families to becoming yet another system demanding more of their limited energy resources was an overwhelming expectation (Allen-Meares, 1996). The era of preventative supports for families' unmet needs had come to a close. Family systems now receive little attention until trouble ensues—truancy, child abuse or neglect, domestic violence, homelessness, or other encounters with the criminal justice system.

Rebuilding School–Family Partnerships

For the social work profession, the effect of its initial parallel development processes (from settlement houses and charity organization societies) was an enriched knowledge base with broad practice experiences. Each process laid a firm foundation for contemporary generalist social work practice. Together they created needed social changes at multiple system levels from a variety of starting points. Although the profession fell victim to the pulls of duality in its early stages of formation, expending energy in the struggle to resist giving primacy to one approach to social work practice over the other, Gasker's (2019) conceptualization of multisystem practice (MSP) permanently dissolved the supposed dichotomy. Gasker (2019) wisely noted the reality that all practice is multileveled practice. This united MSP conceptualization is a substantial benefit to those the profession serves, and the whole of the profession itself.

In the first two decades of the 21st century, the social work profession has beckoned itself to advance through value-based leadership focused on addressing inequities in government investment in families and communities through local action and social welfare policy reform. Evidence of this need is found as income inequality continues to widen, the share of wealth held by middle-income American families falls, and the health of families and children deteriorate (Horowitz et al., 2020). Growing disparities and racial tensions call on generalist trained practitioners to integrate services across healthcare and education systems by building home-family-school-community networks in local communities for all types of social services. Social work's role is no longer seen singularly, as provider of clinical treatment services. Instead, visions of the role have expanded to designer of solutions that prevent and remediate the myriad of

socially determined risks to health, well-being, and flourishing over the life course (American Academy of Social Work and Social Welfare [AASWSW], 2022). From inside the profession and out, there are calls for social work to assert their leadership role and exert their influence (AASWSW, 2022;Allen-Meares, 1996; National Academies of Science, Engineering, and Medicine [NASEM], 2019).

Conclusions and Implications

Current State of Family Studies

The study of families as an organized entity contributing to the ongoing prosperity of nations is surprisingly deficient. Family ecology theory has not progressed with any degree of significance since Bubolz and Sontag's (1988, 1993, 2009) work from the field of home economics, nationally represented by the American Association of Family and Consumer Science, recently renamed from the American Home Economics Association (White et al., 2019). The discipline of social work, a primary devotee of ecological perspectives, was not represented in the theory's development or any tests of its model in the articles reviewed for this work.

Generalist social work MSP, the School Social Work Association of America (SSWAA) framework, family ecology theory, and the FIE perspective integrate well as all emphasize multilevel practice and promote collaborative interaction across systems. The addition of the FIE perspective gives voice to the system most neglected by policy, but most needed by children and society for healthy growth and development. Empowered family perspectives should be included in school reform discussions, especially in rural communities, and neighborhoods that experience high levels of marginalization. There is not sufficient quantitative or qualitative understanding for the

cumulative stress low-income and disparate families contend with daily due to lack of focus on the family system. A method of school social work practice has not been evaluated to determine its preventative effects for families, student success, school climate, or community risk/protective factors which uphold SDOH.

Family Interventions

There are many methods and programs school social workers can choose from to intervene with families. For example, multisystemic therapy (MST) is a home-based family intervention. Families are referred to this program when youth display symptoms of behavioral, social, or emotional problems (Littell et al., 2021). MST "therapists engage family members in identifying and changing individual, family, and environment factors thought to contribute to problem behavior" (Littell et al., 2021, p. 1). Although youth rather than family assessment guides referral to this program, for over two decades MST has been considered a premiere evidence-based program with "excellent evidence" (as cited in Littell et al., 2021, p. 7). However, a systematic review of 3,987 families, published by Campbell Collaboration, found results were inconsistent across studies and countries (Littell et al., 2021).

Often there is a belief that additional financial support will improve families' circumstances. Lucas et al. (2008) systematically reviewed nine studies to examine the "effects of financial interventions to families on child health, psychosocial and educational outcomes" (p. 25), finding no overall significant outcomes when the sum was $150 or less per month. Reviewers suggest future research determine if larger sums have similar results. Rather than investigating individual family interventions Barlow et al. (2014) investigated group-based interventions for families. This systematic review

included 48 studies with a total of 4,937 participants, covering behavioral, cognitive-behavioral, and multimodal methods with an aim of enhancing parent well-being and thus their relationship with their minor children (Barlow et al., 2014). Findings suggested:

> statistically significant improvements in the short-term for parental depression, anxiety, stress, anger, guilt, confidence, and satisfaction with the partner relationship. However, only stress and confidence continued to be statistically significant at six- month follow-up, and none were significant at one year. There was no evidence of effectiveness for self-esteem at any time point. None of the studies reported aggression or adverse outcomes (Barlow et al., 2014, p. 8).

Families' Pivotal and Recursive Role

Intervention designs that integrate then implement multisystem strategies are complex and would be difficult to maintain longitudinally by public school social workers, unless they were affiliated with higher education schools of social work interested in the research project. The second national school social work survey found that "despite the calls for school social workers to be more involved in prevention work (and practitioners' desire to do so), this aspect of the national model appears the least frequently implemented" (Kelly et al., 2016, p. 26). Aligning the AASWSW grand challenge initiatives for behavioral health prevention with higher education, public school education, and local communities creates a template for social work students on how to unify their profession, to accomplish a goal. Additionally, higher education students would benefit from the hands-on learning of research techniques.

White et al. (2019) noted the impetus for multilevel designs has been stimulated by hierarchical linear modeling (HLM) which gives researchers the ability to "estimate

the effects of an independent variable from various levels of analysis . . . on a development outcome" (p. 250). Bronfenbrenner also used HLM successfully to investigate interactive effects between levels for outcome variables (White et al., 2019). These types of studies are also scarce. Students' research could not only fill a gap in the knowledge base, but could also add purpose to their academic studies, and perhaps foster the professional practice of routine contributions.

Bubolz and Sontag (1988, 1993, 2009) highlight the distinction between research that identifies contextual factors in which families develop and studies that identify interactional processes. The body of knowledge about family contexts and interactions that affect child development is rich. However, knowledge about the context and interactions that influence a family's development is inadequate. There does appear to be a trend in using the family stress model to study social, economic, and political factors that influence family functioning (Bailey et al., 2019; Gewirtz et al., 2018; Holmes et al., 2020; Turney & Sugie, 2021). Acculturation, military deployment, diversity in the dimension of race or ethnicity, government assistance recipients, and grandparenting were among the populations of study.

R. Spencer and Komro's (2017) investigation on the relationship devolution has on child and family health outcomes summarized findings by state for four key safety net programs: minimum wage, earned income tax credit, unemployment insurance, and temporary assistance to needy families. Results indicated significant variability in the generosity of policies across states. And, "overall, policies which are more restrictive are associated with poorer health behaviors and outcomes" (R. Spencer & Komro, 2017, p. 1). Repeating this study at the school district level would be ideal, especially in

combination with multilevel interventions with families—a voting population. Values, transformative learning, and empowerment work find their purpose in participation that casts a vote.

In sum, research that elevates the voice of the family system, quantitatively and qualitatively, is needed. School social workers are taxed with staffing shortages and growing numbers of children and families in need of services, in a political environment where policy generosity is lacking. From assessment data to intervention evaluations, theory development to model testing, value dynamics to interactional patterns, and across the continuum of entropy to negative entropy, families need social work leadership, research, practice, and policy advocacy. Individual interventions alone will not achieve the human well-being desired (Biglan, 2018, p. 328).

Chapter 3: Methodology and Research Approach

The purpose of this research was to pilot test a best practices model of school social work, conceptualized from a family-in-environment (FIE) perspective, through an examination of the effects of family-focused case management (FFCM) on rural school students' success. The literature review presented herein revealed the important role families play in their children's healthy, multifaceted development, including physical and cognitive dimensions which subsume psychological, social, emotional, educational, and spiritual growth (Bronfenbrenner, 1974, 2005). In turn, families' capacity to fulfill this pivotal role for their children is dependent upon their local environments' ability to provide the resources they need for healthy functioning (i.e. high quality jobs, healthcare, schools, grocery stores, and daycare services). (Bubolz & Sontag, 1988, 1993, 2009; R. Spencer & Komro, 2017; White et al., 2019). Yet, across the United States, health and education statistics demonstrate substantial disparity from neighborhood to neighborhood (National Center for Education Statistics, 2020; University of Wisconsin, Population Health Institute, 2022). As resource deficiencies in the environment rise, so too do risks to current and future health via education to income pathways (Rank, 2021; Showalter et al., 2019; University of Wisconsin, Population Health Institute, 2022).

Neighborhoods become resource deficient for reasons that have origins in the unequal distribution of benefits from social welfare policies, and unfair redistributions of gains proffered from the structure of the nation's political economy (Karger & Stoesz, 2018; Rank, 2021). Democratic capitalism, socially and geopolitically, determine where lack of resources will occur and who will experience the consequences (Rank, 2021; R. Spencer & Komro, 2017). Decision-making processes that produce such unequal and

unfair outcomes are not at all democratic or socially just. They stem from centuries' old hegemonic social forces, replicating themselves in the present day through the structure of social institutions and the patterns of social interactions (Christian & Jhala, 2015; Cranton, 2016; Mezirow, 2000). Despite theoretical justification for using family-focused approaches to prevent these negative outcomes from repeating for yet another generation of children, policy, practice, and research continue to focus singularly on the child with little progress in meeting national and state goals to reduce health and education disparities for rural and minority populations (Biglan et al., 2020; Bubolz & Sontag, 1988, 1993, 2009; Wallerstein et al., 2020).

This methodology chapter begins by presenting the rationale for using a quantitative approach, and quasi-experimental design for this research. The study's variables are then defined and operationalized. Next, descriptions of the research setting, study population, sampling method, data sources, data collection, and methods of analysis are provided. The chapter closes by detailing issues of trustworthiness, and the study's limitations and delimitations.

Rationale for Research Approach and Study Design

Social research emerged by applying the scientific method, developed in the physical sciences, to social phenomena (Stringer & Ortiz Aragón, 2021). Although quantitative research is considered quite the blunt instrument to gain understanding for complex interactions between dynamic open social systems, it does often act as a starting point in statistically describing the attributes of a population, the resources at their disposal, and the effects of intervening to create new interactional patterns (Campbell & Stanley, 2011; Stringer & Ortiz Aragón, 2021). The historical lack of relevant local data

about the rural communities of this study lends appropriateness for beginning research in collaboration with local constituents by quantitatively describing their numbers, the commonalities in the issues they face, and evidence of the effects their chosen method of intervening produce.

This study was intended to be the first phase of research in a series which creates a cyclical routine in a larger community-based participatory action research (CBPAR) project. It examines the effectiveness of FFCM after one trimester (approximately 60 days) of the school social work interns beginning their work with local, rural schools. Given school social work practice has not been present in the schools of this case, difficulties in implementing best practices were expected. Working through barriers in data collection and analysis tasks after this brief period allowed for immediate corrections for the second and third trimesters and fostered the adoption of ethical, fruitful data collection habits for the interns. Subsequent planned phases of data analysis are the end of this first year's third trimester, then annually thereafter. The overall intention, as is typical of CBPAR projects, applies each research phase's results to bring about continuous stepwise improvement—informing residents' future decisions about needs in their community, the impact of their chosen interventions, and the fine-tuning of their methods in addressing issues they deem priority concerns. As learning occurs through the unfolding of this renewal process, it is assumed residents' future research questions will naturally extend and deepen beyond positivism's quantitative approach, lending themselves well to research projects using the more interpretative styles of mixed methods and qualitative research approaches (Mertens, 2012).

Across social determinants of health (SDOH), education, and prevention literature, requests from researchers for well-designed, experimental studies is clearly documented. However, ethical considerations often prevent withholding or delaying the delivery of services for vulnerable populations (Rubin & Babbie, 2017). Hence, there are instances where ethically responsible human subject research employs quasi-experimental designs due to concerns about randomization (Campbell & Stanley, 2011; Rubin & Babbie, 2017).

As noted in the literature review, children, youth, and families are experiencing high levels of stress and uncertainty in the midst of the COVID-19 global pandemic, especially in rural communities where behavioral health services are not readily available. In urban and rural areas across the United States, substance misuse, gun violence, anxiety, depression, and suicide have risen dramatically since the pandemic began. Current rates of record inflation and forecasts of an impending economic recession cause additional concern. These realities support the decision to ensure services are available and accessible to as many of those in need as possible by using a quasi-experimental nonequivalent control group design rather than withholding services so that randomizing for an experimental pretest/posttest control group design might be accomplished.

O1 – X – O2
O3 O4
. . . . . .
O5

Campbell and Stanley (2011) conclude this method is “well worth using” (p. 47) when the addition of the nonequivalent control group is generated from a similar recruitment strategy as it greatly reduces “equivocality of interpretation” (p. 47).

Additionally, the introduction of a comparison group allows quasi-experimental nonequivalent control group designs to address threats to internal validity by "controlling for the main effects of history, maturation, testing, and instrumentation" (Campbell & Stanley, 2011, p. 48). In this case, youth study participant recruitment will be identical; the process will be explained in more detail in the data collection discussion.

Ultimately, the overarching goals of the CBPAR project, of which this research is but one small part, are to introduce and provide needed social services in the rural community by establishing norms for routine behavior health assessment, data collection, collaborative data-driven decision making, goal setting, monitoring for progress, evaluating intervention outcomes, and advocating for policy change to improve the community; then repeating the process for continual improvement. In other words, ensuring all the phases of the planned change process (PCP) are enacted as multisystem practice intends (Gasker, 2019). Thus, a quantitative, quasi-experimental nonequivalent control group design was an ethical, rational, and natural way to begin experiencing the social sciences with local residents. This design sought to empower citizens of the community, emphasize the unethical nature of disparities, and was well-suited for providing the residents with substantive, relevant local data to explore the initial research questions:

- What conditions do families perceive as being supportive or detrimental to their family's functioning? And,
- What effect does FFCM have on rural school students' success?

Definitions and Conceptualization of Variables

According to the U.S. Department of Agriculture's (USDA) Economic Research Service (ERS), there are "more than two dozen definitions currently used by Federal agencies" to distinguish between *rural* and *urban* (USDA, 2008, para. 2). Noting the difficulties this presents for both researchers and policymakers, ERS acknowledged the reality as a reflection of the multidimensional nature of conceptualizing the term. Their recommendation is to choose the most appropriate definition for the "needs of a specific activity, recognizing that any simple dichotomy hides the complex rural-urban continuum . . . [which in actuality has] very gentle gradations from one level to the next" (USDA, 2008, para. 2). Although multiple definitions can create confusion that leads to mismatches in establishing eligibility or securing grant funds, a best fit results when population size, density, and geographic isolation are considered. For this case, sparce population, low density, and high geographic isolation led the researcher to define *rural* as communities with a population threshold ranging "from 2,500 up to 50,000" (USDA, 2019, para. 1).

To respond to the communities' first research question, *what conditions do families perceive as being supportive or detrimental to their family's functioning*, the proposed research planned a survey method to assess the current state of family health and well-being of study participants in the rural schools. The survey assesses families' strengths and needs in five key areas critical to health and well-being (a) family functioning and resilience, (b) nurturing and attachment, (c) social supports, (d) concrete supports, and (e) quality of the family/practitioner relationship (Sprague-Jones et al., 2020). Descriptive statistics may illuminate the areas and degree to which family

functioning is adversely affected by the local, rural environment and set a more efficient, effective course for the community coalition's future work Parents invited to participate in FFCM were asked to respond to the survey. However, completing the survey was voluntary and did not influence the services provided to their child.

To answer the communities' second research question, *what effect does FFCM have on rural school students' success*, the intervention of FFCM (the independent variable) was applied to determine its effect on the dependent variables which traditionally define school success (a) attendance, (b) social/emotional behaviors risk score, and (c) grades. Philosophically, case management puts the value and importance of human relationship into service for the benefit of another's well-being. As individuals, families, and communities are helped and supported to optimum levels of social functioning, all of society benefits. For the purpose of this study, FFCM is further defined and conceptualized as the professional practice of coordinating services in partnership with the family (National Association of Case Management [NACM], 2017, 2022). This collaborative partnership focuses on the process "that assists recipients in achieving the greatest possible degree of self-management for . . . life challenges" (NACM, 2022, para. 2). From a FIE perspective, rather than the traditional child-centered lens, the case manager and family focus holistically on the planning, coordination, monitoring, adjusting, and advocating for services and supports that are directed toward the achievement of the goals of the entire family's healthy community living (NACM, 2017, 2022).

Successful participation in FFCM services was defined as (a) completing the family assessment survey and (b) participating in positive and proactive goal attainment

activities with the designated case manager for a minimum of 60 minutes per 30-day period from the onset of services until either goals are attained or case management services were suspended for the public-school summer break (approximately the end of April 2023). Participation in FFCM services was defined as routine monthly communications with the school-based, family-focused case manager. Communication was broadly defined as returning requested paperwork, e-mail exchanges, phone conversions, virtual or in person meetings at a time and location agreed upon by the service recipient and the FFCM service provider.

School success was conceptualized as having three key indicators: attendance, social/emotional behaviors, and grades. Definitions for these dependent variables are as follows:

- Attendance is the presence and participation of the child in day-time school activities and subject learning as prescribed by the Pennsylvania State Board of Education (Pennsylvania Department of Education, 2022a).
- Social/emotional behaviors are the absence of instances where a child's behavior interferes significantly with their own learning or that of their peers (Pennsylvania Department of Education, 2016). As a skillset, increased competency demonstrates a student's ability to appropriately apply their skills in "self-awareness, self-management, social awareness, relationship skills, and responsible decision making" as compared to developmental standards set forth by the Pennsylvania Department of Education (2022b, para. 2).
- Grades are defined as performance indicators that describe a student's knowledge and capabilities in a subject area as compared to the standards set

forth by the Pennsylvania Department of Education at predetermined points in time (Pennsylvania Department of Education, 2022c).

Context of Research Setting

This research was conducted in one county in the southeast quadrant of the state of Pennsylvania. Three rural, public-school districts situated in the northeast corner of the county agreed to take part in the study. For historical context, the local behavioral health prevention coalition, the three school districts participating in this study, and a nearby state university collaborated to conduct a *2018 Community Needs Assessment* led by the nonprofit board of directors of the local food pantry. The survey research found 17% of responding families reported having difficulty finding behavioral health services for their child or other family member(s) (Lee et al., 2018). At the time the assessment survey was conducted, school social work services were not available in any of the three rural school districts. Moreover, community members reported there was only one case manager (employed by the local food pantry) in the area to service the population of 48,403. Guided by these environmental factors, and the literature review, the collaborative partners supported the need to intervene by:

- increasing the number of providers of behavioral health prevention services in the rural communities,
- using public schools as the hub for the delivery of evidence-based, preventative behavioral health services,
- building an infrastructure to collect relevant local data,
- destigmatizing the use of behavioral health prevention services by educating children, youth, and families,

- marketing the availability of services to the public,
- investigating the effectiveness of services provided,
- reporting project/program effects to local legislators, leaders, and constituents for the purposes of transparency, policy change, and future project/program improvements.

Just six months prior to the onset of the COVID-19 global pandemic in the United States, initial funding was awarded to the collaborative project to holistically improve the health and well-being of students, schools, and community by adding school-based, behavioral health prevention services for the community prioritized group of middle school aged youth. Today, approximately 2.5 years after the pandemic began, continued collaboration, partnership trust, community learning, grants, and government funding have worked symbiotically to enable the project's expansion. The districts used pandemic relief funds to expand services at the high school level while this dissertation project enabled the addition of case management services for elementary aged students and their families.

The CBPAR project team's decision to use schools as the community hub for accessing preventative, evidence-based behavioral health services created an opportunity to develop a school social work method of practice. Family ecological theory, Schwartz theory of basic human values, transformational learning theory, and the national school social work practice model, informed the construction of this testable model. The model brought together the best practice components of the FIE perspective, multisystem practice (MSP), the planned change process (PCP), and critical social work skills (leadership, team building, policy advocacy, and community capacity building). Its

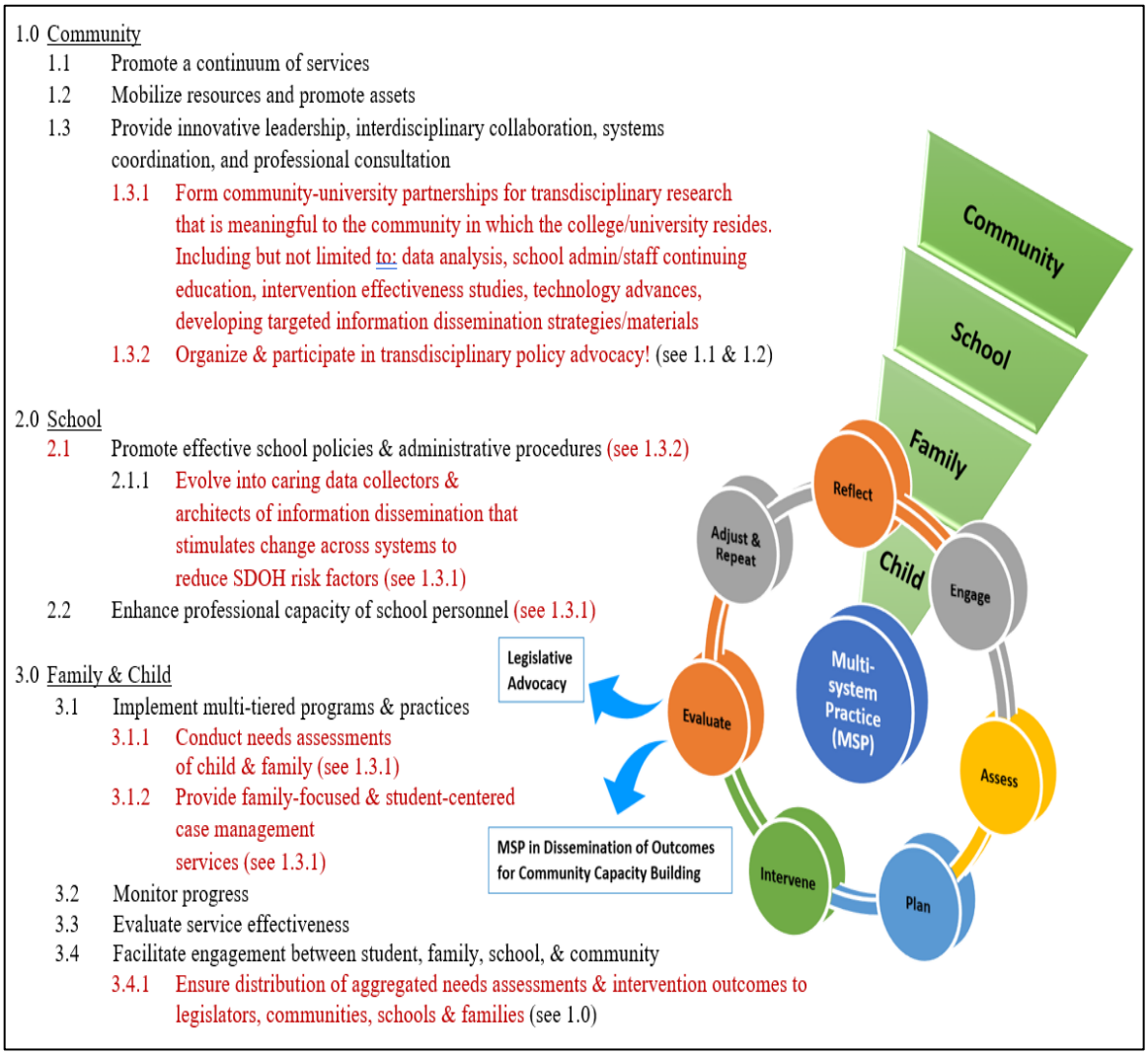
method of practice sought to make greater strides in reducing socially determined, place-based environmental risk factors that prevent generations of people from experiencing high quality health and life outcomes—using social work and specialty school social work competency-based skills of master's level field practicum students.

Figure 2 reframes the national school social work practice model's skills and services from the perspective of systems theory and its family ecological theory descendent. Families and their children are considered as one energy transformation system, experiencing the same SDOH risk factors, yet responding as an individual and a part which influences the whole. The interactive system of basic human values, and level of ego development (determined by prior transformational learning opportunities) combine to inform the responses of each family member and the family unit as a whole. From this practice perspective, child and family assessment data becomes the driving force for planning (PCP) at all levels of practice (MSP): child, family, school, and community. Meanwhile, social work leadership, team building, policy advocacy, and community capacity building skills unite the educational system (Pre-K through college), disciplines, professions, and community sectors around accurate targets for environmental improvement from local families' perspectives (FIE) and through policy action. The model's provision of student-centered and FFCM services builds adaptive, resiliency skills to competency to empower the family, in part and whole, while slower environmental changes occur over time.

Preventative case managed services for elementary aged children were provided by master's level social work interns placed in the local schools but hosted by the local behavioral health prevention coalition. Given the schools employ no school social

Figure 2

Infusing the National School Social Work Model with Social Work Best Practices



Note. Adapted from the School Social Work Association of America National Model Graphic by School Social Work Association of America, n.d., (https://www.sswaa.org/_files/ugd/486e55_bc9b15d583264806a8664c192d82853f.pdf) and concepts presented in *Generalist Social Work Practice* by J. Gasker, 2019, SAGE.

workers, this strategy was adopted to provide guidance and social work supervision for the interns. The interns were enrolled in an accredited Master of Social Work program at the nearby, collaborating state university—less than 10 miles from each of the three school districts. In most cases the interns were also enrolled in the school social work certificate program approved by Pennsylvania's Department of Education (PDE). Middle school and high school youth case managed services were provided by the local affiliate of a national nonprofit agency contracted by the districts. Across all grade levels, family-focused services were offered by the same worker that served the student in the school environment. School social work interns were tasked with the goal of moving families from mere participation to successful participation (operationalized as completing the needs assessment, selecting and prioritizing goals, and meeting routinely to work toward goal attainment). Tasking the contracted nonprofit agency with the same goal was outside the scope of their contract with the district and beyond the organization's mission.

Study Population and Sample

The total geographic area of the three participating school districts is approximately 200 square miles with an estimated population of 48,043 (National Center for Education Statistics, 2020). Some key characteristics of the sample population are provided in Table 1. Appendix B provides a comparative view of the sample population as it relates to national, state, and county statistics.

In general, the sample population is wealthier, less diverse, and more likely to have children with health insurance coverage as compared to the nation, state, and county. To illustrate, 39.9% of the U.S. population identifies as non-White, while 24.3% of the state, 29.7% of the county, and 8.7% of sample population categorize themselves

as non-White (National Center for Education Statistics, 2020; University of Wisconsin, Population Health Institute, 2022).

Economically, the school districts participating in this study respectively report 7.1%, 6.8%, and 4.4% of their students live in poverty (National Center for Education Statistics, 2020; University of Wisconsin, Population Health Institute, 2022). Meanwhile, the number of children living in poverty in the United States is 18% (University of Wisconsin, Population Health Institute, 2022). Pennsylvania, and the county of this study

Table 1

Sample Frame Population Characteristics

Characteristic	District 1	District 2	District 3	Total or average
Population	12,665	17,090	18,288	48,043
Non-White	4%	12%	10%	8.7%
White	96%	88.0%	90.0%	91.3%
Household median income	$68,645	$78,637	$65,489	$70,924
Household with children median income	$81,250	$95,340	$93,847	$90,146
Household income below poverty level	16.1%	6.9%	1.4%	8.1%
Health insurance coverage	98.7%	93.2%	99.6%	97.2%
Families with SNAP benefits	16.4%	5.8%	3.7%	8.63%
Female head of household	25.0%	12.0%	13.0%	16.7%
Households with children (renting)	23.8%	10.6%	22.9%	19.1%
Households with children (homeowner)	76.2%	89.7%	77.1%	81.0%
Children kindergarten	92	135	74	301
Children Grade 1	91	147	119	357
Children Grade 2	100	159	113	372
Children Grade 3	93	164	81	338
Children Grade 4	104	165	99	368
Children Grade 5	104	155	83	342
Children Grade 6	109	185	93	387
Children Grade 7	87	163	105	355
Children Grade 8	119	197	108	424
Total children Grades K–8	899	1,470	875	3,244

Note. This table combines relevant school district data from the National Center for Education Statistics, 2021, (https://nces.ed.gov/Programs/Edge/ACSDashboard).

report child poverty rates of 17% (University of Wisconsin, Population Health Institute, 2022). The percentage of children with health insurance coverage in the study's three school districts are 98.7%, 93.2%, and 99.6% (National Center for Education Statistics, 2020). For the nation, state, and county the rates are 90%, 93%, and 92% respectively (University of Wisconsin, Population Health Institute, 2022).

Beyond the statistics, these facts emphasize the importance of key variables in achieving health and well-being outcomes, including availability and access to quality services. Health insurance coverage has less meaning when high quality behavioral health service providers are absent from an environment, or when residents lack an understanding of what these services mean to their overall health and well-being, and when cultures stigmatize the use of services. As an example to further this point, counties across the nation deemed top performers in key social determinant of health indicators have behavioral health worker to population ratios of 1:290 or better (University of Wisconsin, Population Health Institute, 2022). In the case of this study, the average county in Pennsylvania has a ratio nearly twice this rate at 1 worker per 480 residents; the county of study is even more disparate at 1 worker per 720 residents (University of Wisconsin, Population Health Institute, 2022). As the literature review highlighted, lack of access and quality of care issues correlate with high provider caseloads, long wait lists for services, and no available caregivers in sparsely populated rural neighborhoods, as is the case for this study population.

Longitudinal data from the contracted agency estimated 5–10% of a district's student population screen at levels that demonstrate a need for school-based case managed services (M. McCormick, personal communication, May 9, 2022). I anticipated

the purposive sample, drawn from this study's three district sample frame, would be on the higher end of this range given the historical lack of behavioral health services in the rural area, the socially isolating nature of the districts' geography, the hardships endured during the pandemic, and the record inflationary period the country is currently experiencing. Hence, the sample frame of 3,244 students in Grades K–8 was expected to yield a study sample of 324. Thus, it was expected approximately 324 families would be extended an invitation to participate in family-focused services. Engagement and attrition rates of families with children using behavioral services can vary widely. Nearly 50% of those who agree to participate in services fail to arrive for their first scheduled appointment (National Center for Children in Poverty, 2022). Attrition rates for the balance can range from 28% to as much as 75% with families noting a wide range of factors for dropping out of a program (de Haan et al., 2013). For these reasons, knowledge about the lack of understanding for the role of school social workers in the rural community, and the first-time nature of the program, the researcher conservatively estimated 81 families (i.e., 25% of the 324 families invited to engage in the FFCM services) would participate, with 20 of those families (25%) following through to meet successful participation criteria.

Data Sources

The local prevention coalition, participating schools, and the contracted agency were the primary sources of data for this study. Each provided the researcher with a secondary dataset containing information pertinent to answering the study's research questions. The secondary datasets were in the form of a Microsoft Excel file. Transmission of the datasets was accomplished electronically using an email

communication containing a password protected Excel file to the researcher. The coalition, schools, contracted agency, and researcher worked collaboratively to select data elements to include in the secondary datasets and drafted the codebooks. Elements in the student dataset include de-identified student demographic information, and student school success indicators. The family dataset included the assessment survey responses.

Data Collection

Schools routinely collect data regarding every child's attendance, social/emotional behaviors, and grades. These three school success indicators are routinely recorded each marking period over the course of an academic school year regardless of the child's participation in case management services or this study. School district screenings recommend youth for case managed services. There are a variety of screening tools available, and each district had the authority to choose the screening tool(s) they believed was best suited to their student population.

With the family's consent for school social work services, the child's information was de-identified prior to being included in the secondary dataset. Families were invited to participate in FFCM at that time. The family's participation in services placed the child in the experimental group while a family's decline to participate placed the child in the nonequivalent control group. The provision of youth case managed services was not influenced by a family's choice to decline study participation for their child or themselves.

The prevention coalition was responsible for collecting de-identified family assessment data. The data collection instrument used by the prevention coalition was the Protective Factors Survey 2nd edition (PFS-2; Sprague-Jones et al., 2020). The survey

resides in the public domain and was contextualized for the local community by volunteers from the prevention coalition's board of directors. Families had the option to provide responses to the assessment survey using either a paper survey or an identical electronic version using the Survey Monkey software application. The family's assigned case management intern was available to help them complete the survey if needed.

The secondary datasets were kept confidential under the limits of the law and in a secure location such as a locked office or password protected computer. Security of data in cloud storage cannot be guaranteed, but this presents no more of a risk than normal everyday use of technology in the current environment. Participant study related information will be retained for a period of five years. At the end of this period, paper records will be shredded, and online information will be deleted from computer hard drives and/or cloud storage.

The researcher had sole access to the secondary datasets provided by the prevention coalition, schools, and the contracted agency. As a result of the secondary datasets being de-identified, participants will remain anonymous in any publication or presentation of research results; only aggregate data will be used, and demographics of race/ethnicity statistics were excluded given the small percentage of diversity in the study population. Participant information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB) of the university which oversees the researcher's compliance with ethical human subject research standards. Confidentiality may not be maintained if a participant indicates that they may do harm to themselves or others.

Data Analysis

The secondary datasets were imported from Microsoft Excel into the Statistical Package for the Social Sciences (SPSS) software system for analysis. Answers for the communities' first research question, *what conditions do families perceive as being supportive or detrimental to their family's functioning,* were planned to be provided by this research through descriptive statistics of the dataset containing family study participants' assessment survey responses. The survey assesses five key areas critical to families' health and well-being (a) family functioning and resilience, (b) nurturing and attachment, (c) social supports, (d) concrete supports, and (e) quality of the family/practitioner relationship (Sprague-Jones et al., 2020). For example, families' perceptions and experiences of feeling support, understanding, and belonging in their community and school are assessed by asking: (a) When our family is trying to achieve positive change, we feel supported by our community, and (b) When our family talks to people in our school district about a problem we are encountering, we feel heard and understood. A family's responses, on a 5-point Likert scale from *strongly disagree* to *strongly agree*, can illuminate the areas and degree to which family functioning is adversely affected by the local, rural environment. Quantitative knowledge of these risks provides the CBPAR team and the prevention coalition with the information needed to drive future community action in legislative advocacy, further community capacity building projects, and social norms campaigns.

Answers for the communities' second research question, *what effect does FFCM have on rural school students' success,* are discovered by introducing the independent variable, through the implementation of FFCM, and examining its effect on the

dependent variables which traditionally define school success (a) attendance, (b) social/emotional behaviors, and (c) grades in English language arts (ELA) and mathematics (MATH). The following research hypotheses were tested:

***H_1*:** Case managed youth whose family also voluntarily participates in FFCM services will have higher levels of attendance than case managed youth whose family does not voluntarily participate in FFCM services.

***H_o*:** Case managed youth whose family also voluntarily participates in FFCM services will not have higher levels of attendance than case managed youth whose family does not voluntarily participate in FFCM services.

***H_2*:** Case managed youth whose family also voluntarily participates in FFCM services will have higher levels of social/emotional behaviors than case managed youth whose family does not voluntarily participate in FFCM services.

***H_o*:** Case managed youth whose family also voluntarily participates in FFCM services will not have higher levels of social/emotional behaviors than case managed youth whose family does not voluntarily participate in FFCM services.

***H_3*:** Case managed youth whose family also voluntarily participates in FFCM services will have higher levels of ELA/MATH competency than case managed youth whose family does not voluntarily participate in FFCM services.

***H_o*:** Case managed youth whose family also voluntarily participates in FFCM services will not have higher levels of ELA/MATH competency than case managed youth whose family does not voluntarily participate in FFCM services.

Changes in the dependent variables (from baseline to mid-school year) of the experimental group were compared to those of the nonequivalent control group which

received no FFCM services. Group mean comparisons determine whether differences exist, and if those differences are statistically significant. Group comparisons also enable examinations of the strength of the relationship between the independent and dependent variables. This quantitative measure of effect size is generally categorized as either small, medium, or large (Rubin & Babbie, 2017). Findings which respond to this second research question will also report on the effectiveness of using the proposed method of school social work practice.

Trustworthiness, Limitations, and Delimitations

This study addressed concerns of trustworthiness by selecting a valid and reliable measurement instrument from the public domain to collect assessment data about family study participants' strengths and needs. Survey questions were also contextualized for the rural community by local residents. Contextualization is intended to reduce the burden of interpretation for respondents by replacing unfamiliar terminology with common language understood by laypersons in their natural, cultural surroundings. Survey respondents are thereby freer to express themselves in their responses to survey questionnaires (Azevedo et al., 2018; National Center for Education Statistics, 2022).

I included a broad age range of youth in the study (Kindergarten–eighth grade or 5–14 years of age) to increase the sample size and the sample's representativeness to the larger population. The varied ages and stages of child development presented opportunities to investigate significant relationships, or covariates, during data analysis. Also, adding the nonequivalent youth case managed control group addressed threats to internal validity by "controlling for the main effects of history, maturation, testing, and

instrumentation" (Campbell & Stanley, 2011, p. 48) and greatly reduced misinterpretations in the cause–effect analysis.

A study's limitations and delimitation naturally constrain its generalizability and potential outcomes. From the onset, the ethical choice to forfeit randomization in favor of a quasi-experimental design weakened the study's generalizability, as does its narrow sample frame of three local school districts in one rural area, and the homogeneity of the sample population. The small sample size, and low likelihood of study participation from families not only threatens external validity, it may also hinder meaningful between group comparisons in the data analysis process. Lastly, secondary datasets can sometimes be vague, lack clarity in defining their contents, and details regarding data collection techniques. However, in this study, the researcher was a major contributor in determining the data required to answer the research questions, the data collection instruments, and the data collection procedures. Thus, classifying the dataset as secondary is a consequence of policy and contractual obligations, the complexity of the cross-agency relationships of the CBPAR project team, and personnel authorized to collect and work with vulnerable youth populations.

Summary

The impetus for the development of this research was families' expressed need for more behavioral health service providers in their rural communities, and greater accessibility to services. The purpose of this study was to investigate the effect of FFCM on rural school students' success using a quantitative approach and quasi-experimental nonequivalent control group design. By using a FIE lens, FFCM elevates the institution of the family, using it as a research unit of analysis, critical to the health and well-being

of families, children, schools, community, and the larger social fabric of society. The effectiveness of FFCM also tested a school social work method of practice by using schools as service hubs for school social workers to connect children and families to needed resources.

Secondary datasets were used to answer the research questions at hand. The secondary dataset containing families' strengths and needs were summarized, using descriptive statistics, to illuminate the environmental risks families encounter in their rural communities. This information was intended to drive policy change and future community development projects for the rural area. The youth secondary datasets contain baseline and end of first trimester school success indicators for an experimental group and a nonequivalent control group. The effects of FFCM were examined using analysis of variances (ANOVA) to determine between group differences, the statistical significance of differences, and the effect size.

Chapter 4: Findings

This chapter reports the findings of statistical analysis for a quasi-experimental nonequivalent control group research design conducted on secondary data provided by three rural school districts and their communities' behavioral health prevention coalition.

O1 - X - O2
O3 O4
. . . . . .
O5

Student data was provided by the school districts before and after the intervention of family-focused case management (FFCM) was applied by the school social work best practices model being piloted in their districts. These data were collected as a routine part of the schools' annual processes. School social work interns, placed with the community coalition to work in the schools, appended the districts' data with family participation data. The characteristics of the sample (n = 95) were determined using descriptive statistics. T-tests and Mann-Whitney U were used to examine the effects of FFCM on students' school success indicators of attendance, behaviors, and competencies in the compulsory courses of English language arts (ELA) and mathematics (MATH). The secondary datasets were imported into the Statistical Package for Social Sciences (SPSS) Version 29 for Windows to conduct the inferential analyses.

Historical Context

In 2014, a rural, nonprofit community coalition tasked itself with the mission of improving the behavioral health and well-being of their local children and families by reducing the prevalence of preventable behavioral health concerns like substance use, anxiety, depression, violence, suicide ideation, low commitment to school, and low academic achievement. An aspect important to achieving their goals was to develop

strategies to deliver prevention programming to reduce their communities' social determinants of health (SDOH) risk factors and increase their protective factors. Through collaborative community action, informed by a community needs assessment, their solution evolved into adding social work services in their rural community using schools as a hub to access those services.

The program they developed created a partnership with their local state funded institution of higher education which placed seven school social work interns in the local elementary schools. The internship placements augmented social work services provided by two contracted workers in the districts' three middle schools paid for by grants awarded to the coalition. The program at the elementary schools piloted a model of school social work best practices, delivering preventative youth and FFCM services for the under resourced rural residents.

Sample Frame and Intervention

The study's sample frame was comprised of students Grade K–8 ($N = 3,244$) across the three districts. The interns were tasked with delivering preventative universal Tier 1, selective Tier 2, and indicated Tier 3 services for elementary school youth and FFCM for parents with children in Grades K–8. The interns' time to work with families and students was limited to 2 days per week (i.e., about 15 hrs./wk.; a full-time equivalency (FTE) of approximately .40). As a part of the schools' normal procedures, each school began the academic year by administering their chosen universal screening tool to identify students at risk of struggling academically due to maladaptive or underdeveloped social/emotional competencies and/or study skills. Two elementary schools routinely used the Student Risk Screening Scale—Internalizing and Externalizing

(SRSS-IE) screener and two used the Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) (Lane et al., 2019; von der Embse et al., 2017).

The SSRS-IE screening tool is completed by students' homeroom teacher. The screener, which is in the public domain, assesses student behaviors in the two broad categories of internalizing and externalizing behaviors. There are seven items in the category of externalizing behaviors: "(a) steal; (b) lie, cheat, sneak; (c) behavior problem; (d) peer rejection; (e) low academic achievement; (f) negative attitude; and (g) aggressive behavior" (Lane et al., 2019, p. 223). Five items assess the category of internalizing behaviors: "(a) emotionally flat; (b) shy, withdrawn; (c) sad, depressed; (d) anxious; and (e) lonely" (Lane et al., 2019), p. 223).

The SAEBRS screener assesses each student in the three broad categories of social, academic, and emotional behaviors (Illuminate Education, 2023; von der Embse, 2017). The 19-item assessment further delineates each category into two subcategories to align with the Collaborative for Academic, Social, and Emotional Learning (CASEL) framework (CASEL, 2023b; Illuminate Education, 2023). Social behaviors are subcategorized as either externalizing behaviors or social skills by six items in the assessment; academic behaviors subcategorize as attention problems or academic enablers by six items; emotional behaviors are subcategorized as internalizing behaviors or emotional competence by seven items (Illuminate Education, 2023; von der Embse, 2017). SAEBRS is not in the public domain and fees for its use are paid to the developer (RAND Corporation, n.d.).

School counselors selected students to work with the school social work interns (n = 95) from those identified as *at-risk* by the universal screeners. As methods of best

practice, interns in the elementary schools were expected to apply their understanding of multisystem practice (MSP), family-in-environment (FIE), and the planned change process (PCP) by reaching out to families of students assigned to their caseload to offer FFCM services. The contracted middle school workers were also asked to refer families from their caseloads. This study examined the effectiveness of those efforts through piloting the model of school social work best practices in the rural districts.

Context for Study Variables

Classic indicators of school success have been attendance and proficiency in the major subject areas of ELA and MATH. These indicators no longer paint a complete picture, though. Research and practice demonstrate social/emotional competencies play an important role in student attendance, academic achievement, and life success (Collaborative for Academic, Social, and Emotional Learning, 2023a; Durlak et al., 2011). Kanopka et al. (2020), found social/emotional competencies, attendance, and academic achievement are related, with losses or gains in social/emotion competencies having a predictive power for losses or gains in attendance and academic improvement. Therefore, for schools across the Commonwealth to achieve the growth expected by Every Student Succeeds Act (ESSA), their best strategy is to improve social/emotional competencies with programming that aligns with successful attendance and academic progress practices (U.S. Department of Education, n.d.a). Despite this knowledge and the expectations of ESSA, the Pennsylvania Department of Education (PDE) still considers the adoption of the social/emotional competencies they developed as optional for each district.

Since 2018, the Commonwealth has published an annual Every Student Succeeds Act (ESSA) report card for the public's view from PDE's website (PDE, 2023a). Students' level of competency in ELA, MATH, and science are disclosed as a means of local educational systems holding themselves accountability to taxpayers. Attendance, educator equity, and cost of public-school education per pupil are some of the other statistics available for review. Information pertinent to this study was gathered in Table 2 for context, comparing the school districts that constituted this study's sample frame to the Commonwealth overall. The omission of social/emotional competencies as an indicator important to students' success could lead some to believe knowledge on the topic is irrelevant or static. Nonetheless, for those that understand their significance, information must be gleaned from other sources.

Table 2

ESSA Report Card Excerpts

ESSA Measures	PA ESSA Report Card 2022	Sample Frame ESSA Report Card 2022
Attendance	81.62%	93.21%
Behaviors	N/A	N/A
ELA		
Below	13.53%	12.39%
Basic	29.95%	30.36%
Proficient	38.88%	44.86%
Advanced	15.19%	12.39%
MATH		
Below	35.19%	31.34%
Basic	26.92%	24.88%
Proficient	21.13%	29.89%
Advanced	14.60%	13.89%

In the area of attendance, Table 2 makes clear the study frame has far greater success as compared to the state. Level of competency in ELA and MATH exceeds the

state level at the point of proficiency, but lags behind slightly at the point of advanced competency. To achieve the federal government's mission of academic excellence, there would need to be steady growth in moving more children toward proficiency and advanced levels of competency; hence, ESSA expectations for growth in each district connects to federal educational goals (U.S. Department of Education, n.d.a, 2011). Inspection of these classic indicators alone could lead residents to think no interventions are needed.

The community's knowledge on SDOH risk factors lead them to think differently. Their concern in the unknown of the unmeasured social/emotional competencies is the impact they have on youth issues like substance use, anxiety, depression, bullying or violence toward others, suicide ideation, low commitment to school, low academic achievement, and the future of their neighborhoods. Their means of monitoring SDOH risks in their communities is the Pennsylvania Youth Survey (PAYS) and surveying families' needs. PAYS has reported steady increases in youth depression rates, low commitment to school, and antisocial behaviors (e.g., bullying and substances use) over the last several years. For example, low commitment to school has ticked up to 63% since 2013, an increase of 12%; attitudes favorable to drug use has increased 7% in the same timeframe, and 43% of youth are reporting early warning signs of depression (Pennsylvania Commission on Crime and Delinquency, 2023). Families' survey responses added to the coalition's concerns as they reported needing help in accessing behavioral services for their children in their rural communities.

The community coalition and local schools partnered over these complex issues surrounding children's social/emotional health because schools also monitor PAYS

reporting. The missions of the districts and the coalition intersected to craft a plan to improve the social/emotional well-being of their communities' children, families, and schools through the school social work internship program. Although the schools' attendance and academic competencies were similar to the state's, SDOH indicators of PAYS were declining, which meant attendance and academic indictors could soon follow (Kanopka et al., 2020). The plan to intervene was the work of a community that cared and prevention science (University of Washington, School of Social Work, 2023).

Protocol Change

Despite a data sharing agreement, the nonprofit contracted by the schools to provide case management service for middle school students was unable to provide data for this study. They cited reasons of employee shortages and high turnover rates. Therefore, the researcher submitted a request for a change in protocol to the Institutional Review Board (IRB). The request was granted prior to beginning the process of data analysis. This change reduced the sample frame to Grades K–5 (N = 1,727). Following the same logic for estimating student and family participation rates, expectations for the number of case managed students was reduced to 172, with family partial participation rates decreased to 43 (or 25% of 172 families invited to engage in the FFCM services) and 10 of those families (25%) following through to meet successful participation criterion. Students assigned to work with the school social work interns by the school counselors (n = 95) were identified as needing additional Tier 2 or Tier 3 services by the schools' universal screening tool(s).

Data Transformations

Data collected for each student totaled 157 items at the lowest level of measure. For example, ELA and MATH were evaluated by the school in up to 20 competencies per course. Behavioral scores from universal screeners were collected at the subscale level and attendance data included days in the trimester, days present, days absent with an excuse, days absent without an excuse, and days absent due to suspension. Attendance, behavior, and grades were computed in Excel, from these lowest levels of measure to composite scores at subscale and grand total levels for (a) benchmark (end of third trimester of the previous year), (b) end of the first trimester of the current year, and (c) progress from benchmark to end of first trimester prior to being imported into SPSS.

The attendance composite was calculated as the number of days in the trimester minus days excused, unexcused, and suspended. Days present was then converted to a percentage (range 0–100%) as each district's trimester did not have an equivalent number of days. District 1 days of instruction was 45, District 2 was 59, and District 3 was 65. As states mandate an equal number of instructional days in an academic year for all public schools, this conversion to percentages may not be necessary for end of year analyses as each district's total should be equal at 180 days.

The three schools also did not use the same universal screeners. One used a risk-based screener with two subscales while the other two used a strength-based screener with three subscales. Without guidance from the literature on a method of comparing the screeners' scores, the researcher inverted the risk screener scores to strengths, weighed each screener's points, then summed the points at both the subscale and grand total level (range = 0–60).

The method of evaluating competencies in ELA and MATH differed as well. Two districts used a 3-point Likert scale approach (making progress toward, approaching, and meeting expectations); the other used a 4-point scale (below, making progress toward, approaching, and meeting expectations). Superintendents and school principals were consulted to ascertain the best means to compare these unequal measures, as the literature did not provide guidance. A process of weighting was selected to transform the competency ratings into a comparable form. Scores were calculated for each course, ELA, and MATH (range = 0–9), then summed to provide a total to represent the outcome variable of grades (range = 0–18).

Mean differences between the intervention and control groups at the end of the first trimester were examined and analyzed for the outcome variables of attendance, behaviors, and grades using SPSS. For this first phase of research, the small sample size did not permit meaningful analysis at the subscale level. Future analysis will examine mean differences at the end of the second and third trimesters. Mean differences of progress in the outcome variables from the end of the third trimester of the previous year to the end of third trimester of the current trimester is planned.

Descriptive Statistics

The paragraphs that follow present the characteristics of the sample from exploring the dataset using SPSS. Frequency distributions for the characteristics of school district, gender, free/reduced lunch status, and grade level are provided. Sample characteristics are described in total and at each level of the independent variable.

Program Use by District

Table 3 describes the frequency distribution of the sample by district. District 2 referred the most students for school social work services at 52.6%, as would be expected given their student population was 44.5% of the sample frame. District 1 and District 3 both referred fewer students to the program than expected, 17.9% and 29.5% respectively, given the percentages they contributed to the sample frame at 19.4% and 36.1%. Table 3 also shows District 3 was the primary user of the FFCM component of the school social work internship program with 10 families participating to gain access to needed resources and services. The time the interns dedicated to these 10 families may have also impacted the number of students they were able to add to their caseloads.

Table 3

Frequency Distribution by District

District	Sample frame	Sample		No family participation		Partial family participation	
	N	*n*	%	*n*	%	*n*	%
1	19.4%	17	17.9	16	16.8	1	1.1
2	44.5%	50	52.6	48	50.5	2	15.4
3	36.1%	28	29.5	18	18.9	10	76.9
Total	100.0%	95	100.0	82	86.3	13	13.7

Program Use by Grade

Each of the three school districts structured their elementary, middle, and high schools differently. District 1 elementary school(s) included Grades K–3. District 2's elementary school(s) served Grades K–4, and District 3's elementary school(s) encompassed Grades K–5. Table 4 describes the frequency distribution of the sample by grade level. Further inspection of the frequencies by grade level shows the number of families that participated in services was higher when children were younger. A total of

10 families with a child in Grades K–2 participated in services while 3 families with a child in Grades 3–5 participated. Yet, the percentage of the sample of students referred to the school social work program for Grades K–2 (50.5%) was nearly the same as the number of students referred to the program from Grades 3–5 (49.5%).

These statistics may indicate initiatives to change the rural social norm of families not exercising help-seeking behaviors for themselves or their children should begin early, such as when children are just entering the school system at the Pre-K or kindergarten

Table 4

Frequency Distribution by Grade

Grade level	Total sample		No family participation		Partial family participation	
	n	%	*n*	%	*n*	%
Kindergarten	16	16.8	11	11.6	5	5.3
1	22	23.2	21	22.1	1	1.1
2	10	10.5	6	6.3	4	4.2
3	22	23.2	21	22.1	1	1.1
4	19	20.0	18	18.9	1	1.1
5	6	6.3	5	5.3	1	1.1
Total	95	100.0	82	86.3	13	13.7

level and while they are still most dependent in Grades 1 and 2 (Girio-Herrera & Sarno Owens, 2017). Extending this concept to rural community health, having proactive, preventative social work services available from pediatrician's offices could also benefit SDOH risk reduction efforts by offering intermittent phone calls to connect and check-in with young parents or grandparents raising their grandchildren.

Program Use by Free/Reduced Lunch Status

Free/reduced lunch status is often used as a characteristic to describe the use of school programs as it demonstrates the disadvantage socioeconomic status can create for

families and their children. From physical health to academic achievement, income and overall well-being correlate (Robert Wood Johnson Foundation, 2022; University of Wisconsin, Population Health Institute, 2022). Table 5 supports this correlation as students referred to the school social work program were more likely to also be eligible for free/reduced lunch (57.9%) than those that were not (41.1%), a difference of 16.8%. Referring back to the rural area's sample frame population characteristics (see Table 1), the average household income of families with children was $90,146, families receiving SNAP benefits was 8.6%, families with an income below the poverty line was 8.1%, and female head of household was 16.7%.

Table 5

Frequency Distribution by Free/Reduced Lunch Status

Free/reduced lunch	Total sample		No family participation		Partial family participation	
	n	%	*n*	%	*n*	%
No	39	41.1	36	37.9	3	3.2
Yes	55	57.9	45	47.4	10	10.5
Unknown	1	1.1	1	1.1	0	0.0
Total	95	100.0	82	86.3	13	13.7

Program Use by Gender

The frequency distribution of the sample by gender was an important characteristic to examine, especially in this post-COVID-19 era. The *Morbidity and Mortality Weekly Report* published by the U.S. Department of Health and Human Services noted a "31% increase in the proportion of mental health-related emergency department (ED) visits occurred among adolescents aged 12-17 years in 2020" (Yard, 2021, p. 888). The female rate increase was pronounced, 50.6% higher in the winter of 2021 than the winter of 2019; males' rate of increase in the same time period was 3.7%

(Yard et al., 2021). As Table 6 shows, boys were referred for services at a rate more than twice that of girls, and families were five times more likely to become involved with the school social work intern when their sons were recommended for services than their daughters.

Table 6

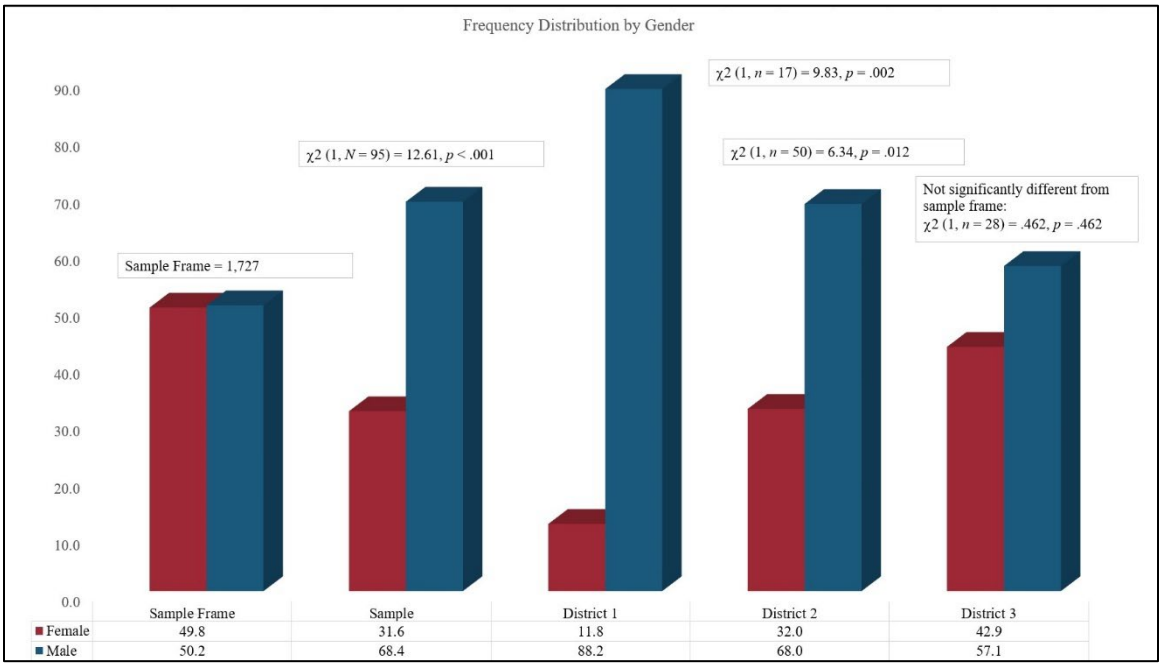
Frequency Distribution by Gender

Gender	Total sample		No family participation		Partial family participation	
	N	%	*n*	%	*n*	%
Female	30	31.6	28	29.5	2	2.1
Male	65	68.4	54	56.8	11	11.6
Total	95	100.0	82	86.3	13	13.7

This gendered disproportionality of students selected for services, as compared to the sample frame, guided a decision to further investigate the significance of the circumstance. Data were analyzed using a one-way $\chi 2$. Percentage by gender, of the study sample and the subsets of the sample by school district, was expected to reflect that of the sample frame (female = 49.8%; male = 50.2%) as prior research indicates behavioral health concerns occur in equal proportions across genders (Dalsgaard et al., 2020; Martin & Hadwin, 2022; Rapaport & Silver, 2022). Yet, observed frequencies differed significantly from expected frequencies for the sample, $\chi 2$ (1, $N = 95$) = 12.61, $p < .05$, District 1 $\chi 2$ (1, $N = 95$) = 9.83, $p < .05$, and District 2 $\chi 2$ (1, $N = 95$) = 6.34, $p < .05$. District 3 did not differ significantly $\chi 2$ (1, $N = 95$) = 5.40, $p = .462$. Figure 3 organizes the $\chi 2$ comparisons as a bar chart.

Figure 3

Statistical Significance of Gender Disproportionality



Note. Gender proportions of the sample included 31.6% female students and 68.4% male students (compared to the sample frame proportions of 49.8% and 50.2% respectively). District compositions reflected (a) 11.8% female students and 88.2% male students in District 1, (b) 32.0% female students and 68.08% male students in District 2, and (c) 42.9% female students and 57.1% male students in District 3.

The implications of girls' behavioral health concerns remaining unnoticed and unaddressed may indicate a need for further education for school system personnel in recognizing symptoms of internalizing behaviors: depression, acts of self-harm, and suicide ideation. In addition to the risk of a girl's loss of life, without the skills to manage disappointments and setbacks, girls could fall into a pattern of repeated depressive episodes over her life course. In turn, maternal depression becomes a risk factor for children. Exposure to maternal depression has been associated with developmental delays

in social competence, emotional maturity, physical health, and well-being—especially for children five years of age and younger (Wall-Wieler et al., 2020).

Readiness for Change

Table 7 follows to provide the frequency of the barrier to more fully implementing FFCM. This information is summarized by reason code and from the perspective of the school social work interns. Reasons for not implementing FFCM were (a) worker readiness, (b) family readiness, or (c) school readiness. The most common reason for lack of family participation was time to initiate the relationship from the hub of the school (69.5%). Work with students filled the interns' days with the delivery of tiered services with little time left to reach out to families. In the cases where outreach to families was initiated, 61.9% engaged positively with the worker. Had this statistic held for the 66 families not contacted, another 41 families may have been connected to resources and services that would have benefitted their family's functioning.

It should also be noted that some of the interns worked with families whose child was not selected for case managed school services or the child's services were provided by the school counselor. This situation was not anticipated by the researcher, therefore there was no data captured to generate reporting on these occurrences. The impetus for these cases was generally caused by the family unexpectedly finding themselves in need of some type of immediate assistance. The duration of these helping relationships was sometimes brief, sometimes paused and repeated, or sometimes endured over the entire school year.

Table 7

Frequency Distribution by Readiness for Change Reason Code

Readiness for change reason	Total sample		No family participation		Partial family participation	
	n	%	*n*	%	*n*	%
Worker readiness	8	8.4	8	8.4	0	0.0
Family readiness	21	22.1	8	8.4	13	13.7
School readiness	66	69.5	66	69.5	0	0.0
Total	95	100.0	82	86.3	13	13.7

Conditions of Intervention

The characteristics of the sample's intervention process are detailed in Tables 8–12, which follow. As a brief overview, the time students identified as needing additional support services spent in intervention each week varied from a minimum of 20 minutes to a maximum of 60 minutes (see Table 8). Most students received group level interventions (Tier 2 supports, see Table 9, *n* = 78 or 82.1%) for 30 minutes per week (see Table 10, *n* = 80 or 84.2%). For some students, a second Tier 2 intervention was chosen (see Table 11, *n* = 31 or 32.7%), for an additional 30-minute time period per week (see Table 12, *n* = 29 or 30.5%).

In the case of this study, universal screening tools were used to identify students who would benefit from additional support services to develop competencies in academic, social, and/or emotional skills. Students determined to be at risk, according to their scores on the screener, were matched to one or more interventions to develop skills in their areas of need. The schools' standard practice was to delivery interventions without pre- or post-testing, setting specific goals for finite skills/competencies development, nor having a means to track progress, or evaluate formative or summative outcomes. Again, it must be noted, desire in the school system was not the issue; time,

tools, staffing, teamwork, behavioral health prevention expertise, proficiency in data analysis, and lags in the translation of research to practice were all barriers.

Detailing Conditions of Intervention

Time students spend in intervention each week to develop social/emotional skills is an important factor that effects the success of school goals to support students, as is the tier of services, and whether evidence-based or evidence informed practices are used (Lawson et al., 2019). To capture these details, data collected included: (a) total time spent in intervention, (b) tier level of primary intervention, (c) time spent in the primary intervention, (d) tier level of secondary intervention (if applicable), and (e) time spent in the secondary intervention (if applicable). As Table 8 shows, total time spent in intervention each week ranged from 20–60 minutes. The majority of children selected for

Table 8

Frequency Distribution: Total Time in Interventions Per Week

Total time in interventions per week	Total sample		No family participation		Partial family participation	
	n	%	*n*	%	*n*	%
20 Minutes	2	2.1	0	0.0	2	2.1
30 Minutes	66	69.5	60	62.5	6	6.3
40 Minutes	1	1.1	0	0.0	1	1.1
45 Minutes	2	2.1	1	1.0	1	1.1
60 Minutes	22	23.2	21	21.9	1	1.1
Unknown	2	2.1	0	0.0	2	2.1
Total	95	100.0	82	85.4	13	13.7

additional supports spent 30 minutes per week in intervention (69.5%). Nearly one quarter of the sample (23.2%) spent 60 minutes per week in intervention.

By far the most common primary intervention delivered by the school social work interns was Tier 2, or group level, interventions (82.1%; see Table 9). Topics of the group

interventions included grief and loss, family changes, emotional regulation, and anger management. Children were assigned to topic area group interventions according to their universal screening results and team meetings with various school personnel. The team approach to choosing interventions provided a fuller picture of the child and their behaviors across various social settings and contexts. Team members included the school counselors, teachers, behavior specialists, and sometimes parents. The school social work interns were often invited to attend the meetings too, if they were occurring on a day the interns were present and available.

Table 9

Frequency Distribution: Tier Level of Primary Intervention

Primary intervention tier	Total		No family participation		Family participation (no assessment)	
	n	%	*n*	%	*n*	%
Tier 2	78	82.1	72	75.0	6	6.3
Tier 3	16	16.8	10	10.4	6	6.3
Unknown	1	1.1	0	0.0	1	1.1
Total	95	100.0	82	85.4	13	13.7

As depicted in Table 10, primary interventions most often lasted 30 minutes (84.2%). In some schools, the interns were expected to create their own evidence-informed curriculums using cognitive behavior strategies, dialectic behavior therapy techniques, or more creative methods such as art and journaling. In other schools, manualized evidence-based curriculums were used, although fidelity to model was not necessarily followed due to constraints on the students' time away from academic instruction (Lawson et al., 2019). In one instance, an evidence-based curriculum was used, but augmented with games to keep the youngest of students interested in

participating in the intervention. For all the schools, pre- and post-testing to determine the effectiveness of the intervention in building a particular skill or competency was not a routine part of the process. It should also be noted that time to gather the students and return them to their classroom decreased the actual time in intervention. For example, a 30-minute intervention would be decreased to about 20 minutes due to losing 5 minutes in collecting group members from their classrooms, transitioning them to another location, then returning them to their classroom.

Table 10

Frequency Distribution: Time Spent in Primary Intervention Each Week

Time in primary intervention	Total		No family participation		Family participation (no assessment)	
	N	%	*n*	%	*n*	%
15 minutes	3	3.2	2	2.1	1	1.1
20 minutes	2	2.1	0	0.0	2	2.1
30 minutes	80	84.2	74	77.1	6	6.3
40 minutes	1	1.1	0	0.0	1	1.1
Unknown	9	9.5	6	6.3	3	3.2
Total	95	100.0	82	85.4	13	13.7

Table 11 shows the majority of students (67.4%) did not participate in both primary and secondary interventions. For those that did (31.6%), Tier 2 or group level interventions were again used most often by the school social work interns. The same types of topics and means of intervening were used for secondary intervention as for primary.

Table 11

Frequency Distribution: Tier Level of Secondary Intervention

Secondary intervention tier	Total		No family participation		Family participation (no assessment)	
	n	%	*n*	%	*n*	%
Tier 2	30	31.6	27	28.1	3	3.2
Tier 3	1	1.1	1	1.0	0	0.0
None	64	67.4	54	56.3	10	10.5
Total	95	100.0	82	85.4	13	13.7

Time spent in a secondary intervention was most frequently 30 minutes (30.5%), as Table 12 demonstrates. As noted, in regard to primary interventions, approximately one-third of the time dedicated to the student for intervention was lost due to transitions. Space was also a constraint in the schools. Group interventions were often delivered at tables in quiet hallways because classroom space was not available.

Table 12

Frequency Distribution: Time Spent in Secondary Intervention Each Week

Time in secondary intervention	Total		No family participation		Family participation (no assessment)	
	N	%	*n*	%	*n*	%
15 Minutes	1	1.1	1	1.0	0	0.0
30 Minutes	29	30.5	26	27.1	3	3.2
60 Minutes	1	1.1	1	1.0	0	0.0
None	64	67.4	54	56.3	10	10.5
Total	95	100.0	82	85.4	13	13.7

Examining Study Variables

An initial exploration of the raw means differences of the study's outcome variables (attendance, behaviors, and grades) found positive change in three areas:

- On average, at the end of the first trimester, youth whose parents voluntarily participated in FFCM attended school a greater percentage of the time than youth whose parents did not voluntarily participate in FFCM
- On average, youth whose parents voluntarily participated in FFCM had greater improvement in attendance than youth whose parents did not voluntarily participate in FFCM
- On average, youth whose parents voluntarily participated in FFCM had greater improvement in positive social/emotional behaviors than youth whose parents did not participate in FFCM.

The relevance and meaning of these raw means differences can of course be interpreted differently depending on the circumstances, history, and context that surround those that are examining the information. Without predefined goals, agreed upon by local stakeholders, conclusions cannot be drawn from the comparisons. The areas where positive change was observed are denoted with an asterisk in Table 13.

In examining the variables to ensure the assumptions for parametric testing were met prior to data analysis, tests for normality were significant for several study variables, however; Q-Q plots, skewness, and kurtosis statistics indicated violating the assumption of normality was not a concern (Kent State University, 2023; Northern Arizona University, n.d.; Thomas, 2013). Furthermore, *t*-tests and *F*-tests have been shown to remain robust amid conditions of nonnormality that are not extreme (skewness and kurtosis $\leq \pm 3.0$; Blanca et al., 2017). Levene's test for equality of variances was significant for the dependent variable (DV) representing school attendance, but not for the other DV's. The small number of cases at the independent variable (IV) level of

Table 13

Cursory Examination of Between Group Mean Difference

DV	IV	*n*	Min.	Max.	*M*	*SD*
Attendance (end of Trimester 1)	No family participation	80	82.2	100	95.654	4.6035
	Family participation (no assessment)	13	80.4	100	95.663*	6.8284
Behaviors (end of Trimester 1)	No family participation	29	0	48	25.59	16.258
	Family participation (no assessment)	2	10	25	17.54	10.556
Grades (end of Trimester 1)	No family participation	76	6.8	18	14.574	2.877
	Family participation (no assessment)	9	7.5	14.1	11.439	2.2173
Attendance improvement	No family participation	61	-15.6	16.9	0.872	6.1224
	Family participation (no assessment)	8	-11.1	12.3	1.619*	8.0028
Behaviors improvement	No family participation	27	-27	9	-3.628	10.0684
	Family participation (no assessment)	2	-3.1	7	1.926*	7.1753
Grades improvement	No family participation	57	-5.7	4.5	-0.41	1.9133
	Family participation (no assessment)	8	-5.9	2.3	-1.269	2.5548

Note. An asterisk denotes observed positive change in the raw means difference for the study's outcome variable.

family participation for the DV of behaviors ($n = 2$) and behavior difference ($n = 2$) precluded the use of parametric testing for these DV's. Results of testing parametric assumptions and final determinations for testing the study's hypotheses are summarized in Table 14.

Table 14

Results of Testing Parametric Assumptions

DV	IV	*n*	Skewness	Kurtosis	Normality	Levene's test significance	Hypothesis testing
Attendance	No family participation	80	-1.281	1.252	< .001	0.035	Mann-Whitney U
	Family participation (no assessment)	13	-1.42	0.788	< .001		
Behaviors	No family participation	29	-0.538	-1.282	0.001	0.246	Mann-Whitney U
	Family participation (no assessment)	2	n/a	n/a	n/a		
Grades	No family participation	76	-0.706	-0.176	0.012	0.294	*t* test
	Family participation (no assessment)	9	-0.628	-0.439	0.64		
Attendance improvement	No family participation	61	-0.183	0.881	0.017	0.297	*t* test
	Family participation (no assessment)	8	-0.296	-0.786	0.772		
Behaviors improvement	No family participation	27	-1.021	0.394	0.077	0.548	Mann-Whitney U
	Family participation (no assessment)	2	n/a	n/a	n/a		
Grades improvement	No family participation	57	0.103	0.898	0.095	0.364	*t* test
	Family participation (no assessment)	8	-0.826	0.752	0.285		

Note. For measures of normality, Kolmogorov-Smirnov significance levels were used for distributions in which $n > 50$. Shapiro-Wilk significance levels were used to determine normality for distributions in which $n < 50$.

Research Question 1

Families' Perspectives of Community Needs

There were no families of case managed children willing to voluntarily participate in the community needs assessment in the first trimester (M = 56.3 days) of the academic school year. The literature review offered potential reasons for this circumstance as Sheridan et al. (2017) found stigma around behavioral health concerns is more pronounced in rural areas. Therefore, parents exercise fewer and less frequent help-seeking behaviors for themselves, or their children as small-town life offers less privacy (Sheridan et al., 2017). Additionally, lack of family participation was influenced by lack of time to initiate relationships with families (n = 66, 69.5%, see Table 8). Work with students filled the interns' days with the delivery of tiered services with little time left to reach out to families. The addition of the new school social work program and services in the elementary schools was communicated to families through the schools' newsletters and by distributing brochures at community events, but social norms can be slow to change small town environments. Data was collected from a few families in the second and third trimesters and will be reported in the next phase of this longitudinal community-based participatory action research (CBPAR) project. Thus, at this point in the research process, the communities' first research question remained unanswered: *What conditions do families perceive as being supportive or detrimental to their family's functioning*?

Research Question 2

Hypothesis Testing

The community's second research question, *what effect does FFCM have on rural school students' success*, was answered by a series of hypothesis tests as determined by the previously mentioned results of testing parametric assumptions. The effect of FFCM on attendance, behaviors, and grades follow. The degree of improvement between groups across the study's dependent variables was planned for the next phase of research at the end of the academic year. Should sample sizes allow, improvement at the subscale level will also be examined. Cursory results testing improvement were offered here as additional information.

Attendance

A Mann-Whitney U was used to test the first hypothesis:

***H*₁:** Case managed youth whose family also voluntarily participates in FFCM services will have higher levels of attendance than case managed youth whose family does not voluntarily participate in FFCM services.

***H*₀:** Case managed youth whose family also voluntarily participates in FFCM services will not have higher levels of attendance than case managed youth whose family does not voluntarily participate in FFCM services.

Results of Mann-Whitney U indicated case managed youth whose family also voluntarily participated in FFCM services (*Mdn* = 100.00) did not have significantly higher levels of attendance than case managed youth whose family did not voluntarily participate in FFCM services (*Mdn* = 96.670), $U = 614.0$, $p = .289$). Therefore, the null hypothesis must be accepted; case managed youth whose family voluntarily participated in FFCM

services did not have higher levels of attendance than case managed youth whose family did not voluntarily participate in FFCM services. SPSS outputs of the Mann-Whitney U test are provided in Appendix D (see Table D1, Table D2, and Figure D1). Figure D2 and Table D3, also in Appendix D, report the mean rank comparison of the two groups: case managed youth whose family voluntarily participated in FFCM (M = 95.663, SD = 6.8284) and case managed youth whose family did not voluntarily participate in FFCM (M = 95.654, SD = 4.6035).

As additional information, attendance improvement was analyzed using an independent-samples t-test. Family participation did not affect case managed youth attendance improvement, $t(67) = -.313$, $p = .755$.

Behaviors

A Mann-Whitney U was also used to test the second hypothesis:

> ***H*₂:** Case managed youth whose family also voluntarily participates in FFCM services will have higher levels of social/emotional behaviors than case managed youth whose family does not voluntarily participate in FFCM services.
>
> ***H*₀:** Case managed youth whose family also voluntarily participates in FFCM services will not have higher levels of social/emotional behaviors than case managed youth whose family does not voluntarily participate in FFCM services.

Results of Mann-Whitney U indicated case managed youth whose family also voluntarily participated in FFCM services (Mdn = 17.54) did not have significantly higher levels of social/emotional behaviors than case managed youth whose family did not voluntarily participate in FFCM services (Mdn = 32.00), $U = 19.0$, $p = .473$. Therefore, the null hypothesis must be accepted; case managed youth whose family voluntarily participated

in FFCM services did not have higher levels of social/emotional behaviors than case managed youth whose family did not voluntarily participate in FFCM services. SPSS outputs of the Mann-Whitney U test are provided in Appendix D (see Table D4, Table D5, and Figure D3). Figure D4 and Table D6, in Appendix D, report the mean rank comparison of the two groups: case managed youth whose family voluntarily participated in FFCM services (M = 17.54, SD = 10.556) and case managed youth whose family did not voluntarily participate in FFCM (M = 25.59, SD = 16.258).

As additional information, behavior improvement was analyzed using Mann-Whitney U. Results indicated case managed youth whose family also voluntarily participate in FFCM (Mdn = 1.926) did not have significantly higher levels of social/emotional behavior improvement than case managed youth whose family did not voluntarily participate in FFCM services (Mdn = 0.000), U = 35.0, p = .542.

Grades

An independent samples t test was used to test the third hypothesis:

***H*₃:** Case managed youth whose family also voluntarily participates in FFCM services will have higher levels of ELA/MATH competency than case managed youth whose family does not voluntarily participate in FFCM services.

***H*₀:** Case managed youth whose family also voluntarily participates in FFCM services will not have higher levels of ELA/MATH competency than case managed youth whose family does not voluntarily participate in FFCM services.

Case managed youth whose family also voluntarily participated in FFCM services (M = 11.439, SD = 2.217, n = 9) did not have significantly higher levels of ELA/MATH competency than case managed youth whose family did not voluntarily participate in

FFCM services ($M = 14.574$, $SD = 2.877$, $n = 76$), $t(83) = 3.15$, $p = .002$, $d = 2.82$. Therefore, the null hypothesis must be accepted; case managed youth whose family also voluntarily participated in FFCM did not have higher levels of ELA/MATH competency than case managed youth whose family did not voluntarily participate in FFCM. SPSS tables of group statistics, independent samples test, and effect sizes are provided in in Appendix D (see Tables D7, D8, and D9, respectively.

As additional information, improvement in grades was analyzed using an independent-samples *t* test. Family participation did not affect case managed youth grades improvement, $t(63) = 1.141$, $p = .258$.

Summary

This chapter presented the quantitative findings of inferential statistical analysis of the effects of FFCM on rural students' ($n = 95$) school success using the nonparametric test of Mann-Whitney U for attendance and social/emotional behaviors, and the parametric *t* test for grades. For each of the three dependent variables, after one trimester ($M = 56.3$ days) of school social work interns being placed in the schools, case managed students whose family voluntarily participated in FFCM did not significantly differ from their case managed peers whose family did not voluntarily participate in FFCM. The small sample size and short time frame likely contributed bias to these results. It should also be noted that the coalition used goal attainment scaling to set a proximal goal for a reversal of the upward trends in PAYS data in 3 years. And a distal goal for progress after 6 years of program implementation. Change in SDOH risk factors is not easy work nor does it happen quickly in school or community environments.

Barriers to Best Practices

The interns part-time status and the number of students in need of Tier 2, Tier 3, or de-escalation interventions both diminished their capacity to work from the FIE perspective in implementing the model's first best practice of meaningful engagement through FFCM services. Work with families was intended to gain an understanding of the environmental risks and protections in the local community through the lived experiences of diverse family forms. Then recursively, the voices of those families are empowered to effect changes in their environments that support the health and well-being of all their family members.

The number of families successfully participating (completing an assessment and participating in goal setting activities) in FFCM services ($n = 0$), as compared to the number of families connected to a resource or service ($n = 13$), and the number of children served in the school setting by the interns ($n = 95$) represents the magnitude of lost opportunities for effective, efficient planned change at every system level. Understandably, faced with an overwhelming number of students in need of higher-level services and a shortage of provider hours, schools are continually forced to make difficult choices that are not optimal for children, families, or breaking the cycles of unmet needs in rural communities.

Despite school support for the project goals and ascribing to its aims to improve family functioning, a triage type of decision making prioritized the needs of students, and effectively waitlisted families—except for those reaching out to the school due to crisis. This state of overwhelm impeded the schools in this case from developing teams, setting goals for change, and moving to a state of readiness that responds in healthy ways that

encompass both student-centered perspectives and a FIE perspectives. Lack of school readiness blocked 66 families from exercising self-determination in choosing or declining services. The school social work interns connected with 21 families to offer services. Thirteen families engaged positively and continued to build rapport with the interns. Eight families stated they had no needs beyond the additional services their child was receiving in school. Thus, 61.9% were open to building and maintaining a relationship with the school social work intern. Using that rate, an additional 41 families (61.9% of the 66 families that were not contacted) may have benefitted from the school social work-home connection in concrete ways but were not given the opportunity. These study statistics demonstrated one of the potential unintended consequences of legislators' and schools' rational choices: having no new relevant local data from the perspective of families to guide the coalition's SDOH work. Essentially, keeping the community stuck in the wheel of misfortune it desperately wants to escape.

Findings from this first phase of research, and larger CBPAR project goals to reduce SDOH risk factors in rural communities using a best practice model of school social work practice, builds a framework for discussions about social work practice with schools. Policies, from national to local, affect this work. The best practices model brings equal focus to child, family, and community systems, as MSP intends. It highlights the importance of unified, collaborative goals, the family unit, the practice of upstream prevention to alleviate rather than treat lifelong behavioral health conditions and completing the PCP with legislative advocacy to influence policy. It focuses on the foundational social work philosophy of looking at issues from the perspective of the environments from which they manifest, and the policy changes and funding needed to

improve milieus and bring SDOH and their consequent of adverse childhood experiences (ACEs) to extinction.

Importantly, this study's evidence of the school social work interns spending the majority of their time delivering Tier 2 and Tier 3 services while also attempting to engage families, rather than implementing universal Tier 1 prevention, responds to the request from *Assessing the National School Social Work Practice Model: Findings from the Second National School Social Work Survey* for research which deepens "our understanding of the barriers that still pervade the field that create this disconnect" (Kelly et al., 2016, p. 26). The colliding forces of the Individuals with Disabilities Education Act (IDEA) expansions and the COVID-19 global pandemic exponentially increased the need for social workers in school settings without funding to answer that call for children. In Pennsylvania, where there are far too few school social workers able to implement best practices due to poor provider–student ratios, the profession is being paid a disservice by lack of funding to correct the structural deficit. The profession's foundational perspectives, principles, and practices can unravel the disarray this new high need post-COVID-19 era has brought, but not at ratio of 1 worker per 3,416 students. Creating teams of professionals from higher education schools of social work and intermediate units (IU) in the Commonwealth to develop a structure, easily communicated practice principles, a clear professional identity, innovative tools, and resources for use by individual districts would be a benefit beyond measure for children and the profession; much more efficient and effective than expecting 500 districts to develop these assets on their own.

Chapter 5: Analysis, Interpretations, and Synthesis

This chapter offers deeper interpretations, analysis, and synthesis of this study's findings. It reexamines the research questions in the light of new results and learning that occurred while piloting the proposed model of school social work best practices. The model was built to disrupt cycles of unmet need in rural communities through school-based work with families—the pivotal social institution critical to successful multisystem transformation. Yet, far too often, families' voices are missing from discussions that select and prioritize targets for change. Accordingly, this analysis is presented from the foundational social work family-in-environment (FIE) lens, and the discipline spanning theoretical frameworks that were integrated to guide the formation of the research questions and the construction of the model: family ecological theory, Schwartz theory of basic human values, and transformative learning theory.

Discussion sections begin with specificity as they apply to the research questions and this pilot study, then extend to offer potential meaning to broader society. The chapter concludes with a synthesis of the results organized by the intersecting points of analysis of the supporting theoretical frameworks. Conclusions and recommendations are offered in the subsequent chapter and in the traditional format which highlights the natural, progressive nature of positive change over time: research, policy, practice, and continuous learning that broadens perspectives and furthers human development across contexts and life courses.

Points of Analysis

The formal and experiential learning that occurs from an in-depth study of a social phenomenon can be quite sweeping, and always goes beyond merely reporting

results. Inevidably, human nature calls on the mind to interrupt and give meaning to the processes and outcomes experienced both explicitly and implicitly. Using specific points of analysis to direct the synthesis of these mental activities can inform decisions as to whether further responses are necessary and, if so, what type of response is most appropriate. To answer those questions for this study, synthesis is focused on three main points of analysis: values in action, goal setting and teamwork, and policy change.

Values in Action

Disrupting cycles of unmet needs in rural communities means reducing social determinants of health (SDOH) risk factors that act as barriers to equitable availability and accessibility to resources, such as public-school education, employment, healthcare, housing in safe neighborhoods, and seats at decision-making tables. To improve equity, all voices must be valued. The barriers people encounter in their lives must be heard, and the means they suggest for removing them must be acknowledged. Hence, social interactions must purposefully shift from status quo hierarchical and exclusionary to inclusionary. Those experiencing the problem should direct recommendations for fruitful change. Including every size system and all population subgroups is teamwork and a precursor to successful change that improves equity in all its forms. Schools have the potential to become a central hub where those interactions can occur. Indeed, the U.S. Department of Education set goals for schools to become more inclusive through high levels of meaningful engagement with families and the community as research links these relational activities to increased student academic achievement that subsequently predicts a more engaged citizenry, a future of stable employment, social mobility, and greater health and well-being outcomes (U.S. Department of Education, 2013).

Research Question 1: Realities of Social Work Practice with Schools

The best practice model of social work with schools was designed to facilitate the propagation of this federal education goal at the local level. Still, no responses were collected to respond to the first research question, *what conditions do families perceive as being supportive or detrimental to their family's functioning*. Why? Because lack of government funding to appropriately staff schools with social workers caused inappropriate provider–student ratios which impeded community-school partnerships from moving federal education's goals of meaningful family engagement and academic excellence forward. In the following sections, the efforts put forth by the local community and the consequences of the provider shortages are detailed.

By the Numbers

One highly regarded skill of social work professionals is facilitating healthy social interactions between various sized systems in an array of social environments. In the case of this study, seven master's level students were presented with the opportunity to gain competency in this skill by initiating meaningful social interactions with families. From the hub of rural schools, and in the role of school social work intern, their overarching goal was to pilot a school social work best practices model with family-focused case management (FFCM) as one of its key intervention practices. This modality of practice uses the FIE perspective to give voice to families, credence to the barriers they face, and input into community multisystem practice (MSP) action plans to remove those barriers using the planned change process (PCP). Families are supported as they exercise their value of self-determination, the equivalent of Schwartz's value of self-direction (Schwartz & Cieciuch, 2016).

Over the course of the first of two 15-week semesters, the interns provided 1,661.5 hours of service to the children, families, schools, and communities of this study on behalf of the community coalition as their host agency and the school in which they were placed. Using the Independent Sector's (2021) valuation of volunteers' time, their hours contributed an additional $49,762 of effort to the coalition's mission to reduce SDOH risk factors in their rural area. Moreover, the national need in the workforce shortage of certified school social workers was addressed as the interns were able to complete their educational requirements for the school social work certificate program with field placements in under resourced rural school settings.

Working as a team, and independently, the interns supported each other's learning and experiences as the first school social workers in their respective school of placement—a scenario they may likely experience again should they seek future employment in Pennsylvania where few districts employ certified school social workers at appropriate ratios in each school building. Their field supervisor was a licensed social worker with experience in community practice and their task supervisor was the school counselor. Not uncommonly, role, function, agency, power dynamics, school culture, and lack of local resources were frequent topics of discussion for the interns at weekly team meetings. These same topics are also frequently discussed in the literature because of their ability to either facilitate or impede competent transdisciplinary practice and change initiatives (Branson, 2019; Chico, 2021; Crutchfield et al., 2020; Frey et al., 2012; Gherardi & Whittlesey-Jerome, 2018; Kelly et al., 2016; Marshall, 2021; Phillippo et al., 2017; Sagen, 2018; Stalnecker, 2020; Thompson, 2021). Developmentally, broader world views often unite people and professions around the topics of inequitable distribution of

resources and the policies that uphold these practices while narrower world views promote competition over collaboration (Christian & Jhala, 2015; Cook-Greuter, 2004; Cranton, 2016; Drago-Severson & Blum-DeStefano, 2017; Kegan, 1997; Kegan & Lahey, 2016; Loevinger, 1998).

History Repeats

Contemporary school social work practitioners, however, have an even graver condition that influences the effectiveness of the services they deliver. Not unlike past experiences of educators, medical professionals, or natural disaster responders, current school social worker to student ratios set the stage for failure, not success. Regardless of profession, whenever a small number of practitioners serve a high number of people with complex needs, concerns regarding the quality and effectiveness of services are raised. The situation is often cited as a detriment to the health and well-being of both providers and service recipients.

Teachers' unions and educational research has kept this issue in focus for the American public since the Civil Rights era when diversity and classroom size threatened students' success and accelerated educator burn-out (Graham, 2009). During the pandemic, evening news broadcasts routinely reminded the nation of the overwhelm the medical community felt as too few providers attempted to care for far too many patients with high levels of need. They simply could not meet the demands before them, and lives were lost as a result. To break cycles of unmet need, this same clarion call must now be made on behalf of current and future school social workers and the children and families they serve.

In this post pandemic time, the expectation that schools can move students from crises and high levels of need to stability without appropriate provider–student ratios is simply unrealistic. School social workers, counselors, nurses, and teachers are no longer working with the past's level or number of students in need. This is a whole new higher need era; one that is expected to grow in number over time as the pandemic's traumatic events continue to surface as maladaptive behaviors and compound with historical rural and racial inequities (Annie E. Casey Foundation, 2020; Cedars Sinai, 2020; Mader, 2021). This new era requires compassionate professional services that are united, transdisciplinary team approaches staffed to appropriately meet the needs of children and families. As the landmark adverse childhood experiences (ACEs) study revealed, the mere passage of time is not enough to stave off poor health and well-being outcomes for those individuals who carry the weights of unresolved traumas (U.S. Department of Health & Human Services, n.d.). As Mader (2021) submitted in *The Hechinger Report*, the science and the know how to help children and families exists, "but will we do it?" (para. 1). Mader's (2021) question seems a pointed challenge to put the values of self-determination and universalism into action by matching goals set to engage families and educate the whole child with funding for the resources required for their equitable achievement (Schwartz & Cieciuch, 2016).

Reevaluating the Costs of No Care

In the Commonwealth of Pennsylvania, where this study was conducted, the school social worker to student ratio of one worker per 3416 students drastically exceeds the National Association of Social Workers (NASW) recommendation of one worker per 250 general education students (Chico, 2021; NASW, 2023). This 1:250 ratio is often

quoted in conversation and cited in the literature, but the very next sentence in the standards of practice manual (which is now more than a decade old) is not. It says, "When a school social worker is providing services to students with intensive needs, a lower ratio, such as 1:50, is suggested" (NASW, 2012, p. 18). Although not as extreme as the circumstance of school social workers, the American School Counselor Association ([ASCA], 2023) reports Pennsylvania's current ratio of one worker per 348 students also exceeds their recommended threshold of one worker per 250 students by nearly 40%.

The Education Law Center, a legal advocacy nonprofit in Pennsylvania, reported the number of children with individual education plans has risen 14% since NASW published its standards of practice (Education Law Center [ELC], 2022). Meanwhile, state government funding for these special education needs dropped 11% over the last decade (ELC, 2022). By 2020, the annual lost revenue to schools totaled $551 million, funds which could have supported students by paying for additional school social workers, school counselors, teachers, and reading and mathematics specialists (ELC, 2022). The nonprofit calls this structural deficit "a lose-lose for students, families, and communities" (ELC, 2022, p. 1). The findings in this study support this statement as there were so many students in need of services in the school setting that the interns could not meaningfully engage and empower families to let their voices be heard through FFCM and completed community needs assessments ($n = 0$) that might better their rural environments.

How long might we expect educated, empowered, highly retrainable professionals to continue working in such conditions without system decline across the human service professions? What salient values underpin the decision-making processes that create such

under resourced environments? Or is it as Schwartz's theory assumes, a lack of well-differentiated awareness of values motivated those decisions? (Schwartz & Cieciuch, 2016). As Freire, Mezirow, and Kegan and Lahey put forth, when this lack of awareness is present, decision making is driven from rote sociocultural learning, which is egocentric, antisocial, and unhealthy for modern, democratic societies (Christian & Jhala, 2015; Cook-Greuter, 2004; Cranton, 2016; Drago-Severson & Blum-DeStefano, 2017; Kegan, 1997; Kegan & Lahey, 2016; Loevinger, 1998; Schwartz & Cieciuch, 2016). Their suggested best remedy for antisocial egocentrism is furthering human development through education and varied social experiences (see Appendix C).

While law makers are decreasing funding to schools, layperson volunteer community members are giving their time freely and struggling to find the means to help make their communities healthier and their schools safer. School social work interns are bearing the financial burdens of higher education while trying to make a difference in the lives of others and working at no cost to public schools. It seems policymakers would benefit from continuing education so that they too might heed the advice of Maya Angelou, the famous author, scholar, and activist, "do the best you can until you know better. Then when you know better, do better" (Goodreads, n.d.a, para. 1). The time to go about the business of knowing better and doing better is now. The means is an increased awareness of the values espoused by federal and state education, followed by the enactment of informed, prosocial actions that align stated goals with adequate funding.

Transdisciplinary Goals and Teamwork

Stated simply, adding seven master's level school social work interns to assist school counselors in delivering intervention services 2 days per week was not sufficient

to both meet the needs of students and meaningfully engage and assess families in this post-COVID-19 period. Lack of funding, and the provider shortages it created, diminished the interns' capacity to work from the FIE perspective in implementing the model's first best practice of meaningful engagement through FFCM services which left the first research question unanswered. Work with families was intended to gain an understanding of the social and structural environmental risks and protections in the local community through the lived experiences of diverse family forms by collecting assessment data. Then recursively, empowered families voices could exercise self-determination and effect changes in their environments that support the health and well-being of all their family members by essentially casting a vote for the resources and services that are priorities in their lives.

Intersection of the Research Questions: Closing Access and Availability Gaps

The number of families successfully participating (completing an assessment and participating in goal setting activities) in FFCM services ($n = 0$), as compared to the number of families connected to a resource or service ($n = 13$), and the number of children served in the school setting by the interns ($n = 95$) represents the magnitude of lost opportunities for effective, efficient planned change at every system level. This is exactly the type of transformative MSP change that adaptive leadership research suggests can break cycles of unmet needs in rural communities, but community queries like the first research question must have responses from local families to effect that change (Heifetz et al., 2009). Social work research skills are needed to collect, analyze, and distribute those responses. Then, social work can use their leadership and team building skills to organize the community, prioritize the work, advocate/fundraise for the

resources, and carry out the plan the community drafts together. Lastly, social work research and leadership skills are again needed to evaluate the outcomes of the work accomplished and lead group conversations to find consensus for either adjusting the plan for another round of implementation or moving on to the next priority. Funding is needed to place qualified school social workers in these roles to do the work they were trained to do by their professional education (Gherardi & Whittlesey-Jerome, 2018).

Provider shortages also caused families to miss opportunities to experience the model's second and third best practice components of MSP and being guided through the steps of the PCP (also known as the problem-solving model). Here, lack of school readiness in having sufficient provider time to meaningfully engage with families (n = 66) intersected with the second research question: *what effect does family-focused case management have on student success.* Time constraints acted to block families' participation in FFCM (n = 13), and thus also children's potential for improvement in school success indicators. The number of cases in the experimental group was small, and likely biased the analysis of mean difference for the outcome variables of attendance, behaviors, and grades between the control group and experimental group. The short period of time and the historical lack of adult help-seeking behaviors in rural areas were also likely contributors for the result of no significant changes in attendance, behaviors, or grades at the end of the first trimester.

Family as Whole and Part

Without the PCP steps of engagement and assessment with families, MSP was not fully executed. Experientially, using the PCP builds a family's skills for collaboratively setting and achieving goals that improve their family's functioning. Repetition of

working through the PCP builds competence, empowers the family to use the PCP independently, then supports their children's learning and mastery of the same skills. This is the structure and consistency kids need from home-school supports to grow and thrive. This is the collaborative scaffolding of learning teachers aspire to achieve with families to break the generational chains of conformity. This is the process diverse family forms have historically felt excluded from—undervalued to such a degree that their voices were voluntarily stifled. Taken together, these are the complex circumstances culturally competent school social work professionals are trained to address using the familiar best practices of the piloted model (FIE, MSP, and PCP) in school settings.

Transformative learning theory indicates empowered people of all ages are more likely to become engaged citizens, exercising their value of self-determination to co-create the social environments of which they are a part (Cranton, 2016). Part by part, engaged citizenry from diverse family forms can make the world a more inclusive, just place to live and prosper for the whole of society. Missed opportunities for this type of cross generational learning and momentum toward more inclusive and just communities because of funding shortfalls is, as the ELC said, "a lose-lose for students, families, and communities" (ELC, 2022, p. 1).

Implications for the Community

For the systems involved in this study, the consequences of the exclusion of families' voices due to worker shortages are far reaching. Without families' participation in identifying the communities' needs and barriers, the prevention coalition remains in the unbroken cycle of operating without timely, relevant local data. Without recourse, the coalition must either do nothing or continue addressing families' needs in the post-

COVID-19 environment using 2018 pre-COVID data. Thus, scarce community and coalition resources could be directed toward building capacity to meet needs that no longer exist, leaving other higher priority needs unknown and unaddressed. For example, prior to the COVID-19 global pandemic, one of families' highest priority needs was noncompetitive afterschool programming. After the pandemic, parents may have transitioned to working virtually so that Wi-Fi access in their rural area is a more critical need than afterschool programs.

As the coalition presents the communities' needs to funders, critical thinking grantors and donors may bypass awards and giving to coalition projects—viewing the coalition's lack of current data as a deficit in its understanding of the problem, its dedication to a clear mission, its organizational structure to achieve goals, or its capacity for data-driven decision making. For the school systems, without the coalition's financial support, budget shortfalls may jeopardize retaining the contracted school social work staff at the middle school level. Schools cannot look to federal or state governments for help in meeting financial shortfalls as current policies have yet to commit adequate financial resources to ensure the behavioral health needs of children and families are met with appropriate supports from the hub of schools. Without such resources, suicide has risen to the second leading cause of death for ages 10–34, and new Centers for Disease Control and Prevention (CDC) reporting estimates nearly 90% of the United States' record topping $3.5 trillion of annual healthcare spending is attributed to services for behavioral health concerns and chronic health condition worsened by unhealthy behaviors (CDC, 2021; Hedegaard, 2021).

Implications for School Professionals

More broadly, the implications for school social work professionals, due to barriers in integrating the proposed three best practices of FIE, MSP, and the PCP into a school social work method of practice, is more of the same SDOH inequities this specialty practice has faced for decades, and minimal progress in:

- encompassing meaningful skills building opportunities for families,
- deepening of school-diverse family partnerships,
- new supports for children in the alignment of skills being taught in school with those being taught in the home,
- change in school functioning (policies, procedures, and practices),
- gains in inclusivity, diversity, equity, accessibility, or belonging ([IDEA-B]; Council on Social Work Education [CSWE], 2023), and
- new understanding of the values and priorities of families for the nonprofit community change agents committed to reducing local SDOH risk factors; work that aligns with federal education and *Healthy People 2030* goals (U.S. Department of Health and Human Services, n.d.).

Without funded policies, school social workers, counselors, nurses, teachers, and administrators need to prepare to continue operating in a triage fashion. Rather than doing the preventative work of building social/emotional competencies that influence key school success indicators through work with families and their children, they will be responding to crises and high numbers of students with complex needs. Without social work knowledge, values, and skills readily available to harness the natural yet powerful

capacities of families, MSP, and the PCP, the SDOH risk factors that create maladaptive behavioral responses observed in school settings will remain unabated.

Federal and state education agencies should not expect to meet their goal of enriched, high-level school-family-community engagement, nor their goals for equitable whole child education without financial commitments. America should expect school systems will experience yet another year of crisis management, professional burn out, and student underachievement. Some within the field of education may need to prepare to hold themselves accountable for the uniformed state of their legislators on key decision points that effect education; others may need to hold themselves accountable for being uniformed of the decisions their legislators have already made on behalf of their school systems.

With commitments from both federal and state government, which move beyond lofty goals, opportunities to move research to practice abound for school professionals. This study illuminated the need for funding to implement well-researched, structured prevention work, which builds students' competencies in social/emotional skills while simultaneously reducing SDOH risks at the school and community levels, with an appropriate number of trained behavioral health professionals from the hub of schools. School social workers must recognize the task of implementing structured prevention work requires a transdisciplinary team approach (Choi & Pak, 2006; Heifetz et al., 2009; McCave & Rishel, 2011; Nurius et al., 2017). Regardless the role a school social worker fulfills within the school system, empowered workers can apply the profession's knowledge, values, and skills to build the teams that can accomplish the work of prevention.

Gherardi and Whittlesey-Jerome (2018) conceptualized a model of school social work roles and functions that spans all the levels of MSP and aptly characterizes the variety of services social workers can provide *in, for,* and *with* schools. The numerous roles school social workers can fulfill for school systems represents the unboundedness of using an *and-both* mindset as compared to the limitations of an *either-or* choice. Well-trained school social work graduate professionals can easily provide an array of services needed in school settings, from the provision of direct services, to the management of attendance and special education services, to leadership for policy reform, resource coordination, and intervention expertise (Gherardi & Whittlesey-Jerome, 2018). For school social workers that also have interests in organizational change and leadership, the roles of principal or superintendent may also become an aspiration. School systems would be wise to use school social work expertise at multiple levels in their organizations.

The structured work of building students' competence in social/emotional skills is not about fixing a broken child. It is about the work of building and supporting resilience in children and families that live in social environments where a multitude of SDOH risk factors exist. In the field of prevention science, building resilience is also known as enhancing protective factors; high quality, evidence-based social/emotional curriculums have been shown to be an effective means of accomplishing this aim (Jones et al., 2019; McKown, 2019, 2020, 2023). To achieve the best outcomes for children, the work of enhancing protections should be conducted in conjunction with parallel efforts to reduce known SDOH risk factors in the local community (Fishbein et al., 2016; Jones et al., 2019). In the field of social work, training to view environments from multiple

perspectives (e.g. person-in-environment and family-in-environment) is a foundational skill (Gasker, 2019). Using those perspectives to inform actions to address SDOH risks in the environment and ensure equitable availability and accessibility of effective evidence-based interventions for vulnerable and historically marginalized children and families is a social justice imperative and an ethical obligation.

National standards set forth for accredited social work education programs are impeccably aligned with the structured prevention work required to advance public health initiatives like reducing SDOH and increasing the use of evidence-based social/emotional interventions in schools (CSWE, 2022). Social work professionals are educated in a generalist practice model that prepares them for the complex task of working simultaneously to enhance protective factors while also reducing SDOH risks. Individuals, families, groups, organizations, and communities can all be targeted for change by applying core educational competencies, which includes actively participating in legislative advocacy to create, expand, and reform public policies.

Through advanced specialty studies and field practice experiences, school social work graduates have unique learning opportunities to join forces with school counselors, nurses, teachers, and administrators to lead change in school settings and communities. Additional research and leadership skills can and should be introduced and applied in practice at this level of social work higher education to empower these advanced degree practitioners to be effective, principled, ethical agents of change. Some may think the promise of whole child education, community schools, and social inclusivity is in jeopardy and that the future of children, families, and communities is largely dependent on the decisions of policymakers (Biglan et al., 2020; Jones et al., 2019; McKown, 2017).

Social work, with its understanding of human behavior in the social environment, the strengths perspective, and self-determination, can view the circumstances differently. Social work values of competence, the dignity and worth of every individual, the importance of human relationship, integrity, service, and social justice have the capacity to motivate the actionable behaviors of building teams and coalitions for change that "never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has" (Goodreads, n.d.b, para. 1). In turn, these actions contribute to fulfilling the promise of social work education and the social justice goals of the profession.

Implication for Human Services Professions

From an even broader perspective, professional communities are already alerting the public about system declines. In education, healthcare, and across the human services, the burden of high numbers and levels of behavioral health needs being serviced by too few providers is taking a toll. This post pandemic era requires worker/client ratios to be reexamined. This study's evidence of the school social work interns spending the majority of their time delivering Tier 2 and Tier 3 services while also attempting to engage families, rather than implementing universal Tier 1 prevention, responds to the request from *Assessing the National School Social Work Practice Model: Findings from the Second National School Social Work Survey* for research which deepens "our understanding of the barriers that still pervade the field that create this disconnect" (Kelly et al., 2016, p. 26). There is no disconnect. There are ethical dilemmas, funding shortfalls for policies critical to serving children and families, too many needs, too few providers,

and a deficit of social work leadership in local, state, and national positions to create the structural pathways to better preventative practices.

Adjust and Stay the Course

From the practice realities of this one small study, one can easily discern the nature and number of complexities involved in a rural community coalition leading a change effort that seeks to disrupt an entrenched social problem like the rural penalty on health. Without mutual longitudinal teaching and learning between community and research partners, change in SDOH risks is not likely. The next question for the partnership to address is where to go from here. The implementation plan must be improved, prior to repeating the community-based participatory action research (CBPAR) process next academic year, so that school social work interns have the time to dedicate applying the school social work best practices as intended, and the coalition can reach the 3-year proximal goal and 6-year distal goal it set.

Social work researchers have a plethora of tools and skills at their disposal to tackle this dilemma. First and foremost, the strengths perspective has complimentary skills of instilling hope and offering encouragement. Reminding the coalition they were the drivers of change and the leaders who united community efforts for progress is an apt example of using the strengths perspective. Qualitatively describing the coalition's positive attributes — in their working definition of community, the importance they attribute to human relationships, their past successes, and the healthy nature of their mindset to persevere—is another. Applying the strengths perspective reframes the slow and steady nature of the work involved in achieving population level change in SDOH risks. Next, the data collected helps to understand the number of hours required to meet

the needs of students for the next academic year, which can be estimated using service provision statistics of the current academic year. Adding an agreed upon number of hours dedicated to family outreach and services better prepares schools to meet the needs of students and families more adequately.

Although beginning a new academic year feels exciting, refreshing, optimistic, and hopeful, it is imperative not to forget the past or participate in magical thinking. Ubiquitously, research has indicated the number of students in crisis will continue to climb until sustained focus on full-spectrum, multisystem preventative practices are implemented to scale (Biglan, 2018; Coalition for the Promotion of Behavioral Health, 2019; Fishbein et al., 2016; Hawkins et al., 2015). School social workers must be educated in public health and prevention science, and adaptive leadership models that prepare them for these practice realities, and next generation social work research and transdisciplinary teamwork skills that increase their competence in reporting the results of their practice (Heifetz et al., 2009; McCave & Rishel, 2011; Nurius et al., 2017).

Science, change theory, theories of change, and some simple math can better inform transdisciplinary team goals for future academic cycles, including group decision making processes that plan in advance how to manage too many in need with too few providers. Transdisciplinary teamwork can help communities get there. Setting goals together, agreeing on and adopting social/emotional competencies, and using goal attainment scaling to connect and monitor progress across micro, mezzo, and macro systems is a productive start for informing program evaluation efforts and community level change for SDOH risk reduction missions (Attkisson, 1978; Harrison et al., 2020; Reinholz & Andrews, 2020).

Policy: The Implicit and Explicit Nature of Change

Intervening to reduce community SDOH risk factors from the hub of schools for the ultimate benefit of the vulnerable children that represent the future of the United States is a project where substantive effects are realized over decades, not months. The work requires policy practice and research at every system level. Yet, it is the human capacity to continually evaluate proximal and distal outcomes temporally and formatively, as they pertain to overarching change goals like social justice, which will ultimately guide progress and success. Children deserve to live, learn, and play in environments inclusive of ever-expanding diversity, not the status quo of decades or centuries past.

Research Question 2: Children Deserve Better than Status Quo

Progress can be determined when patterns of disproportionalities begin to fade. Until then, short term, mid-range, and longitudinal research projects are all necessary to discover the quantitative and qualitative conditions that holistically produce significant, high-quality outcomes that change the trajectories of children's lives and their future communities. Despite this research yielding outcomes that were not statistically significant in the short-term for the second research question, *what effect does family-focused case management have on student success*, it was apparent the working definition of the term *school success* is an old status quo conceptualization, which requires an update for 21st century learners.

As research suggests, contemporary conceptualizations of school success must include the social/emotional competencies that are so important and foundational to building critical thinking skills (Christian & Jhala, 2015; Collaborative for Academic,

Social, and Emotional Learning, 2023a; Cranton, 2016; Durlak et al., 2011; Hoggan et al., 2017; Kanopka et al., 2020). Together these competencies and skills empower children to remain flexible, open, and curious about the world around them, even as it continues to grow more abstract and complex. Different becomes a fun puzzle rather than a threat to safety, and change is the norm as opposed to that which causes dread.

With this expanded definition of school success, specific, measurable goals can be set, and teams can be formed to organize the means by which children will be helped to meet the new expectations. Here, the home-school connection again becomes crucial as the schools' new expectations must be inclusive of diverse families' ideals and exclusive of the false stereotypes. School social work services and time to appropriately implement FFCM helps in the process of bringing all community perspectives into the school, expanding the conceptualizations of expectations, and extending equal opportunities to every student to uniquely demonstrate their mastery. This process helps to dissolve disproportionalities and develop understandings of the many ways school success can be demonstrated. The concert pianist and the national spelling bee winner are both demonstrations of perseverance, mastery, and excellence, but the Every Student Succeeds Act (ESSA) report card does not evaluate actionable behaviors. It evaluates what the dominate culture values—advanced competencies in ELA and MATH.

Multisystem Practice on a Bigger Scale

The social/emotional competencies PDE adapted for its use, from the Tennessee Department of Education, are intended to be integrated into classrooms K–12. However, they must also be integrated into Tier 1, Tier 2, and Tier 3 services (PDE, 2023c; Tennessee Department of Education, n.d., 2015). Given the Commonwealth is still

supporting the optional adoption of social/emotional competencies by its 500 districts, policy advocacy must move their adoption from optional to necessary (PDE, 2022b, 2023b, 2023c).

Not leading an initiative to give children the tools they need to develop and improve their social/emotional health and subsequent critical thinking skills seems like a lack of leadership and organization on the part of the state or, perhaps, a disconnect from the plight of their constituents. The structure for change is in place as intermediate units (IUs) are intended to be intermediators for the educational system in Pennsylvania. Public schools across the state are geographically organized and served by one of 29 IUs established in 1971 by the State Legislature (Lincoln Intermediate Unit, 2023). IUs are "simultaneously vendors, service providers, grant writers, financial and management specialists, researchers, advisors, advocates, trainers, and facilitators . . . [serving] as a liaison between the PA Department of Education and schools" in its jurisdiction (Lincoln Intermediate Unit, 2023, para. 3). If research caused the state to adopt social/emotional competencies, turning to IUs to educate schools on their use seems a logical next step to promote student success.

Appropriate identification of students' needs to further develop specific social/emotional competencies directs goals for interventions and time in intervention. Success is measured in relationship with the stated goals. Currently, there is no map that takes practitioners from screener to intervention, to appropriate intervention time commitments, and on to success. Which works best, evidence-informed, or manualized evidence-based prevention programming? How much time, on average, is needed to achieve positive change given a particular range of scores on various universal screeners?

How important is fidelity to the model? These questions remain open items in the field of school social work practice. Positive intervention outcomes require study findings which respond to the aforementioned questions. The public goods of health and well-being lie in wait. If genomic medicine is on the cusp of customizing each patient's chemotherapy regime, given their biopsychosocial response to intervention, social workers can certainly achieve better in the world of preventative social/emotional interventions (Juengst et al., 2016). Research expertise and an intimate knowledge of the districts' local cultures and customs are both needed to forge culturally competent responses for local constituents.

Envisioning Community-Engaged University Partnerships

Research skillsets are rarely present in volunteer community coalitions or local nonprofit agencies, which is likely why few venture into complex SDOH risk reduction endeavors. Yet, taking responsibility for the direction communities grow is precisely why it should be done. Partnering with experts in the area where change is desired is a sign of wisdom, not weakness. Expertise plus people that care about their local environments are dual imperatives for successful SDOH change at the population level. When the research is relational, participatory, and emancipatory, real-world change feels almost eminent.

This research, and its overarching CBPAR goals, were in part made possible by the expertise of a department of social work interested in leading its profession forward through the development of curricula, teaching pedagogy, and community participation that responds to needs made apparent by the results of high-quality research across the knowledge base. From an outsider's perspective, some of the qualities this department exemplifies through actions are true MSP that ends the notion of a micro-macro divide, preparing social work leaders and teachers capable of impacting SDOH injustices by

knitting together fragmented healthcare systems in the age of Obamacare, and preparing a disciplined and competent school social work workforce in a state where needs are great. The state university, and this department of social work which lies within, embody the characteristics of a community-engaged institution as envisioned by the Kellogg Commission in the paragraphs that follow.

Nearly 25 years ago, the *Kellogg Commission on the Future of State and Land-Grant Universities* (1999) urged institutions of higher education to reimagine themselves and the meaning of engaging the communities in which they reside. Around the globe, values in universities, and hence the research projects it supported, began to conflict with those in communities to such a degree that researchers became equated with mosquitoes, here to "suck your blood and leave" (Cochran et al., 2008, p. 22). This attitude was especially true of SDOH topics with marginalized populations, where their meaning making systems, or ways of knowing, were discredited by the academic world and ultimately had little or no impact on improving the future health and well-being outcomes of community participants (Cochran et al., 2008).

The Kellogg Commission (1999) envisioned change, where engagement was not a one-way street where taxpayer dollars supported the generation of new knowledge for knowledge's sake, but one of "partnerships, two-way streets defined by mutual respect among the partners for what each brings to the table" (p. 9). The commission's charge was three-pronged, advising campuses to organize:

> to respond to the needs of today's students and tomorrow's, not yesterday's, . . . enrich students' experiences by bringing research and engagement into the curriculum and offering practical opportunities for students to prepare for the

> world they will enter, . . . [and] . . . put its critical resources (knowledge and expertise) to work on the problems the communities it serves face (p. 10).

The community-engaged university philosophy set the stage for relevant SDOH CBPAR projects at local levels. No laws were written, no legislative advocacy was undertaken. One voice painted a picture of what might make the world a better place. Implicitly, that voice changed research practices. When those practices are put into service with marginalized rural communities similar to this case, it fills critical voids in lack of resources by opening doors to infrastructure, data collection and analysis, topic expertise, and experiences of lifelong learning between community and university researchers that would not otherwise be possible. Mutually, findings from real world CBPAR research drive not only the creation of knowledge, but also the creation of community level change.

Perspective Differences

This short term, quantitative dissertation research project's intention was to pilot a best practices method of school social work, thereby laying a foundation for future research of all types, and longitudinal effectiveness studies specifically. Although doctoral program timelines for research and degree completion were not optimal for studying the effectiveness of school social work's delivery of FFCM on students' success, much was learned in this first phase of pilot testing the model. The process of consuming, reflecting upon, and communicating what was learned is layered and complex. Over time, the results of that processing will likely continue to influence the researchers' judgments regarding the nature of what is considered an adequate and

respectful answer to the communities' second research question: *What effect does FFCM have on rural school students' success?*

The effects of FFCM are viewed quite differently by volunteer coalition members than the researcher. The difference in perspectives might be likened to *helping* versus *the professional activity of helping*. The effects are relative to each perspective's current conceptualization of terms, and their current levels of knowledge, ego development, and perhaps optimism and realism (see Appendix C for explications of the nine stages of ego development). These influencers, along with individual and local cultural meaning making systems, become salient during group activities which task community coalition members with evaluating the degree to which this pilot study achieved its objectives, and revising their SMARTIE goals (specific, measurable, attainable, relevant, time-bound, inclusive, and equitable) for the next public school academic year (Shift, 2023; University of Minnesota, 2023).

For community members, knowing their four years of work to place school social work interns in local schools to engage families and deliver evidence-based prevention programs to children finally came to fruition is sufficient cause for celebratory behaviors. Statistics on the number of families *helped* by assisting them in applying for heating assistance, or Medicaid benefits, or connecting them with food pantry services are huge wins, no matter how small the percentage or level of statistical significance. Then, adding knowledge that weekend backpacks of food, plus shoes, warm coats, hats, and mittens made their way to children in need—that is also success, and it fuels their desires to do even more. From their perspective, even though their first research question was not

answered, there was great progress toward their mission, but there was still work to do to achieve their vision of a healthy committee.

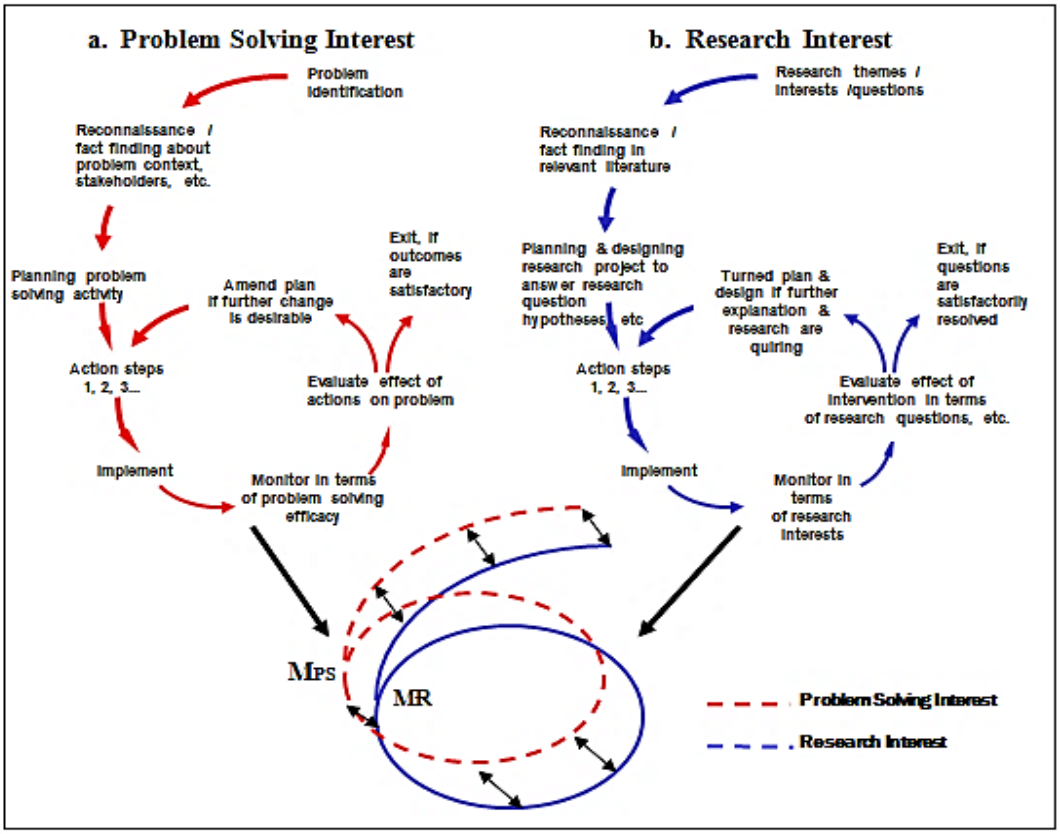
For the researcher, the number of skills building opportunities lost across systems signaled there were deficiencies in the execution of planned change that needed to be corrected, and readiness for change was underestimated. These issues fuel the researcher's desires to improve the implementation plan, recommend future studies, and suggest additional research questions. Bridging the community-researcher perspective divide is the art of CBPAR. In the hands of competent social work leaders and teachers, it is also the space where expert knowledge and community experience combine, in context, to produce wisdom that transforms and transcends. Catalyzing *can do* belief systems with synergist energy for creative problem solving can push boundaries to initiate first signs of potential for eclipsing entrenched social problems. Figure 3 illustrates the dual imperatives of CBPAR that actively and recursively partner with community-engaged university researchers for mutual gain and social progress (Kellogg Commission, 1999; McKay & Marshall, 2001).

The Finances of Change

Funding the explicit change of meeting the behavioral health needs of children and families with an appropriate number of school social workers is influenced by the voting public and legislative advocacy. Both actions are critical to effective social work practice. Whether casting a vote or sitting down with a local legislator to provide vital information about the issue, social workers have an ethical obligation to actively engage in the process of shaping public policy in ways that bend toward social

Figure 3

Dual Imperatives of Community-based Participatory Action Research



justice (Nowakowski-Sims & Kumar, 2020). Still, remaining current on local, state, and national bills is a time intensive undertaking in this age of data deluge.

Piloting the best practice model of school social work included the interns visiting local legislators at the end of the academic year to share the outcomes of the project and what had been learned. Initially, this seemed like a daunting task in researching each legislator's position and creating talking points. The interns were reminded of the professional organizations that center their work on such actions and of the power of the many who are unified around a few simply stated goals. In the end, the school social work team supported the four key legislative priorities of the School Social Work Association of America for 2023. They created a brief white paper to leave behind at the

end of their visit which included relevant statistics, personal stories of their work, and easy-read resources should the legislator wish to learn more about the talking points.

Of course, efforts may or may not sway legislators' future decisions unless there is specific follow up. Moreover, the assignment offered students an additional experiential learning opportunity from Legislative Education and Advocacy Day (LEAD). The key objective was building competence, confidence, and understanding for the importance of completing the cycle of the PCP. Environments do not change without both implicit change in practices and explicit change in the funding of policies that govern the ways in which school social workers serve to improve the welfare of the public.

SDOH is a complex and multifaceted issue that has grown into a health equity movement since the pandemic. Solutions also require complexity in strategizing to link the skills and breadth of knowledge across disciplines to "the advocacy of the determined" (Dawes, 2023, para. 17). Dawes (2023) noted the SDOH movement:

> provides many ways to work toward a more equitable tomorrow. Those opportunities come in the form of the political determinants of health and are most effective when leveraged by an organized and determined . . . [collective]. The only way we will achieve health equity is if we all work together to leverage the political determinants of health to make it so (para. 18).

Summary

In sum, the theoretical frameworks that guided this work family ecological theory, Schwartz theory of basic human values, and transformative learning theory converge around families, value-based decision making, and the type of information that enters

their collective energy transformation system as input. The outcome of that process informs understandings of the inputs. If families and their children struggle to be in an environment, there are environmental inputs school social workers can identify, categorize, and address individually and collectively. Observing maladaptive behaviors provides little information about the inputs to the family system from their perspective, or the complexities underlying their unique information transformation system. However, the true nature of both can be gleaned through social interactions.

Families' pivotal role of active participation in describing their world through assessment can provide first glimpses of the realities of their daily living and feed transformative community change efforts. Further interactions with caring professionals like school social workers and school counselors can guide the prioritization of goals aimed at lasting community level change rather than continuing to offer only brief supportive resources that stimulate little for tomorrow's generations. Integral to this process is the family having opportunities to let their voices be heard and being empowered to do so.

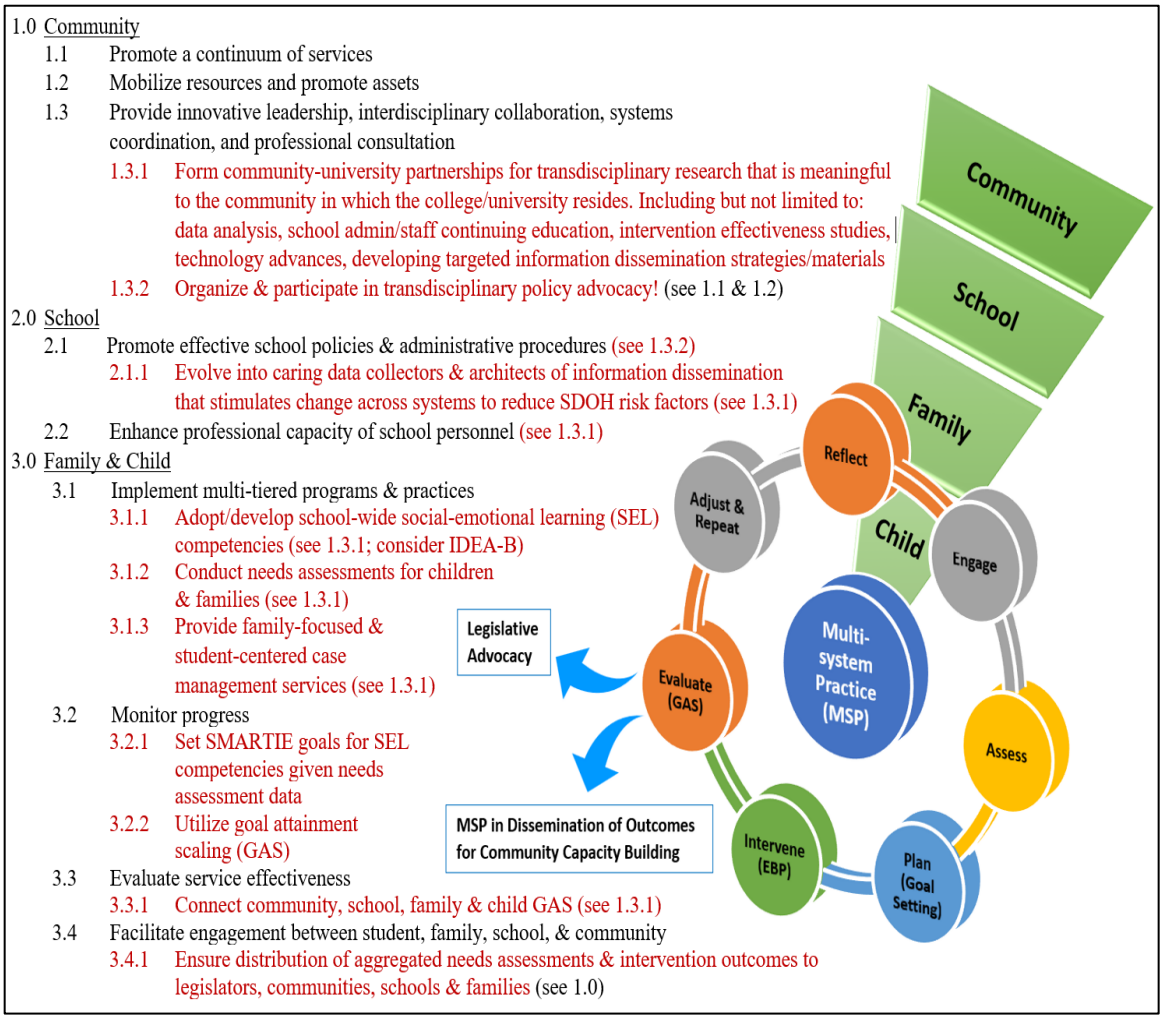
In the process of addressing concerns presented from diverse family perspectives, the community's range of values emerge and become salient. As transformative learning theory postulates, cross-system learning occurs for individuals, families, schools, and communities as this new knowledge from families stimulates the generation of solutions which align values (Cranton, 2016; Taylor & Cranton, 2012). In this manner, communities and society are both transformed (in part and in whole) as new information and experiences are recursively applied to better local environments. The critical elements to achieving change are outlined by the steps of the PCP: engaging provides the

assessment information needed to get started, setting goals makes the plan and means to get to success known to all, monitoring progress acknowledges the stepwise nature of learning that yields success, and adjusting social policies that created unintended consequences frees energy previously used for struggle for more productive endeavors.

Figure 4 applies learning from this dissertation research project to the initial conceptualization of a best practice model of social work with schools. The need to organize work efforts around social/emotional competency goals became apparent after a short time. The additions include defining social/emotional competencies, setting goals as a team, using valid, reliable progress monitoring tools like goal attainment scaling, and connecting goals across pertinent systems. In this case, the systems are the coalition, the school, the school social work internship program, the family, and the individual child.

Figure 4

Furthering Social Work Best Practices with Schools



Note. Adapted from the School Social Work Association of America National Model Graphic by School Social Work Association of America, n.d., (https://www.sswaa.org/_files/ugd/486e55_bc9b15d583264806a8664c192d82853f.pdf) and concepts presented in *Generalist Social Work Practice* by J. Gasker, 2019, SAGE.

Chapter 6: Conclusions and Recommendations

This final dissertation chapter presents conclusions drawn by the researcher and recommendations formed collaboratively with the team of school social work interns after reflecting on the purpose of this study and the selected research questions. Two themes emerged from discussions with the interns. First, local data must be used to provide communities with the evidentiary support required to make well-informed decisions that enhance social determinants of health (SDOH) protective factors and reduce risks. Second, policy and practice changes must work in tandem to bring about the best outcomes for every system level. Concluding remarks are organized around social work's overarching process for change: policy, practice, research, and lifelong learning. These elements come together to promote the growth and development of children, families, institutions, communities, professions, fields of study, and knowledge itself. Recommendations for the continued improvement of the specialty practice area of school social work are offered in addition to implications for future research.

Policy Change That Unites Goals

Research Question 1

As discussion in the previous chapter made apparent, it is critical to increase federal and state funding to local education agencies (LEAs) to meet mandates set forth by federal and state governments. Expectations for academic excellence, high quality family engagement, preventative early interventions, and more qualified service providers (as called for by the 2004 expansions of the Individuals with Disabilities Education Act [IDEA]) must be matched by funding to accomplish these goals (IDEA, 2018). As demonstrated by this research, without funding, preventative early

interventions and high-quality family engagement are compromised by inappropriate provider–student ratios which thwart federal education's mission to achieve academic excellence (U.S. Department of Education, 2011).

The expansion of IDEA was intended to address longstanding inequities and disproportionality in public school education, but it ignores the structural causes of these issues (Kramarczuk Voulgarides et al., 2017; Rank, 2021). IDEA extends the deficit model and centers the problem of disproportionality within the child where a remedy can be applied through services for individual children (Kramarczuk Voulgarides et al., 2017). The National Association of Social Workers (NASW) must respond to this lack of attention to the structural causes of disproportionality, explicitly stating their case using the lenses of Multisystem practice (MSP), person-in-environment (PIE), and family-in-environment (FIE). The school social work practice principles and standards must be updated to reflect social work's ethical obligations to act in ways that produce structural and environmental change beyond schoolyards to those that reduce SDOH risks. Additionally, recommended provider–student ratios must be updated to move the profession away from the 1:250 status quo ratio and acknowledge the realities of practicing in this new post-COVID era.

For states that require school social work certification, a review of programs' certification requirements should be conducted to ensure specialty practice skills are congruent with NASW educational policy competencies. School social work must give equal attention to child, family, school, and community systems. A focus that narrows this specialty practice to a student-centered perspective is diametrically opposed to MSP

and the strategic role school social work can play in addressing policies, environments, and SDOH risks.

District policy change could be a driving force behind effectively addressing structural SDOH risks at the local level. It is common for districts to collect data from families. For example, income is disclosed to determine eligibility for free or reduced lunch, insurance information and health histories are collected for emergencies. If districts added a policy to also gather data about unmet needs in the community, school social workers could share this aggregated information with local nonprofits and human services agencies to efficiently organize efforts to improve the availability and accessibility of resources for their locale. Routinely collecting community needs assessment data from families would help communities with few resources to remain agile in responding to the dynamic needs of families. These changes would make the need for this study's first research question, *what conditions do families perceive as being supportive or detrimental to their family's functioning*, obsolete as this data would always be current and available.

Practices that Measure Progress

Research Question 2

Schools have developed intricate, streamlined methods to assess and intervene with children having difficulty meeting academic competency expectations. The fine-grained nature and number of competencies evaluated in the subject areas of English language arts (ELA) and mathematics (MATH) demonstrated this fact for this case. With over 200 years of experience and research aimed at improving methods of teaching children, this makes complete sense. After all, the education system was built to teach

subject area knowledge. Conversely, educating the whole child, which includes developing children's competencies in social/emotional skills, is a more recent educational philosophy introduced by Dewey less than 90 years ago (Stuckart & Glanz, 2010).

Teaching social/emotional skills in public schools remains controversial for some parents, being equated to an indoctrination into liberalism and a precursor to introducing critical race theory in public school education (Moms for Liberty, 2022; Parents Defending Education, 2023). Therefore, progress in developing the same type of assessment and intervention support system has been slow to materialize despite evidence of rising prevalence rates of behavioral health concerns in children and youth (Curtin & Spencer, 2021; Hedegaard, 2021; Herman et al., 2021) . Still, it is these same increases in prevalence rates that support the need to move forward. This responsibility should be led by social work, the integrative profession having knowledge of MSP. A team-based approach of school social workers, school psychologists, school counselors, school nurses, and educators would be ideal.

Furthermore, it makes little sense to expect each of Pennsylvania's 500 public school districts to develop such a system on their own (Pennsylvania Department of Education, 2023b). It would be highly unlikely that the appropriate resources in both topic expertise and time for the task are present in each district. System development at the intermediate unit (IU) level would alleviate duplication of efforts by 500 districts and a more effective, efficient use of scarce resources. Development at the IU level would also foster consistency across the state and provide opportunities to integrate toolboxes for specialty areas of concern like homelessness, hearing and vision supports, and autism

spectrum disorder (ASD). More importantly, it would be a step toward social justice as the children in districts with few resources would benefit to an equal measure as children in well-resourced districts.

A practice innovation would be for an institution of higher education housing school social work, psychology, counseling education, and education programs to partner with an interested state IU to develop a social/emotional competency assessment and intervention system and a goal attainment scaling (GAS) measurement system to evaluate progress. With a system in place, student and family outcomes could be connected to program goals, school missions, community-based organizational goals to reduce SDOH, and avail cross-system progress monitoring, and evaluation. This type of practice innovation also responds to calls from the Gen Z student population and the knowledge base for higher education to create opportunities for student-faculty mentoring experiences to gain competency in leadership, transdisciplinary teamwork, and transdisciplinary research (Della Volpe, 2022; Fischer, 2015; Nurius et al., 2017; Sagen, 2018). The partnership would also work to inform and align higher education curricula updates with the fast pace of change in skills necessary for effective practice in contemporary workplaces, cultures, and environments. Imagine what would become known by asking this study's second research again, *what effect does family-focused case management have on student success,* after such educational system upgrades had been accomplished.

Whether or not educational systems partnered as described above, the need for meaningful assessment, progress monitoring, and evaluation of social/emotional interventions and programs remain. Lewin (1946) considered the lack of progress

measures a severe consequence for both learners and implementers of services. For the learner, he noted the "legitimate desire for satisfaction . . . with his own achievement" goes unfulfilled (p. 35). For service providers and administrators, he warned that no learning can take place:

> if we cannot judge whether an action has led forward or backward, if we have no criteria for evaluating the relation between effort and achievement, there is nothing to prevent us from making the wrong conclusions and to encourage the wrong work habits. Realistic fact-finding and evaluation [are] a prerequisite for any learning. (Lewin, 1946, p. 35)

When competencies are standardized, yet services need to be individualized to meet the needs of diverse students, families, or communities, measures of progress must also be individualized. GAS has been shown to be an effective and promising measurement approach to accomplish this goal in educational settings, with families, and for community health locations (Harrison et al., 2020; Kloseck, 2007; Ruble et al., 2012, 2022; Woodward et al., 1978).

Research for Pathways Forward

Adult Social/Emotional Competency

Social/emotional skills considered important for children to learn are teamwork, goal setting, attentive listening, perspective taking, and collaborative decision making (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2023a; National Center on Safe Supportive Learning Environments, 2023.; Tennessee Department of Education, 2015). These skills are also among those research suggests either facilitate or obstruct adult efforts to achieve positive outcomes from behavioral health interventions,

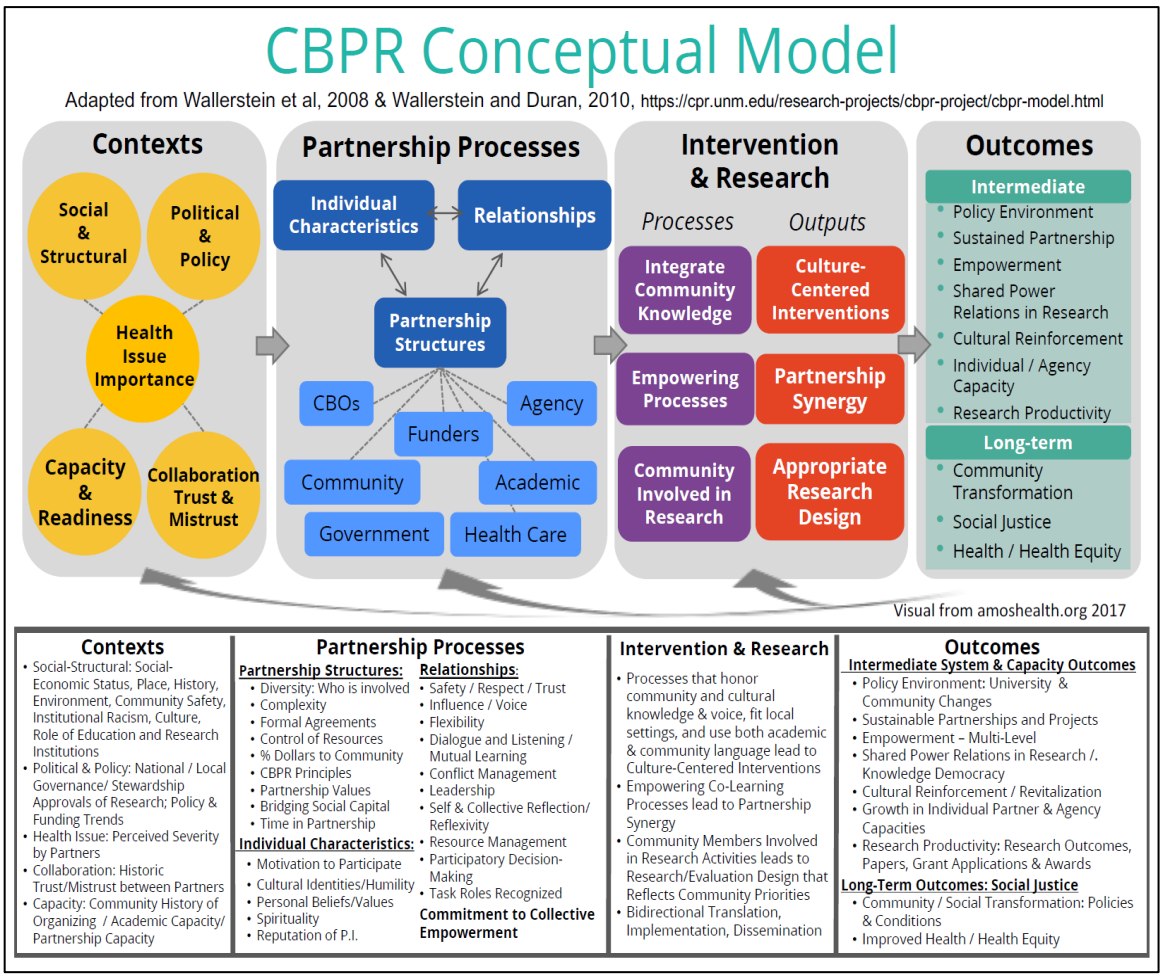
and SDOH or health equity projects (Oetzel et al., 2015; Wallerstein et al., 2020). Future research investigating community-school partnership efforts for system change like adding school social work services and implementing the best practices model should include a survey to query team members' perceptions of the characteristics of their relationship (Engage for Equity, 2023; Parker et al., 2020). Figure 5 details the complex array of influencers in community-based participatory action research (CBPAR) projects. Included in the partnership processes section of the logic model are the attitudes, beliefs and values of members, their motivation to participate, their flexibility or openness to a change mindset, the quality of dialogue and mutual learning spaces, and the degree of safety, respect, and trust demonstrated by and between members (University of New Mexico, n.d.; Wallerstein & Duran, 2010). These characteristics also describe the relational interplay between team members' varied ego development levels and the need for continued learning that furthers human development across the lifespan (see Appendix C).

It can be a disorienting dilemma when adult group goals to better the lives of children are met with adult group processes that stifle change efforts. Pointing the interns back to their earlier learning from human behavior in the social environment (HBSE) courses and work with groups helped reorient their experience and start compare and contrast discussions. From that vantage point, the positive and negative factors that impacted the interns work in implementing the best practice model and conducting FFCM could be named and analyzed while practicing empathy for the stress schools had endured over the course of the pandemic.

Relationship quality will always be a moderating factor in intervention and CBPAR research. The degree to which it affects outcomes cannot be known if the relationship questions are not asked and comparative analysis is not conducted. Change can be a difficult process for some. The simple task of asking poignant survey questions

Figure 5

Connecting Teamwork and Successful Community Change Outcomes



can ignite reflection that promotes transformative learning that further develops adult egos. Post survey meetings that present results opens pathways for adults in leadership positions to process the social/emotional elements of the project experience, banish

irrational assumptions, and set a more productive tone for program improvement conversations and planning repeated cycles of the school social work internship program.

Current and Future Teammates

Previous survey research has established school "administrators have an awareness and place a high level of value on the role of social workers in their schools" (Marshall, 2021, p. 198). However, integrating social workers, their frames of reference, and multisystem practice (MSP) skillset into preexisting school teams and their processes is not without its challenges. Lack of, or confusion over, role definition, the varied nature of competitiveness, and/or closed-mindedness to change can all stand in the way of progress (Gherardi & Whittlesey-Jerome, 2018). Additionally, transdisciplinary teamwork training and competency development are largely absent across fields of study in higher education programs that produce professionals who will ultimately work in schools (Ludwig & Kerins, 2019).

Future research might survey the various professionals currently in school settings, and soon to be graduates, to discern their understanding of the similarities and differences of each other's roles and to determine if their professional education included coursework in transdisciplinary teamwork and competencies. The term transdisciplinary is used here, rather than interprofessional educational competencies (IPEC), as SDOH research suggests the nature of transdisciplinary teamwork is holistic and transcendent where interprofessional teamwork is interactive (Choi & Pak, 2006; Nurius et al., 2017). Choi and Pak (2006) asserted progress in ameliorating entrenched social problems requires a unity of professional minds to create innovative solutions. This is a perspective

shift to finding similarities and patterns to join and expand knowledge rather than defending differences that define professions and divide teams (C. Brown, 2019).

Prevention and Evidence-Based Practice

NASW (2021) makes clear the "evaluation of school social work services is critical in documenting effectiveness" (p. 153). As this study noted, there are various means of screening and intervening with preventative services for students. Therefore, it is also critical to understand if and how different strategies influence effectiveness. There is a need for future research to determine if combining the direct assessment of social/emotional competencies with teacher observation screeners improves the student selection process or if more fine-grained screening tools lead to better matched interventions and outcomes (Jones et al., 2019; McKown, 2019). For example, the popular Social-Academic-Emotional Behavior Risk Screener (SAEBRS) could be used in combination with the SELweb direct assessment tool (McKown, 2019). Outcomes and effectiveness could be studied using the three subscale SAEBRS assessment as compared to the National Center of Rural School Mental Health (NCRSMH) eight subscale assessment; would using an eight-subscale screener alter the selection of a prevention program for a child? Or, do schools have a set of prevention programs they offer regardless of the screening results? Moreover, does lack of provider time and/or funding restrict having a broader range of evidence-based programs to offer students?

With the current push to move away from evidence-informed practices toward evidence-based interventions in schools, there is also a need to document the results of this systemic shift. Intervention research has suggested fidelity to the model can affect outcomes and effectiveness (Fraser et al., 2009; Gitlin & Czaja, 2016; Stringer & Ortiz

Aragón, 2021), and Ochocki et al. (2020) pointed to the social validity of interventions chosen *for* students rather than those chosen *with* students. Aligning students' goals with intervention goals is a key element to effectiveness and developing competency. This fact circles back around to the need for collaborative goal setting with students, and GAS to monitor progress, and programmatic evaluation. Time comes into play here again as provider shortages leave little of the workday for researching and learning new evidence-based programs, and data gathering for progress monitoring, or program evaluation of the short-term and long-term effectiveness of prevention interventions in school settings. NASW (2021) is correct in their policy position that federal, state, and local education agencies must support research efforts which requires providers have the time for these projects. As well, schools of social work should ensure students are well-versed and practiced in evaluating their practice using common software applications.

Reaching Families

Establishing working relationships with families to cultivate change for themselves, or in support of one of its members, has historically been challenging. Today is not different. Popular evidence-based programs to build parenting skills, like Triple P and Strengthening Families, were developed decades ago in 1980's. These types of programs require parents to attend in-person workshop sessions in the evening for an hour (or more) each week over the course of 4-6 weeks. This strategy seems outdated for the millennial digital natives that parent the majority of current school aged children. In informal conversations about reaching parents on topics like behavioral health, emotional processing, and even vaping, interns and young coalition board members have suggested platforms like YouTube or Tik-Tok to provide brief skills building or informational

sessions with examples for today's parents. Survey research collecting the thoughts and opinions of parents of school-aged children would provide invaluable direction for future program development that truly reaches parents in positive ways. Consistency across home and school in building social/emotional competencies would benefit children. Parents could learn professional techniques and strategies from volunteer actors using the technology talents of middle school and/or high school aged youth.

Competing Yet Complimentary Goals

Time and funding have repeatedly presented themselves as challenges to improving behavioral health prevention practices and implementing social work best practices in schools. Despite general acknowledgement that academic instruction and developing social/emotional competencies are complimentary goals, school days are primarily filled by academic instruction time. Time for multi-tiered systems of support (MTSS) services is secondary but critical to building social/emotional competencies. Again, policy makes a school's job more difficult. Each community must determine how much more can be squeezed into a school day. This leads to the topic of extending the school day, extending the school year, or perhaps offering home economics and social/emotional skills building in afterschool programming environments. A systematic review of program effectiveness by delivery environment could inform future directions for education in the United States.

Lifelong Learning that Improves Outcomes for Kids and Families

Prevention, Public Health, and Policy

Behavioral health prevention practice uncovers the policies and practices that fill environments with SDOH risk factors that increase the likelihood of adverse experiences

for children, adults, and families. For social work to achieve its social justice mission, principled and ethical practice must embrace the dual imperative of treating those that have been harmed and preventing others from being harmed. School social work practice is a force that can tip the scale of justice away from majority treatment to majority preventative practice (see Figure 1). To reach this goal, social work curricula must lead professional development with equal availability of resources, knowledge, and skills in the area of prevention: ecological theory's connection to public health risk and protective factors, and clear understanding that environments will continue to bring harm to families (FIE) and their children (PIE) without policy change that improves environments socially and concretely. Social work's mission cannot be fulfilled without circling all of the practice efforts back around to influence public policy.

Hierarchies, Power, and Critical Thinking

Social work has historically had difficulty claiming their agency and asserting their role and function across fields and areas of practice; in part, due to the broad applicability of the profession's generalist education (Allen-Meares, 1996; Gasker, 2019; Gherardi & Whittlesey-Jerome, 2018). Social work practice with schools is not an exception to this norm. As previously discussed, when the interns attempted to assert their role in the schools and apply the model's best practices, barriers impeded progress. Viewing the barriers from the perspective of leadership and social learning theories, some schools did not utilize an adaptive leadership model to encourage teamwork to extend the interns' learning. They also did not demonstrate professional knowledge sharing or exercise equal power in decision-making processes. Although the interns' education had scaffolded a framework to conceptualize this ideal, the deeper understanding that

accompanies its application was not fully experienced in all the schools. Where adaptive leadership was not present, the interns experienced legitimate, referent, and expert power, and felt hindered in practicing and growing their social work skills.

Although these experiences were available to discuss in supervision, through reflection in log writing, and in seminar classes, without mandatory coursework in leadership at the master's level, interns could miss the system connections to small but meaningful organizational change spurred by the use of student and program outcome evaluations. As an example, a popular emotional regulation prevention program used in one school was found to have little research evidence of effectiveness. The school did not use pre- or post-test measures to evaluate student or program outcomes. In the absence of adaptive leadership and a teamwork model of practice, social learning caused the interns to follow the school's protocol rather than demonstrating curiosity in asking about the school's practices and exercising expertise in sharing what they had uncovered about the lack of evidence for the effectiveness of the program.

In a state where certified school social work practice has just begun to take root, healthy and unhealthy practice behaviors must be explicitly addressed and emphasized, not left to implicit learning and self-reflection. Community leadership cannot assume practitioners supervising interns in field placement settings are using best practices. Nor can they assume empowered school social work voices are welcome in every district. Educational policy competencies for school social work certificate programs must include coursework in leadership, organizational change, specialized research, progress monitoring, program evaluation strategies, and strategies to create community level change that impacts SDOH.

Transdisciplinary International Research and Practice

Transdisciplinary coursework and practicum learning experiences mirror real world workplaces, facilitates respect for the amount of knowledge each profession brings to team-oriented approaches, garners potential for uprooting entrenched social problems, and highlights overlaps across theoretical principles that guides various higher education degrees. It is also the direction today's globally aware students wish their education would take them. The pandemic brought unbelievable havoc, but also innovation and the acceptance of online spaces for work, informal discussions, learning, and collaborative research. Higher education should promote transdisciplinary work that also embraces international interactions for research, learning, and social progress. Students are interested. Higher education should respond with opportunities that move the next generation toward comfortability with the practice and the perspective expansions it offers. Schools, children, families, and communities would surely benefit from transdisciplinary and/or international work about evidence-based prevention from the hub of schools.

Summary

In sum, there is not a field or practice setting that cannot benefit from the knowledge, values, and skills of a generalist social worker. Specializing in school social work moves general knowledge of social welfare policies to the specifics of educational policies like IDEA, the McKinney Vento Act, Student Assistance Programs (SAP), individualized education plans (IEPs), and 504 planning. MSP and FIE are practice perspectives and theoretical tools that assist school social workers in envisioning the multilevel system changes that would best benefit families, their children, and their

communities. The planned change process (PCP) is the procedure that helps practitioners chart a step-by-step course of action. This study proposed these best practices would produce better outcomes when families take their place as the pivotal social institution to act as collaborative guides in MSP plans of action.

The pilot test of the best practices model which brings equal focus to child, family, and community systems had no significant results at the end of its first phase (one public school trimester). However, the barriers school social workers face in implementing their professional competencies in using these tools were highlighted. Lack of funding for appropriate provider ratios in addition to the time shortages and waitlisting it produced, obstructed families' voices, the process of case management in unified, collaborative goal setting, and the practice of upstream tiered prevention programming in the schools. Thus, gaps in the knowledge base were addressed by this study's results in identifying the circumstances that hinder preventative practices, positive outcomes, and effectiveness.

The means to alter this unethical practice, which puts millions of lives at risk and wastes billions in healthcare spending, is to present evidence of its effects through research that demonstrates progress and program effectiveness with and without proper application of best practices. GAS provides a practical method to begin collecting these results and connecting them to the missions of schools, communities, professional organizations, and even the goals of *Healthy People 2030* policy (U.S. Department of Health and Human Services, n.d.).

Limitations

Internal and External Validity

This study's limitations and delimitation constrain the generalizability of its outcomes to the broader population. Use of a nonequivalent youth case managed control group addressed threats to internal validity by "controlling for the main effects of history, maturation, testing, and instrumentation" (Campbell & Stanley, 2011, p. 48). However, the ethical choice to forfeit randomization in favor of a quasi-experimental design weakened generalizability, as did its narrow sample frame of three local school districts from a single rural area, and the homogeneity of the sample population. Use of secondary datasets, the small sample size, and the low participation rate of families also threaten external validity.

Catalytic Validity

A hallmark philosophy of CBPAR projects is that they have catalytic validity or produce knowledge and "positive change in the lives of those who participate . . . change that the participants desire and articulate for themselves" (Moje, 2000, p. 25). The catalytic validity of this project has been fourfold. First, it instilled hope by offering an innovative idea that has been shared with other district superintendents across the state. Solving funding issues will not happen overnight, but, in the interim, school social work interns can help by providing needed preventative services in understaffed schools. Second, the interns' legislative advocacy left enough of an impression to cause deeper conversations between legislators and the superintendents in their constituent areas. Third, the superintendents from the districts of this study requested a formal agreement to contract social work interns 5-days per week rather than limiting their time in the schools

to the practicum requirement of 2-days per week. The position would be paid, providing tuition assistance to interns, and a small stipend. Lastly, the contract was also shared with other superintendents interested in partnering with their local institutions of higher education that house social work degree programs.

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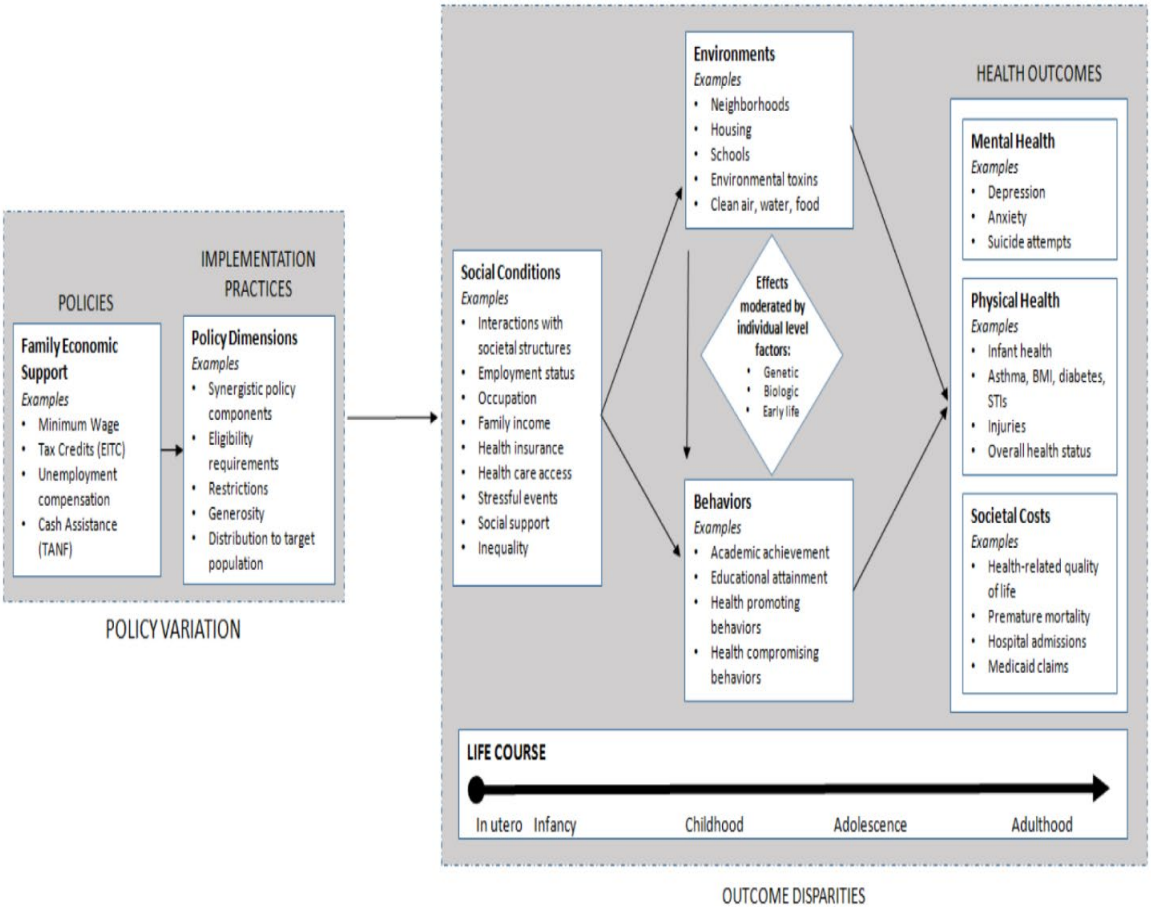
Appendix A

Policy Influences on Family Stressors and Youth Behavior



Note. From "Family economic security policies and child and family health," by R. A. Spencer & K. A. Komro, 2017, *Clinical Child and Family Psychology Review*, *20*(1), p. 20 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5346469/). Copyright 2017 by Springer Science+Business Media.

Appendix B

Relevant Comparative Demographic Statistics

Table B1

Demographics

Demographics	United States overall	Pennsylvania	County of study	Study districts combined
Total population	331,893,745	12,964,056	429,342	48,043
White	75.8%	81.0%	86.2%	90.9%
Black	13.6%	12.2%	7.9%	2.6%
American Indian and Alaska Native	1.3%	0.4%	1.0%	0.0%
Asian	6.1%	3.9%	1.6%	0.4%
Native Hawaiian and other Pacific Islander	0.3%	0.1%	0.2%	1.4%
Two or more races	2.9%	2.3%	3.1%	1.4%
Total (race)	100.0%	99.9%	100.0%	96.6%
Hispanic or Latino	18.9%	8.4%	23.9%	3.8%
White, not Hispanic or Latino	59.3%	74.8%	68.7%	96.2%

Table B2

Health Outcomes

Focus area	Measure	Top performers	United States overall	Pennsylvania	County of study	Study districts combined
Length of life	Premature death	5,500	6,900	7,600	6,700	n/a
Quality of life	Poor or fair health	12%	17%	18%	18%	n/a
	Poor physical health days	3.1	3.8	4.2	4.3	n/a
	Poor mental health days	3.4	4	4.4	4.3	n/a
	Low birthweight	6%	8%	8%	8%	n/a

Table B3

Health Factors: Health Behaviors

Focus area	Measure	Top performers	United States overall	Pennsylvania	County of study	Study districts combined
Tobacco use	Adult smoking	14%	17%	19%	17%	n/a
Diet and exercise	Adult obesity	26%	29%	30%	36%	n/a
	Food environment index	8.6	7.6	8.2	8.7	n/a
	Physical inactivity	20%	23%	23%	26%	n/a
	Access to exercise opportunities	91%	84%	84%	86%	n/a
Alcohol and drug use	Excessive drinking	13%	19%	19%	19%	n/a
	Alcohol-impaired driving deaths	11%	28%	27%	25%	n/a
Sexual activity	Sexually transmitted infections	161.4	524.6	440.8	451.1	n/a
	Teen births	13	23	18	23	n/a

Table B4

Health Factors: Clinical Care

Focus area	Measure	Top performers	United States overall	Pennsylvania	County of study	Study districts combined
Access to care	Uninsured	6%	10%	7%	8%	n/a
	Primary care physicians	1,030:1	1,330:1	1,240:1	1,590:1	n/a
	Dentists	1,240:1	1,450:1	1,450:1	1,820:1	n/a
	Mental health providers	290:1	400:1	480:1	720:1	n/a
Quality of care	Preventable hospital stays	2,761	4,535	4,655	4,386	n/a
	Mammography screening	50%	42%	45%	44%	n/a
	Flu vaccinations	53%	46%	51%	53%	n/a

Table B5

Health Factors: Social and Economic Factors

Focus area	Measure	Top performers	United States overall	Pennsylvania	County of study	Study districts combined
Education	High school graduation	96%	85%	87%	87%	n/a
	Some college	73%	66%	65%	58%	n/a
Employment	Unemployment	2.60%	3.90%	4.30%	4.20%	n/a
Income	Children in poverty	11%	18%	17%	17%	n/a
	Income inequality	3.7	4.9	4.8	4.4	n/a
Family and social support	Children in single-parent households	20%	33%	34%	37%	n/a
	Social associations	18.4	9.3	12.3	11.6	n/a
Community safety	Violent crime	63	386	315	300	n/a
	Injury deaths	58	70	86	70	n/a

Table B6

Health Factors: Physical Environment

Focus area	Measure	Top performers	United States overall	Pennsylvania	County of study	Study districts combined
Air and water quality	Air pollution—particulate matter	6.1	8.6	10.6	10	n/a
	Drinking water violations				Yes	n/a
Housing and transit	Severe housing problems	9%	18%	15%	15%	n/a
	Driving alone to work	72%	76%	76%	80%	n/a
	Long commute—driving alone	16%	36%	37%	32%	n/a

Note. These tables combine relevant demographic information from U.S. Census Bureau (2021), National Center for Education Statistics (2019), and University of Wisconsin, Population Health Institute (2022). Adapted from County Health Rankings, by University of Wisconsin, Population Health Institute, 2022, (https://www.countyhealthrankings.org/). Copyright 2022 by County Health Rankings.

Appendix C

Loevinger and Cook-Greuter's Stages of Ego Development

Loevinger stage	Description: Methods of influence
Presocial and symbiotic	Exclusive focus on gratification of immediate needs; strong attachment to mother, and differentiating her from the rest of the environment, but not her/himself from mother; preverbal, hence inaccessible to assessment via the sentence completion method.
Impulsive	Demanding; impulsive; conceptually confused; concerned with bodily feelings, especially sexual and aggressive; no sense of psychological causation; dependent; good and bad seen in terms of how it affects the self; dichotomous good/bad, nice/mean.
Self-Protective (4.3%) (Opportunist)	Wary; complaining; exploitive; hedonistic; preoccupied with staying out of trouble, not getting caught; learning about rules and self-control; externalizing blame.
Conformist (11.3%) (Diplomat)	Conventional; moralistic; sentimental; rule-bound; stereotyped; need for belonging; superficial niceness; behavior of self and others seen in terms of externals; feelings only understood at banal level; conceptually simple, "black and white" thinking.
Self-Aware (36.5%) (Expert)	Increased, although still limited, self-awareness and appreciation of multiple possibilities in situations; self-critical; emerging rudimentary awareness of inner feelings, of self and others; banal level reflections on life issues: God, death, relationships, health.
Conscientious (29.7%) (Achiever)	Self-evaluated standards; reflective; responsible; empathic; long-term goals and ideals; true conceptual complexity displayed and perceived; can see the broader perspective and can discern patterns; principled morality; rich and differentiated inner life; mutuality in relationships; self-critical; values achievement.
Individualistic (11.3%) (Individualist)	Heightened sense of individuality; concern about emotional dependence; tolerant of self and others; incipient awareness of inner conflicts and personal paradoxes, without a sense of or integration; values relationships over achievement; vivid and unique way of expressing self.
Autonomous (4.9%) (Strategist)	Capacity to face and cope with inner conflicts; high tolerance for ambiguity and can see conflict as an expression of the multifaceted nature of people and life in general; respectful of the autonomy of the self and others; relationships seen as interdependent rather than dependent/ independent; concerned with self-actualization; recognizes the systemic nature of relationships; cherishes individuality and uniqueness; vivid expression of feelings.
Integrated (2.0%) (Magician/Alchemist)	Wise; broadly empathic; full sense of identity; able to reconcile inner conflicts and integrate paradoxes. Similar to Maslow's description of the "self-actualized" person, who is growth

Loevinger stage	Description: Methods of influence
	motivated, seeking to actualize potential capacities, to understand her/his intrinsic nature, and to achieve integration and synergy in the self (Maslow, 1962).

Note. This table merges the concepts of ego and leadership development, noting Cook-Greuter's (2004) stage labels in parentheses along with study sample percentage distribution at each level (N = 4,510). Adapted from "Making the Case for a Developmental Perspective," by S. R. Cook-Greuter, 2004, *Industrial and Commerce Training*, p. 279. Copyright 2004 by Industrial and Commerce Training; and "A Critical Review of the Validity of Ego Development Theory and Its Measurement," by J. M. Gilmore & K. Durkin, 2001, *Journal of Personality Assessment,* p. 544. Copyright 2001 by Journal of Personality Assessment.

Appendix D

SPSS Outputs

Table D1

Mann-Whitney U: Hypothesis Test (Attendance)

	Null hypothesis	Test	Sig.[a,b]	Decision
1	The medians of T1_Attend are the same across categories of T1_SSWK-Fam-Inv.	Independent samples median test	.522[c]	Retain the null hypothesis.
2	The distribution of T1_Attend is the same across categories of T1_SSWK-Fam-Inv.	Independent samples Mann-Whitney U test	.289	Retain the null hypothesis.

[a] The significance level is .050.

[b] Asymptotic significance is displayed.

[c] Yates's continuity corrected asymptotic significance.

Table D2

Mann-Whitney U: Test Statistics (Attendance)

Statistic	Value
Total *N*	93
Mann-Whitney U	614.000
Wilcoxon W	705.000
Test statistic	614.000
Standard error	88.565
Standardized test statistic	1.061
Asymptotic sig.(2-sided test)	.289

Figure D1

Mann-Whitney U: Mean Rank Comparison (Attendance)

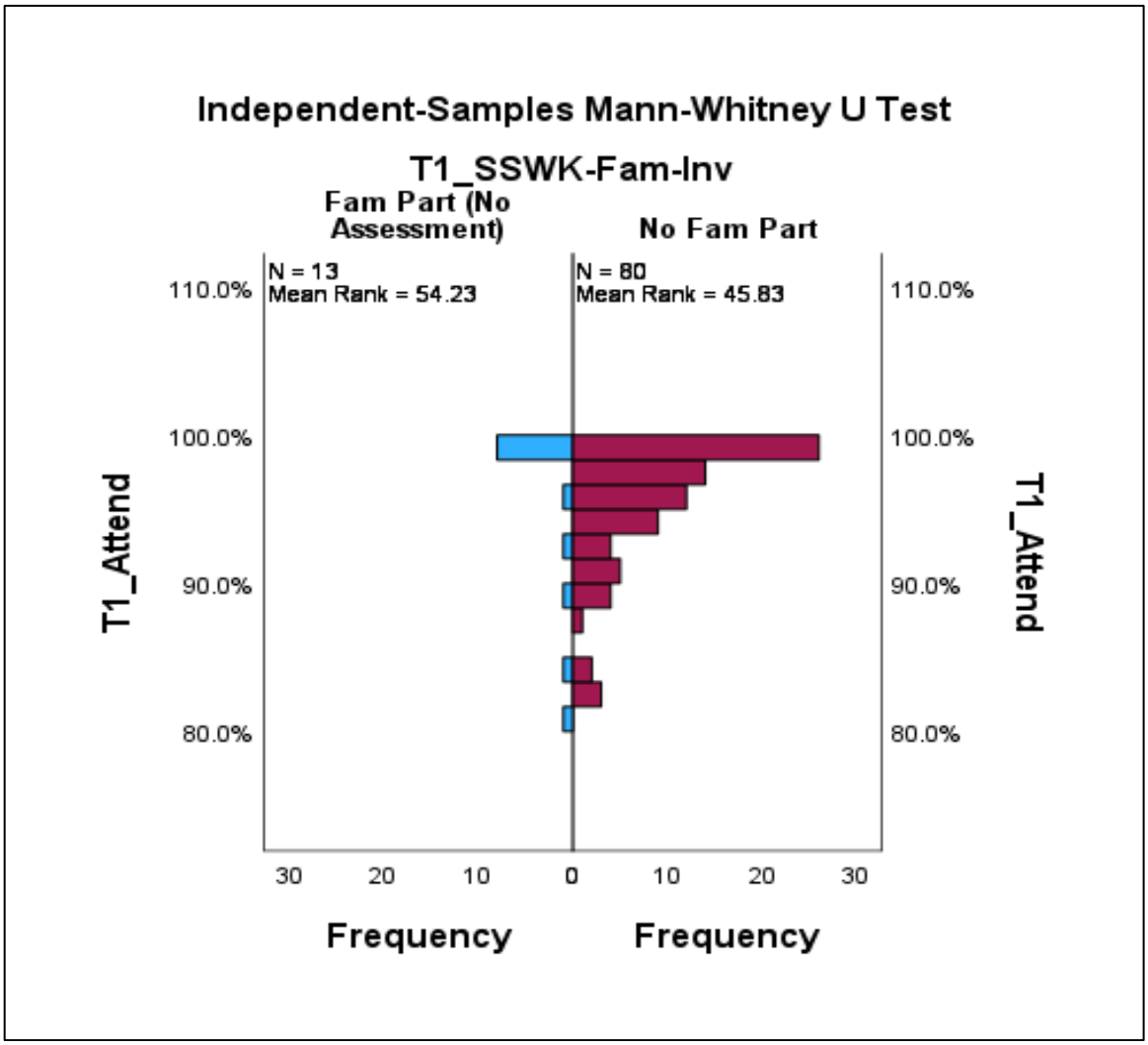


Figure D2

Between Groups Mean Plot: Attendance

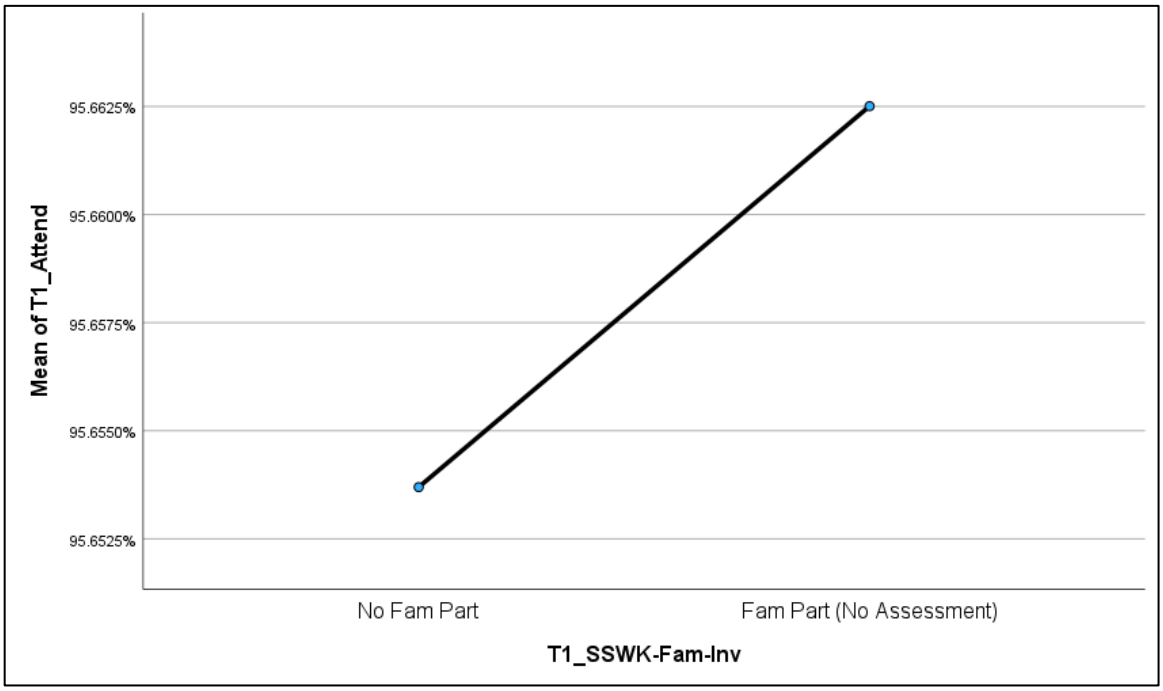


Table D3

Between Groups Mean Comparison: Attendance

	N	Mean	*SD*	Std. error	95% confidence interval for mean		Min	Max
					Lower bound	Upper bound		
No family participation	80	95.654%	4.6035%	0.5147%	94.629%	96.678%	82.2%	100.0%
Family participation (no assessment)	13	95.663%	6.8284%	1.8938%	91.536%	99.789%	80.4%	100.0%
Total	93	95.655%	4.9274%	0.5109%	94.640%	96.670%	80.4%	100.0%

Table D4

Mann-Whitney U: Hypothesis Test (Behaviors)

	Null hypothesis	Test	Sig.[a,b]	Decision
1	The medians of T1_BH_Risk are the same across categories of T1_SSWK-Fam-Inv.	Independent samples median test	.554[c]	Retain the null hypothesis.
2	The distribution of T1_BH_Risk is the same across categories of T1_SSWK-Fam-Inv.	Independent samples Mann-Whitney U test	.473[d]	Retain the null hypothesis.

[a] The significance level is .050.

[b] Asymptotic significance is displayed.

[c] Yates's continuity corrected asymptotic significance.

[d] Exact significance is displayed for this test.

Table D5

Mann-Whitney U: Test Statistics (Behaviors)

Statistic	Value
Total *N*	31
Mann-Whitney U	19.000
Wilcoxon W	22.000
Test statistic	19.000
Standard error	12.423
Standardized test statistic	-.805
Asymptotic sig.(2-sided test)	.421
Exact sig.(2-sided test)	.473

Figure D3

Mann-Whitney U: Mean Rank Comparison (Behaviors)

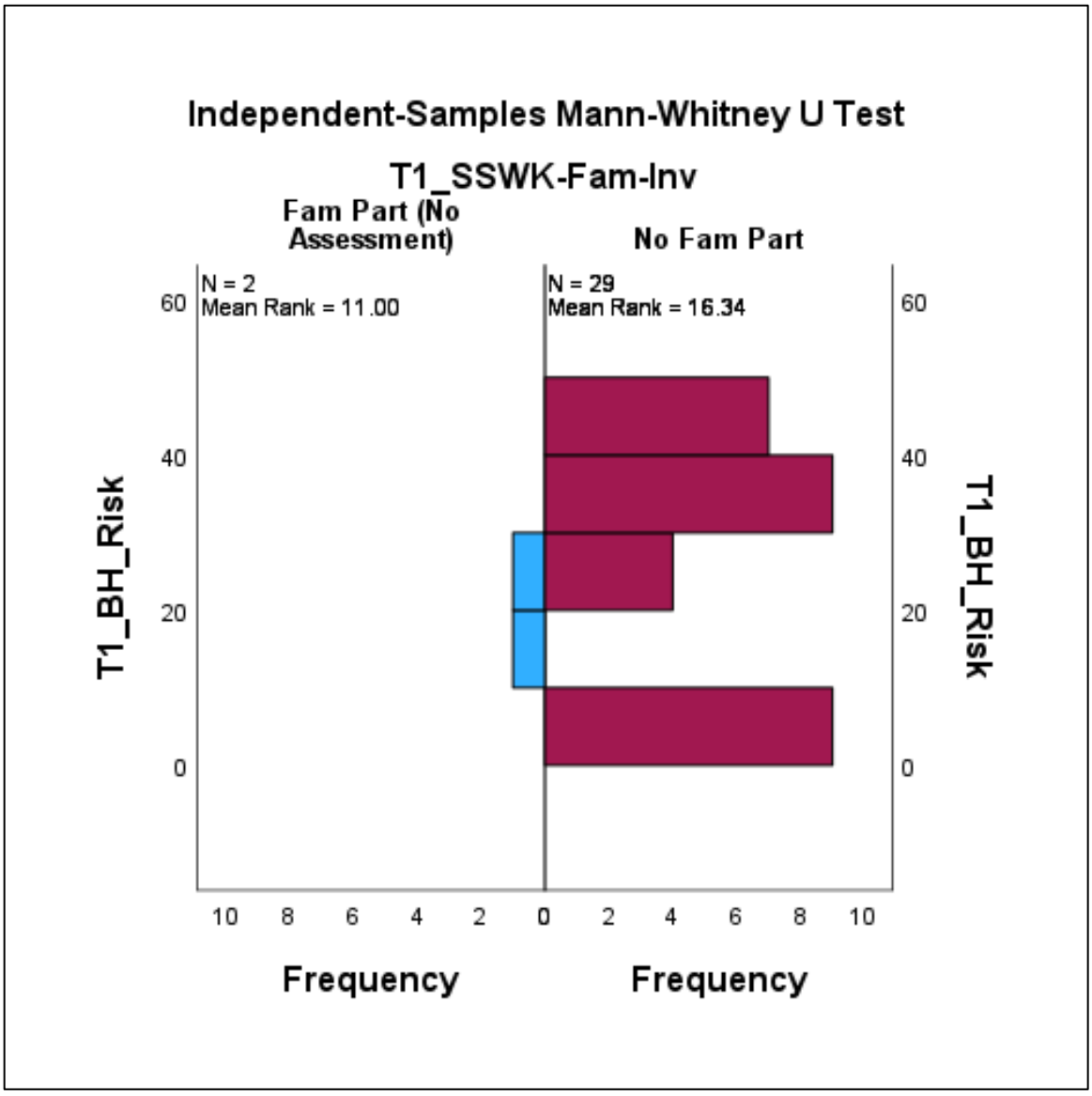


Figure D4

Between Groups Mean Plot: Behaviors

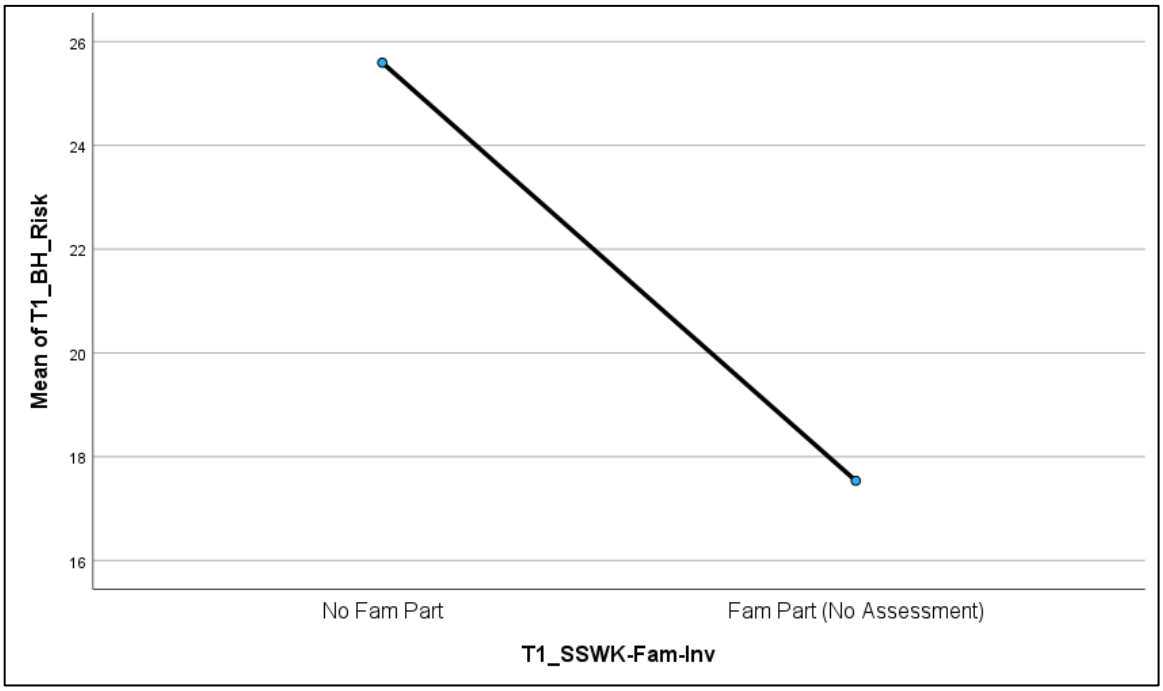


Table D6

Between Groups Mean Comparison: Behaviors

	N	Mean	*SD*	Std. error	95% confidence interval for mean		Min	Max
					Lower bound	Upper bound		
No family participation	29	25.59	16.258	3.019	19.41	31.78	0	48
Family participation (no assessment)	2	17.54	10.556	7.464	-77.30	112.38	10	25
Total	31	25.07	15.952	2.865	19.22	30.93	0	48

Table D7

Group Statistics (Grades)

	T1_SSWK-Fam-Inv	*N*	Mean	Std. Deviation	Std. Error Mean
T1_Comb_ Grades	No family participation	76	14.574	2.8770	.3300
	Family participation (no assessment)	9	11.439	2.2173	.7391

Table D8

Independent Samples Test (Grades)

	Levene's test for equality of variances		*t* test for equality of means							
	F	Sig.	*t*	*df*	Significance		Mean difference	Std. error difference	95% confidence interval	
					One-sided *p*	Two-sided *p*			Lower	Upper
Equal variances assumed	1.114	.294	3.153	83	.001	.002	3.1349	.9942	1.1576	5.1123
Equal variances not assumed			3.873	11.46	.001	.002	3.1349	.8094	1.3621	4.9078

Table D9

Independent Samples Effect Sizes (Grades)

Effect statistic	Standardized[a]	Point estimate	95% confidence interval	
			Lower	Upper
Cohen's *d*	2.8202	1.112	.397	1.820
Hedges's correction	2.8460	1.102	.394	1.803
Glass's delta	2.2173	1.414	.423	2.362

[a] The denominator used in estimating the effect sizes. Cohen's *d* uses the pooled standard deviation. Hedges's correction uses the pooled standard deviation, plus a correction factor. Glass's delta uses the sample standard deviation of the control group.

Appendix E

Institutional Review Board Approval

INSTITUTIONAL REVIEW BOARD
110 Old Main, PO Box 730, Kutztown, PA 19530
(484)-646-4167

DATE:	August 16, 2022
TO:	Sheryl McKlveen Dr. John Vafeas Department of Social Work
FROM:	Jeffrey Werner, Chairperson Institutional Review Board
STUDY TITLE:	Social Work Best Practices in Schools: Effect of Family-Focused Case Management on Rural Students' School Success
IRB NUMBER:	IRB02072022
SUBMISSION TYPE:	Initial Application
REVIEW TYPE:	Expedited
EXPEDITED CATEGORY:	7
ACTION:	Approved
APPROVAL DATE:	August 12, 2022

The Kutztown University IRB has approved the initial application for your research study. Your research study has been assigned the IRB Number IRB02072022. This number must be referred to in any future communications with the IRB.

In addition, the following language must be added to the consent form, "This research has been approved by the Kutztown University IRB – approval #IRB02072022."

This research approved as Expedited will have no expiration date. However, any revisions/changes to the research protocol affecting human subjects may affect the

original determination therefore must be submitted for review and subsequent determination.

Research must be conducted in accordance with this approved submission. You must seek approval from the IRB for changes and ensure that such changes will not be initiated without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the subjects. You must submit the Application for Revisions / Changes form to the IRB, prior to making changes.

It is your responsibility to report all adverse events / unanticipated problems to the IRB. You must report adverse events that are unanticipated, regardless of seriousness, or report events that are more serious or more frequent than expected.

Records relating to the approved research (e.g., consent forms), must be retained for at least (3) three years after completion of the research. Refer to the IRB procedures regarding records.

Please go the IRB's website to review procedures and to obtain forms as needed. If you have any questions, please contact the IRB at 484-646-4167.

Appendix F

Institutional Review Board Revision Approval

INSTITUTIONAL REVIEW BOARD
110 Old Main, PO Box 730, Kutztown, PA 19530
(484)-646-4167

DATE:	March 9, 2023
TO:	Sheryl McKlveen Dr. John Vafeas Department of Social Work
FROM:	Jeffrey Werner, Chairperson Institutional Review Board
STUDY TITLE:	Social Work Best Practices in Schools: Effect of Family-Focused Case Management on Rural Students' School Success
IRB NUMBER:	IRB02072022
SUBMISSION TYPE:	Revision/Changes
TYPE OF CHANGE:	Informed Consent & Data Source
REVIEW TYPE:	Expedited
EXPEDITED CATEGORY:	7
ACTION:	Approved
APPROVAL DATE:	March 9, 2023

The Kutztown University IRB has approved the revision/changes to the initial application for your research study. Your research study has been assigned the IRB Number IRB02072022. This number must be referred to in any future communications with the IRB.

In addition, the following language must be added to the consent form, "This research has been approved by the Kutztown University IRB – approval #IRB02072022."

Again, this research approved as Expedited has no expiration date. Research must be conducted in accordance with this approved submission. You must seek approval from

the IRB for changes and ensure that such changes will not be initiated without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the subjects. You must submit the Application for Revisions / Changes form to the IRB, prior to making changes.

It is your responsibility to report all adverse events / unanticipated problems to the IRB. You must report adverse events that are unanticipated, regardless of seriousness, or report events that are more serious or more frequent than expected.

Records relating to the approved research (e.g., consent forms), must be retained for at least (3) three years after completion of the research. Refer to the IRB procedures regarding records.

Please go the IRB's website to review procedures and to obtain forms as needed. If you have any questions, please contact the IRB at 484-646-4167.

JW\ha