Conjoint Behavioral Consultation: Collaboration among Systems Serving Children with ADHD

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Conjoint Behavioral Consultation (CBC)

- Indirect service delivery model that links families, schools, and others (e.g., physicians) in provision of services for children

- Used to address academic, behavioral, emotional, and medical needs of children

- Comprised of four stages (Needs Identification, Needs Analysis, Treatment Implementation, and Treatment Evaluation), three of which are procedurally operationalized via conjoint structured interviews
Overarching Goals of CBC

- Promote academic, socio-emotional, and behavioral outcomes for children through joint, mutual, cross-system planning

- Promote parent engagement wherein parental roles, beliefs, and opportunities for meaningful participation are clear, within a developmental, culturally sensitive context

- Establish and strengthen interdisciplinary partnerships on behalf of children’s learning and development, immediately and over time
Previous Research

- CBC shown to be effective in addressing needs of children at risk for academic, behavioral and/or social difficulties (Sheridan, Clarke, Knoche, & Pope Edwards, 2006; Sheridan, Eagle, Cowan, & Mickelson, 2001)

- Small-\(n\) experimental and controlled case studies using CBC also report positive outcomes (e.g., Colton & Sheridan, 1998, Galloway & Sheridan, 1994; Sheridan, Kratochwill, & Elliott, 1990; Weiner, Sheridan, & Jenson, 1998)
Purpose and Research Questions

- Evaluate feasibility and acceptability of CBC for children with ADHD

- Exploratory research questions:
  - (a) What are the parent- and teacher-reported effects of CBC in addressing identified concerns in a physician-referred sample?
  - (b) How do parents and teachers perceive CBC in terms of its acceptability?
  - (c) How satisfied are parents and teachers with CBC consultants and services when provided across home-school-medical settings?
Participants and Setting

- 3 school psychology doctoral students in a specialized pediatric psychology training program

- 2 developmental pediatricians working in a large Midwestern Medical University

- 14 children (ages 5-14) diagnosed with ADHD and their parents and teachers

- Most consultation sessions occurred in teachers’ classrooms
### Outcome Measures

- **Target behaviors** – behavioral data collected by parents and teachers across baseline, treatment, and follow-up phases

- **Goal Attainment** - *Goal Attainment Scaling (GAS; Kiresuk, Smith, & Cardillo, 1994)*

- **Treatment Acceptability** - *Behavior Intervention Rating Scale (BIRS; Von Brock & Elliott, 1987)*

- **Satisfaction with Consultation Services** - *Consultant Evaluation Form (CEF; Erchul, 1987)*
Procedures

- Children referred by pediatricians due to behavioral, socio-emotional, or learning difficulties impairing functioning or learning at home and/or school

- Consultant facilitated CBC meetings with parents, teachers and other relevant personnel
  - Series of 3-5 conjoint meetings lasting approx 1 hr

  - Phases of CBC: Needs Identification, Needs Analysis, Treatment Implementation, and Treatment Evaluation

- Pediatricians attended weekly case conferences with consultants and met with families during regularly scheduled appointments
### Results

Table 1. *Objective and Subjective Outcomes of Medically-Referral CBC Cases*

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

1 Mdn = Median
2 *BIRS-R* = *Behavior Intervention Rating Scale-Revised (Acceptability Factor)*, measuring acceptability of CBC, with possible mean item scores ranging from 1 (not at all acceptable) to 6 (highly acceptable).
3 *GAS* = *Goal Attainment Scaling*, measuring attainment of consultation goals, with scores ranging from 1 (goal not met; situation got significantly worse) to 5 (goal completely met).
4 *CEF* = *Consultant Evaluation Form*, measuring satisfaction with consultation services, with possible mean item scores ranging from 1 (not at all satisfied) to 7 (highly satisfied).
Main Findings

- Overall, high effect sizes and goal attainment scores across home and school

- Parents and teachers report high acceptability and satisfaction with CBC

- Parents tend to report more favorable perceptions than teachers

- Physician’s perceptions were highly favorable
Limitations and Research Needs

- Exploratory analysis with relatively small sample

- Physicians were developmental pediatricians not physicians in primary care pediatric offices

- Research with more highly controlled procedures and independent observers needed

- Investigate contexts and conditions under which CBC is effective
Implications for Practice

- CBC was shown to be effective and acceptable means of addressing concerns across settings for children with ADHD

- CBC allows for multiple systems to collaborate and share in consistent treatment planning and evaluation

- School and other pediatric psychologists are in a unique position to coordinate such consultation services
CBC References

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