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# Development of a School-Based Restorative Practices Training for Parents: Impacts on Parent and Child Outcomes

## Abstract

Restorative Practices (RP), a science of proactively building trusting and mutual relationships, is an effective framework focused on three key features of positive student discipline: building behavioral competence, addressing negative behavior, and fostering school climate. While educators are trained to use RP preventatively and reactively, parents are often only given information to use RP reactively. Strategies for proactively inviting parents to learn about and utilize RP at home are necessary to foster homeschool consistency regarding preventative discipline strategies. For the present study, 11 parents volunteered to participate in a preliminary school-based parent training designed to elicit critical parent outcomes: knowledge of RP principles/strategies, parent self-efficacy to use RP, and social validity of RP as an approach to discipline. Hypotheses for increases in parent-reported child outcomes around relationship skills and decisionmaking skills for their children between the ages of eight to twelve-years-old were also made. Using a quasi-experimental design, pre-post intervention effects on a treatment group were compared to a nonequivalent control group. Results indicated the treatment group of parents acquired greater RP knowledge, they perceived greater self-efficacy to use RP, and they validated RP as a useful discipline approach they wanted to use after attending the RP parent training. They also reported greater parent-perceived child relationship skills and decision-making skills. Implications on school-based RP implementation, the use of RP as a primary prevention tool and strategies for fostering shared accountability for child outcomes using RP will be discussed.

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Development of a School-Based Restorative Practices Training for Parents:  
Impacts on Parent and Child Outcomes

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A Dissertation  
Presented to  
the Faculty of the Morgridge College of Education  
University of Denver

---

In Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

---

by  
Christopher R. Hughes

August 2018

Advisor: Gloria Miller, Ph.D.

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Impacts on Parent and Child Outcomes  
Advisor: Gloria Miller, Ph.D.  
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### **Abstract**

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attending the RP parent training. They also reported greater parent-perceived child relationship skills and decision-making skills. Implications on school-based RP implementation, the use of RP as a primary prevention tool and strategies for fostering shared accountability for child outcomes using RP will be discussed.

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## **Chapter One: Introduction**

For much of the twentieth century, punitive discipline was employed in public schools to help manage the behavior of students, mainly through the use of external punishment as a primary consequence for undesirable actions. From a behavioral perspective, punishment is defined as a procedure wherein an undesirable behavior occurs and either the addition of an aversive stimulus (e.g. spanking) or the removal of a desirable stimulus (e.g. recess) is introduced in response to make the undesirable behavior less likely to occur again (Skinner, 1953). This discipline model later culminated in a national trend in the 1990s called Zero Tolerance.

Zero Tolerance policy arose following federal legislation named the Gun-Free Schools Act of 1994 (20 U.S.C. §§ 7151 et seq.), and was meant to rid schools of gun violence, bullying, and drug/alcohol abuse while also increasing feelings of safety and positive school climate (Skiba & Peterson, 1999; Skiba & Rausch, 2006). The policy posed that any student, regardless of the situation, be punished according to predetermined guidelines. Subsequently, an unforeseen increase was observed in the use of suspension and expulsion as a uniform method for punishing individuals of any age who demonstrated a wide range of behavior problems: from physical violence to less significant foul language or bringing toy weapons to school (American Psychological Association [APA] Zero Tolerance Task Force, 2008; Shah, 2013; Skiba, 2014).

Skiba and Peterson (1999) found that schools utilizing a Zero Tolerance policy were no safer than schools not using the same policy. Moreover, Zero Tolerance inadvertently led to a disproportionate number of suspensions or expulsions of minority students compared to non-minority students (Browne, Losen & Wald, 2001; Skiba & Knesting, 2002). By the year 2000, these data prompted educators to begin rethinking their discipline policies—not only how they work to manage negative behavior, but also how to preventatively encourage prosocial behavior and foster a positive school climate.

### **Reexamination of School Discipline Policies**

Discipline and school climate have long been thought to be synonymous with one another. Indeed, the more effective a school's discipline efforts are at preventing or managing negative behavior, the more everyone in the school feels safe, supported and generally happy (Cornell, Shukla, & Konold, 2015; Gregory, Cornell, Fan, Shera, Shih, & Huang, 2010). Using this rationale, the American Academy of Pediatrics (AAP; 2003), the APA Zero Tolerance Task Force (2008) and the National Association of School Psychologists (NASP; 2008) wrote rebuttals of the Zero Tolerance policy, citing the above concerns regarding increases in use of suspensions and expulsions as well as lack of growth in school community and climate.

Furthermore, all three organizations called for positive and preventative policies focused on teaching prosocial behavior. Researchers summarized the distinction when using positive discipline versus punitive discipline as the use of proactive teaching to

promote behavioral competency, corrective feedback when a rule violation takes place, and the purposeful building of community within classrooms and the whole school (Collaborative for Academic Social and Emotional Learning [CASEL], 2003; Evenson, Justinger, Pelischek, & Schulz, 2009).

### **A New Approach to Positive Discipline: Restorative Practices**

As schools currently move toward building positive school discipline practices that can address disruptive behavior while also fostering social emotional competencies and school climate, an alternative discipline method has emerged called Restorative Practices (RP; Costello, Wachtel, & Wachtel, 2009). This humanistic and cognitive-behavioral approach to positive discipline is defined as a science of helping individuals build social capital within their community in an effort to promote social order and discipline within that community (Costello et al., 2009; Wachtel, 2013). A major assumption of RP is discipline should always be done with an individual, through collaboration and problem-solving (Wachtel & McCold, 2001). A second major assumption of RP is those who have higher levels of social capital – quality relationships based on mutual trust and respect (Putnam, 2001) – can positively work through acts of harm done to them or when they commit harm. Conversely, Putnam (2001) states it is harder for those with lower levels of social capital to do the same. Social capital allows individuals to reconcile any harm they did by repairing the relationships they affected while maintaining the trust and care of their community. This approach to building school

climate, while also addressing disciplinary concerns, is a great match with what the AAP (2003), APA Zero Tolerance Task Force (2008), and NASP (2008) recommend and what many researchers (CASEL, 2003; Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008) assert are effective positive school discipline approaches that enhance both social-emotional learning and academic outcomes.

Multiple studies have indicated schools using RP see reductions in the number of suspensions, expulsions, and other acts of exclusionary discipline by staff (Anyon, Gregory, Stone, Farrar, Jenson, McQueen, et al., 2016; Kane, Lloyd, McCluskey, Riddell, Stead, & Weedon, 2007; Shaw and Wierenga, 2002; Thorsborne, 1996). There are also stronger relationships amongst teachers and students (Gregory, Clawson, Davis, & Gerewitz, 2016). Established programs similar to RP, such as Collaborative Problem Solving (CPS), have also been noted to elicit similar results by using a preventative and collaborative approach that involves student and adult input rather than unilateral control from an adult onto a student (Greene, 2016).

This effective method for school-based discipline is designed to work across different age-levels and studies have confirmed this in Kindergarten through 12th grade (Costello et al., 2009). However, it can be argued that use of RP is most critical at younger ages. Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, and Mac Iver (1993) indicated there is a growing need to support children as they mature into adolescents. Children close to or who are transitioning into middle school experience a



number of significant cognitive and social changes, which creates a series of developmental needs that are different from their younger peers. These include the need for more autonomy as well as self-determination in their everyday lives (Hill, 1988; Steinberg, 1990).

Eccles et al. (1993) states a balance must be established between emerging adolescents and their schools and families regarding discipline styles, behavioral expectations, and the general environment of the home or school that the disciplinary approach creates. The authors refer to this balance as stage-environment fit. Without this balance, students are more likely to act out in a variety of ways, including: a lack of academic motivation, poor on-task behavior, lower grades (Eccles, Midgley, & Adler, 1984), and conflict with parents or other adults (Hill, 1988; Steinberg, 1990). Thus, it can be hypothesized that children between the ages of eight and twelve-years-old are at a prime age for RP as a disciplinary style in both the home and school settings. In fact, numerous schools across the country are beginning to adopt RP approaches at the elementary level (Schott Foundation for Public Education, 2014). However, getting started with and consistently using RP across home and school settings poses a challenge to schools and districts.

### **Barriers to Restorative Practices in Elementary Settings**

While this approach is increasingly being adopted in elementary schools across the country, many are not utilizing a systematic implementation process. This has led to a

series of problems that ultimately causes failure of RP including a lack of knowledge regarding what RP is, effective training practices to help all stakeholders understand RP, and effective implementation practices for all stakeholders (Brummer, 2016). In particular, teachers and other school staff typically receive training about RP, but not parents. Parents receive minimal information, but ordinarily only after problems have occurred or when they are told about a restorative approach that was used with their child (Kane et al., 2007; McCluskey, Lloyd, Kane, Riddell, Stead, & Weedon, 2008). Alternatively, parents might learn about this approach through participation in a restorative conference once their child is at risk of suspension or expulsion (McMorris, Beckman, Shea, Baumgartner, & Eggert, 2013).

In other words, parents are not intentionally included in preventative trainings to help them learn about managing discipline using RP approaches before problems occur. This is unfortunate, since parents are integral to more systematic and successful implementation of RP in schools, at home, and in the community (Brummer, 2016; Costello et al., 2009; Wachtel, 2013). Preventative training to help parents understand and use RP proactively could be a vital component leading to more knowledge of RP and parent confidence for using RP in their own home (Parent Self-Efficacy), which can elicit greater acceptance or social validity of RP, and subsequent use of similar RP strategies at home before behavioral problems occur.

## **Families, Schools, and use of Restorative Practices**

There is a strong connection between family and school environments and the impact each has on a child's development over time (Esler, Godber, & Christenson, 2008). Many researchers have called for enhanced home-school collaboration to help children achieve their greatest potential, both from an academic and social-emotional perspective (Esler et al., 2008; Lines, Miller & Arthur-Stanley, 2010). Such collaboration is most successful when it emphasizes consistency in behavioral expectations between home and school environments and in the forms of discipline used to manage negative behavior (Miller, Lines, & Fleming, 2014). Additionally, it is most successful when the environment presented by adults at home and at school consistently allows children to meet their own needs in a developmentally responsive way (Eccles et al., 1993).

Therefore, it is essential to find ways for schools to partner with parents when a district or school is adopting new positive disciplinary approaches like RP. This partnership can foster a balance between expectations of children/students behavior while allowing them to have more autonomy and self-determination. It is important to understand that researchers and practitioners cannot instill this balance for school staff or parents. It must be cultivated. This point was stressed by Eccles et al. (1993): "we [researchers] know less about how to help families achieve this balance than we know about how to design schools that help teachers achieve the right balance. There is a great need for programs that will help parents with this difficult task" (p. 99). It is the

hypothesis of the researcher for the present study that RP could be a program that helps parents and teachers create this balance, together.

### **Problem Statement**

RP is quickly becoming a practical and desirable approach to positive discipline in schools across the nation, including elementary schools (Schott Foundation for Public Education, 2014). This framework has been promoted as an effective approach to improve children's social and emotional learning and behavior, even at the elementary level (Costello et al., 2009). RP is designed to avoid punitive, less successful disciplinary procedures that can lead to stigmatization (Mullet, 2014) and cultural disparities in outcomes (Browne et al., 2001; Skiba & Knesting, 2002). While many elementary schools have trained staff to successfully adopt RP (Blood & Thorsborne, 2005; Kane et al., 2007; McCluskey et al., 2008), there have been few attempts to intentionally provide parents with knowledge about RP or include parents in training to learn about RP as it is used in schools (McMorris et al., 2013). Moreover, few attempts have been made to train parents as to how it could be used at home from a preventative standpoint. This in turn has led to many schools' and school districts' attempts at using RP to fail or not reach full potential (Brummer, 2016). Thus, a structured methodology for training parents in the proactive use of RP is necessary.

Therefore, the major purpose of this study was to develop, implement, and evaluate a new means of proactively and intentionally educating parents about RP with

the hopes that this would lead to greater parental knowledge of RP, parent self-efficacy about using RP at home, and acceptance and validation of RP as a disciplinary approach. As these psychological factors are addressed, the Theory of Planned Behavior (TPB) posits that parents will more intentionally utilize new practices they have learned (Ajzen, 1991). In doing so, the intentional use of skills learned through partnering with their child's school should lead to measurable change in a child's behavior (Nokali, Bachman, & Votruba-Drzal, 2010). Considering RP is an approach that targets individuals' skills to build and maintain strong relationships (Costello et al., 2009), it was specifically hypothesized that children's relationship skills and decision-making skills would be positively impacted by parents' intentional use of RP skills following being trained.

### **Research Questions**

The specific research questions (RQ) posed in the current study included:

RQ 1: Does a newly developed RP parent training lead to pre-to-post training gains in acquisition of knowledge regarding critical restorative discipline principles and practices for parents of 3rd to 6th grade students?

RQ1a. Do these gains in knowledge about the use of restorative discipline practices remain after a two-month period?

RQ1b. Are these gains in knowledge about the use of restorative discipline practices greater than that observed in parents in a wait-list control condition?

RQ 2: Does a newly developed RP parent training lead to pre-to-post training gains in self-efficacy about general parenting and self-efficacy about the use of restorative discipline practices for parents of 3rd to 6th grade students?

RQ2a. Do these gains in self-efficacy about general parenting and self-efficacy about the use of restorative discipline practices remain after a two-month period?

RQ2b. Are these gains in self-efficacy about general parenting and self-efficacy about the use of restorative discipline practices greater than that observed in parents in a wait-list control condition?

RQ3: Does a newly developed RP parent training lead to pre-to-post training gains in parent ratings of children's relationship skills and decision-making skills for parents of 3rd to 6th grade students?

RQ3a. Do these gains in children's relationship skills and decision-making skills remain after a two-month period?

RQ3b. Are these gains in parent-perceived children's relationship skills and decision-making skills greater than those observed in parents in a wait-list control condition?

RQ4: Does a newly developed RP parent training lead to positive parent post-training ratings of social acceptability and validity of RP for parents of 3rd to 6th grade students?

## **Definitions of Key Terms**

Key terms seen throughout the current research study are defined below.

Acceptability: The degree of agreement or interest users have for doing a set of treatment procedures (Elliott, Witt, Galvin, & Peterson, 1984).

Cognitive-Behavioral: This refers to a theoretical approach to understanding and changing behavior that posits a person's perception or way of thinking about a situation is more closely connected to their behavior than the event itself. Thus, to change a behavior in someone, you must teach him/her how to think and problem-solve in a rational or helpful way when a problem occurs, leading him/her to feel more positive about handling the problematic situation. This in turn, heightens the likelihood of executing a desirable behavior when a problem occurs again (Kendall, 1993).

Decision-Making Skills: CASEL (2003) posits this is a second critical skill for overall social-emotional competence, defined as the ability to thoughtfully and accurately consider the likely outcomes of a behavior including how it will affect others as well as the ability to take responsibility for personal actions.

Humanistic: This refers to a theoretical approach to understanding and changing behavior that is predicated on the importance of human relationships and, more importantly, character-based habits that increase individuals' success in school, at work, and in their personal life (Starcher & Allen, 2016). This approach puts a spotlight on relationships and interpersonal skills versus observable and measurable behaviors (Hardy, 2016).

Parent Self-Efficacy: Parent Self-Efficacy (PSE) is a belief a parent holds about their ability to impact a child's development through their parenting that leads to success (Ardelt & Eccles, 2001) as well as a belief in their status as an overall competent parent that can handle a variety of required tasks associated with parenting (Coleman & Karraker, 2003). The present study will also examine specific self-efficacy for use of Restorative Practices strategies using the above definition as the framework for understanding PSE.

Positive School Discipline: Refers to school-wide and individualized strategies that proactively teach prosocial behavior as well as intervene when problem behavior occurs (Sugai & Horner, 2002). The intention with positive discipline is to teach children how to behave well rather than only discourage problematic behavior.

Relationship Skills: CASEL (2003) asserts this is a critical skill for overall social-emotional competence, defined as the ability to effectively moderate personal emotions, create and sustain adaptive relationships, work through conflict, and seek help appropriately.

Restorative Practices: A term for the science of helping individuals build social capital within their community in an effort to promote social order and discipline within that community (Costello et al., 2009; Wachtel, 2013). For the present study, Restorative Practices will be defined as a humanistic and cognitive-behavioral approach to positive



discipline that can foster social-emotional competencies in children, address disruptive behavior when it occurs, and promote a positive school community.

Social Validity: the degree to which the user of a treatment finds it useful or desirable to use at a given time (Wolf, 1978).

## **Chapter Two: Literature Review**

This literature review begins with a summary of the changes in school disciplinary practices and policies over time that have shaped children's social and learning environments throughout the 20th and 21st centuries within school settings. Next, a description of the latest research and trends in what is referred to as positive discipline will be discussed in the context of an approach called Restorative Practices (RP). A discussion of the theoretical underpinnings and major tenets of RP will be presented with an emphasis on the use of RP at the upper elementary grades. To be clear, RP is a useful practice across school-age children but the focus of this work will be upper-elementary age students. Current challenges to the school-wide implementation of RP will be outlined and a potential solution to these problems will be posed that involves increasing family-school connectedness to RP. Finally, considerations will be posed for what might be done and how to help parents better understand how to apply preventative and school-based positive discipline approaches into their parenting practices.

### **Evolution of School Discipline Practices**

The use of discipline in American schools has evolved over time. In this section, disciplinary strategies that have shaped children's social and learning environments will be examined including changes in school discipline from the early 20th century, through

post World War II and the beginning of the 21st Century, and to the current shift to more positive forms of discipline for children in modern-day schools within the United States.

For the purposes of this literature review, the issue of disciplinary policies and a need for change will be examined through the lens of the Stage-Environment Fit Theory. This theory states the need for adults to provide a developmentally responsive set of disciplinary strategies within an environment, such as a school, to maintain appropriate control while also allowing children to learn to use the skills they have to make their own decisions, moderate their own behavior, and have autonomy (Eccles et al., 1993). More specifically, children have to be given opportunities to learn how to behave in ways the adults are expecting within a safe environment that will allow for mistakes and growth.

**Early 20th century disciplinary strategies.** In the beginning of the 20th century, compulsory schooling placed the responsibility of raising children in the hands of two major groups of adults – parents and teachers. With this responsibility came the need to not only teach children important academic skills (e.g., literacy and mathematics) but also civic behavior (e.g., citizenship and morality). A hallmark of discipline at that time was corporal punishment – the use of physical force greater than what is needed to move a child in order to correct behavior (Straus, 1991). The use of physical force was permitted and widely used (in both rural and urban settings) by teachers and parents as a method for maintaining order when children did not follow expectations because these adults were custodians of children (Straus, 1991). However, corporal punishment was not helping

children to learn how to demonstrate adaptive and socially acceptable behavior. Specifically, within environments with corporal punishment, children feared the punishment that came from misbehavior versus being motivated to learn new skills.

**Post World War II era discipline strategies.** Following World War II, an understanding that environmental factors can elicit different types of behavior in children emerged through the work of theorists like B.F. Skinner. Specifically, an understanding of why a child is behaving in a maladaptive way could be used as a way to prompt environmental changes to positively affect children's behavior (Kappel, Dufresne, & Mayer, 2012). Skinner's operant conditioning theory posited all behavior occurs as a result of some reinforcement or punishment from the environment. Behavior modification was subsequently employed based on the principle that punishment after an undesirable behavior or positive reinforcement after a desirable behavior can elicit behavior change (Skinner, 1953). Additionally, applied behavior analysis (ABA) principles were beginning to demonstrate the functional impact adult's behavior toward children had on academic and social outcomes beyond the laboratory setting (Baer, Wolf, & Risley, 1968). In fact, it was believed to be a person's right to receive behavioral interventions – including disciplinary treatments – that elicit functional skills that can be examined and monitored for generalization outside a laboratory setting and across time (Van Houten, Axelrod, Bailey, Favell, Foxx, Iwata, & Lovaas, 1988).

During this same time period, corporal punishment was being legally banned in many states as a disciplinary practice in schools (Gershoff & Font, 2016). Out-of-school suspension was introduced as an acceptable alternative punishment where students were asked to remain out of school for a short period of time following significant acts of disruption or violence (Allman & Slate, 2011). Critics of this new movement, however, felt suspension was not helping students learn from their mistakes. Indeed, multiple studies demonstrated that students being suspended were likely to be repeat offenders (Allman & Slate, 2011). Moreover, higher levels of drug abuse and frequency of school shootings also increased dramatically throughout the later part of the 20th century (Skiba, 2000). Thus, children were still not learning to consistently use prosocial behavior following the use of suspension and expulsion practices. Despite positive findings that behavior modification techniques can lead to greater prosocial behavior in students (Carsrud, Carsrud, & Dodd, 1980), the call for educational professionals to utilize behavior modification and applied behavior analysis techniques (Cooper, 1982) and poor findings regarding the initial use of suspension and expulsion in the schools (Allman & Slate, 2011), a more stringent set of school policies were introduced in the late 1990's and early 21st century in response to new federal legislation around school violence. The overarching term for these policies came to be known as Zero Tolerance.

**The late 20th century, early 21st century, and Zero Tolerance.** The 1990s and the early 21st century brought in a new era of behavioral school discipline characterized

by more punitive, rigid, and harsh policies towards antisocial behaviors and in response to violence specifically in schools. This policy came to be known as Zero Tolerance which came out of the Guns Free Schools Act of 1994 (20 U.S.C. §§ 7151 et seq.). The Guns Free Schools Act was a law created in reaction to the growing rate of drug/alcohol use or violent behavior in communities and schools (APA Zero Tolerance Task Force, 2008; Skiba, 2000). Specifically, Zero Tolerance policies took a standardized punitive approach to decrease the occurrence of disruptive and dangerous behaviors like gang violence, drug/alcohol use, and bullying (APA Zero Tolerance Task Force, 2008; Skiba & Rausch, 2006). The presumption of Zero Tolerance was that stronger punitive action would serve as a deterrent to future disruptive students. Rather than responding to one student's negative behavior as was seen in previous paradigms of discipline, it was the hope of Zero Tolerance that others would see the strong punitive action taken against a given student and it would make others decide not to use disruptive or anti-social behavior (Skiba, 2014).

As the use of Zero Tolerance disciplinary policies increased in schools across the United States, there were no significant, measurable improvements in safety (Skiba & Peterson, 1999). Additionally, negative effects of this policy emerged, including the overrepresentation of minorities being expelled and suspended (Browne et al., 2001; Skiba & Knesting, 2002) and the indiscriminate use of negative discipline practices that

left students who committed minor acts of misbehavior suspended or expelled from school (APA Zero Tolerance Task Force, 2008; Shah, 2013).

Significant increases in suspension and expulsion as well as poor evidence for the effectiveness of Zero Tolerance led again to a need to revisit these harsh, indiscriminate methods. The Zero Tolerance policy neither deterred disruptive behavior nor did it proactively teach prosocial behavior while building positive school climate. Major professional organizations including the AAP, APA, and NASP wrote rebuttals of Zero Tolerance and called for a less punitive and more instructive approach to build positive school climate, foster children's understanding of how to behave in prosocial ways and address disruptive or violent behavior.

**The 21st century shift to positive disciplinary strategies.** While punitive forms of discipline have been a predominate school practice for many decades, there has been a recent shift to more positive discipline approaches. The AAP (2003), APA Zero Tolerance Task Force (2008), and NASP (2008) all encouraged schools to utilize positive disciplinary strategies that promote behavioral competencies, corrective feedback when a rule violation takes place, and the purposeful building of community within classrooms and the whole school. At the same time, research in the early part of the 21st century began to call for emphasis on building social emotional competence in order to help kids be successful in school and in life (Elias, O'Brien, & Weissberg, 2006). It was especially critical to encourage in at-risk populations of children and teens (Masten & Coatsworth,

1998). CASEL (2003) identified several important social-emotional competencies including the “ability to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively” (p. 1). This definition has been further refined into five key areas of competence: Self-Awareness, Self-Management, Social Awareness, Relationship Skills, and Responsible Decision-Making.

In these new positive approaches, the focus is on teaching children social-emotional competencies rather than only recognizing and punishing misbehavior which only alienates children from their school community (Mullet, 2014). It can also be asserted that teaching social-emotional competencies can help children to understand how to make responsible decisions, build prosocial relationships with others, and generally self-direct their behavior autonomously while also respecting and following rules or guidelines from adults which is in line with expectations of the Stage-Environment Fit Theory (Eccles et al., 1993). Furthermore, positive approaches to work with children is based on seminal work by Dwyer, Osher, and Warger (1998) who helped define the levels of risk and areas of need for children and adolescents as it relates to decreasing violent and disruptive behavior. Sugai and Horner (2002) subsequently introduced systematic ways schools could use research-based practices and effective data collection at a school-wide level to positively impact social and academic outcomes of students while addressing disruptive or violent behavior. Positive discipline efforts such as



Positive Behavior Intervention and Support (PBIS) were then developed to prevent as well as manage negative behavior so everyone in the school feels safe, supported and generally happy (Sugai & Horner, 2002).

**Summary.** Overtime, school discipline practices have changed and evolved dramatically. In the 21st century, there is a stark contrast between the current positive discipline trends focused on building social-emotional competency and fostering a positive school community as compared to prior trends when the primary use of discipline was to correct negative or socially unacceptable behavior. Researchers have also demonstrated that positive discipline approaches are linked to increased social-emotional competence and better academic outcomes for individual students and school communities (CASEL, 2003; Payton et al., 2008; Elias et al., 2006; Greenberg, Weissberg, O'Brien, Zins, Fredricks, Resnick, et al., 2003; Sugai & Horner, 2002). Specifically, through the lens of Stage-Environment Fit Theory, positive disciplinary approaches give children the opportunity to learn how to behave and self-direct their own behavior at a developmentally appropriate level without the need for rigid rules and guidelines from adults that lead to poor academic and social outcomes (APA Zero Tolerance Task Force, 2008; Mullet, 2014; Skiba & Rausch, 2006). Next is a discussion of a promising framework for discipline, Restorative Practices, which falls within the current trend towards positive school discipline.

## **A Positive Discipline Framework: Restorative Practice**

The ways an adult disciplines a child is a critical component of any environment a child exists in, including the classroom, playground, or hallways of a school. However, it is important to understand what is meant by discipline. Often, many people think of this word with a negative connotation that implies punishment as was seen in much of the 20th century. Discipline in the 21st century is not just about punishment – responding to an undesirable behavior with an undesirable stimulus (e.g., spanking) or removal of a desired stimulus (e.g., recess time), as described by Skinner (1953). Rather, discipline in a school setting is also a method of teaching prosocial behavior based on school-wide and individualized approaches.

Sugai and Horner (2002) refer to such positive discipline approaches as positive behavior support. Similarly, Bender (2007) describes it as relational discipline or a system predicated on the building of positive, trusting relationships between adults and the children they care for. Nelson (2006) defines positive discipline as a method of helping children learn self-discipline through strong, mutual relationships that foster belonging in a given setting. Therefore, discipline can involve punishment but also includes a teaching component so children understand how to behave in a prosocial way and not just what will happen if they do not behave in a prosocial or adaptive way. This is consistent with the goals of positive behavior support called for by the AAP (2003), APA Zero Tolerance Task Force (2008), and NASP (2008).

As schools move toward positive school discipline practices, a specific method of positive discipline has emerged called Restorative Practices (RP; Costello et al., 2009). It can be argued that RP and the central tenets of this framework are congruent with Bender (2007), Nelson's (2006), and Sugai and Horner's (2002) definitions of positive or relational discipline. RP meets the goals of positive discipline approaches by: increasing behavioral competence in children, addressing disruptive or violent behavior and providing feedback as it happens, and proactively promoting positive school climate. A discussion of RP, and its theoretical foundations, as well as the six central tenants of the framework are provided next, followed by an outline of promising research findings regarding RP. Next, an argument for why the RP framework is critical for children in the upper elementary grades will be provided. Challenges to implementing RP at the upper elementary level will then be presented along with a potential solution to these challenges that involves increasing family-school connectedness in regards to RP.

**What are Restorative Practices?** Restorative Practices (RP) refers to a science of helping individuals build social capital within their community in an effort to promote social order and discipline within that community (Costello et al., 2009; Wachtel, 2013). Practices aligned with this approach have been used in a variety of settings including schools, community agencies, law enforcement, and work places (Wachtel, 2013). Specific to schools, RP is based on a philosophy of relationship building wherein the relationships elicit school-wide climate change and create a positive learning

environment for all students as well as a safe working environment for teachers (Costello et al., 2009; Mirsky, 2011).

For the present study, RP was defined as a humanistic and cognitive-behavioral approach to positive discipline that can foster social-emotional competencies in children, address disruptive behavior when it occurs, and promote a positive school community. Any humanistic approach to discipline focuses proactively on fostering of relationships and the quality of those relationships (Starcher & Allen, 2016). Strong relationships can then be used to leverage support and reconciliation when problems occur in a community. Within RP, higher quality relationships are marked by higher levels of social capital – a network of close, quality relationships that can be characterized as trusting and mutual (Putnam, 2001; Wachtel, 2013). Social capital must be built proactively so that it can be used readily to leverage reconciliation and support in response to a person’s act of harm toward another person or group of people. Harmful acts committed by individuals who have higher levels of social capital are more easily separated from them as an individual. Subsequently, the behavior can be punished but the person can be reconciled as a member of the community and preventing further shame (Ahmed & Braithwaite, 2006). Additionally, higher levels of social capital within communities are associated with lower levels of violence, higher academic achievement, and less crime (Putnam, 2001).

In addition to the humanistic foundations for RP, the cognitive-behavioral foundations of RP are within the major tenants of the RP framework which will be

discussed below. For those utilizing RP, the tenants discussed below are not merely an outline of strategies to be used at will, but rather as different ways of thinking about how to work with and relate to others. RP users must embrace the thinking that relationships and the human experience of those relationships plays a critical role in how we think, feel, and behave during social interactions, especially situations where harm has been done and redirection or correction is needed. Even when harm is done and a rule is broken, it is the relationship that has been affected and must be dealt with initially rather than a significant focus on punishment or consequences.

**The major tenants of Restorative Practices.** In order to build social capital within a school setting, Costello et al. (2009) and Wachtel (2013) have outlined six major tenants of RP. These tenants reflect the cognitive-behavioral underpinnings of RP since they emphasize the explicit use of thinking strategies to change the feelings and behaviors of adults and children. Cognitive-behavioral approaches have been successful in reducing problematic behavior in children with anxiety and depressive disorders (Butler, Chapman, Forman, & Beck, 2005). Therefore, this approach can be employed within general populations of individuals as well.

The six overarching RP tenants are briefly described below:

***The social discipline window.*** One of the most basic tenants behind RP is the theoretical idea of doing discipline with children (Wachtel & McCold, 2001). This idea is based on parenting research by Baumrind (1973) who suggested authoritative parents,

characterized by high levels of control and high levels of support or nurturance between the parent and the child, leads to socially well-adjusted children. This was in contrast to children of permissive parenting styles with low control and high support and nurturance or authoritarian parenting styles with high levels of control and low nurturance or support.

***The restorative typology.*** A second critical tenant of RP is there are three major stakeholders who play a critical role in the practice and use of RP: offenders, victims, and communities of care (Wachtel, 2013). Offenders and victims are individuals who have hurt or who have been hurt within a community. The community of care is typically the important people around the offender and victim who may have been affected by the act as well. These people can be peers or adult authority figures including parents, teachers, school staff, or other community partners (i.e., a sports coach, mentor, or pastor). RP works best when the offender takes responsibility for what they did, the victim receives some form of reparation, and the community as a whole receives reconciliation of the relationship that was damaged by the harm. High levels of social capital must be present within a community in order for reconciliation of harm to occur (Putnam, 2001).

***The restorative continuum.*** To help the three aforementioned parties reach the goals of accepting responsibility, obtaining reparation for victims and achieving reconciliation of the relationship, Costello et al. (2009) and Wachtel (2013) encourage the

use of RP strategies that range on a continuum from informal discussions to formal meetings and conferences with planned agenda items and outcomes.

One RP strategy is the use of affective statements (Harrison, 2007). These are basic statements that tell an individual how their behavior has made another person feel. For example, a teacher can use an affective statement to tell a student who is talking while they are giving instructions that their explicit behavior (e.g., talking while the teacher is talking) is making the teacher feel sad, frustrated or angry. Affective statements also can be used positively when a teacher lets their class or individual student know following her directions makes her feel very happy.

A second RP strategy is the use of affective questions to help students think and reflect more about how a person's behavior may have made someone feel or who may have been affected by a behavior. Answers to these questions guide a child to make things right with anyone they have negatively affected (Morrison, 2003). For example, if a child realizes they have made their teacher feel sad due to interrupting the teacher during class, they could make things right by verbally apologizing to their teacher and acknowledge the feeling of sadness their teacher felt due to their behavior, then state what they are going to do in the future to prevent hurting the teacher's feelings again such as raising their hand before talking and only talking to friends during group work time or during recess and lunch. These two acts help the person who was harmed feel the individual knows what they did, that it was wrong, and they have given a specific plan of

what they will do in the future so they can be held accountable by the community as a whole for doing that action as opposed to the same harmful behavior.

A third RP strategy focuses on using the abovementioned informal practices in more formal group meetings or restorative circles (Costello, Wachtel, & Wachtel, 2010; Wachtel, 2013). An RP circle is designed to help students understand how to work with and communicate with their peers or adult leaders. RP circles are a specific technique in which individuals learn to share information and ideas pertinent to a group (Costello et al., 2010). The goal of an RP circle is to help students learn different perspectives and priorities that others possess and to become more other-focused or aware of the interdependence of one's behavior on others. During an RP circle, conversations between students and teachers or between students themselves are facilitated that lead to effective social decision-making and relationship building as well as accountability and social responsibility (Macready, 2009). These circles can be used both proactively to build community and reactively when harm has occurred (Costello et al., 2010).

***The nine innate affects.*** Another critical tenant of RP is the need to understand and identify the nine innate affects that can be experienced by individuals across all ages, genders, and races. RP is built upon a theoretical foundation that individuals in relationships must be able to freely express various emotions from negative to neutral to positive, without fear of further harm (Tomkins, 1962). Understanding what these affects are is important as it gives a blueprint for emotions one can expect to interact with,



accept, and work through in a relationship with other people (Nathanson, 1992). For example, a child who is bullied may feel a sense of shame initially because he or she has been a victim of physical or emotional harm. This is a brain-based reaction or affect to a situation. It is critical to help that child acknowledge the affect of shame but then quickly help them move to more neutral affects of contentment or happiness by getting the child to focus on the next steps they have control over to help them move forward. This helps to decrease focus on the shame, where they feel out of control, and more on the actions they can take wherein they have control. Likewise, a bully who is reprimanded for their behavior may also experience the same affect of shame, but for a different reason. They may feel shame because they have been caught doing something wrong and may move from shame to anger due to the belief they will be punished. Adults intervening in these situations must help both the victim and the offender to acknowledge the wrongdoing, affects the different parties may have, and to then start brainstorming how to make things right through actionable next steps to restore neutral or positive affects to the victim and the whole community.

*The compass of shame.* After understanding the nine innate affects, it is also important to understand how individuals may move throughout the continuum of negative, neutral and positive affects. Nathanson (1992) indicates the affect of shame can easily cause people to move from positive emotions to negative emotions very quickly. It is the abrupt or sudden interruption of a positive or neutral affect – experiencing harm –

that often causes shame to be felt. When this takes place, individuals who feel shame can quickly begin to act out toward others (attack-others), act inwardly toward their self (attack-self), isolate themselves from others (withdrawal) or try to avoid shameful feelings all together (avoidance) (Nathanson, 1992).

Each of these possible scenarios represents a cognitive script or schema that individuals use to direct their thinking, feelings, and behavior about their shame without actually addressing the source of the shame (Ellison, Lennon, & Pulos, 2006). It has been demonstrated that these scripts appear to be stable over time. That is, people use the same script in similar situations (Ellison, Pulos, & Lennon, 2006). Each of the various scripts have also been associated with different behavioral concerns as a result of not dealing with the shame appropriately. For example, individuals who regularly use the attack-others script have higher levels of reported interpersonal anger and individuals who utilize the withdrawal or attack-self scripts when they are feeling shame are likely to have lower levels of self-esteem (Ellison, Pulos, & Lennon, 2006). Individuals, however, who used the avoidance script experienced the least amount of distress. More importantly, once individuals openly and honestly talked about their shame, it helped them come to terms with all the emotions that came with it then move to more neutral and positive emotions. This helps individuals to take ownership over their role in any harm then decide what can be done to move beyond the act. In doing so, negative emotionality that

can hurt a person or community is quickly experienced but then moved past so as not to cause further harm and to restore relationships within the community (Nathanson, 1998).

Overall, the compass of shame tenant helps individuals recognize children demonstrate challenging behaviors for a predictable reason. They act out in various ways as a result of a negative brain-based affect experienced following an act of harm (Tompkins, 1962). The person who is caught cheating on a test may attack others or be rude to a teacher because they feel shame. A person who has been bullied may become addicted to alcohol as a way of using the withdrawal approach to dealing with their shame or other negative feelings. Thinking about reasons underlying negative behaviors can lead to empathy and understanding since it avoids assuming that an offender acted out of spite for another person or simply because they are a bad person. Rather, they are an individual who needs to talk through problematic behavior and come up with concrete next steps for how to avoid doing the same behavior over again.

***Fair process.*** All RP strategies and practices must be offered within the context of a fair process. That is, individuals using RP must effectively adopt the use of engagement, explanation, and explanation clarity when interacting with others (Kim & Mauborgne, 2003). This is accomplished by actively encouraging everyone's participation in setting expectations and resolving conflicts (engagement) as well as clearly explaining expectations and the roles that different people play in a given community. This active participation develops trust and mutual understanding amongst

those within a community (Cohen & Prusak, 2001). This tenant is based on the belief that coercion or other unpredictable sources of power imposed by authority figures can lead to confusion, lack of trust and more disruptive behavior in the long-term (Kim & Mauborgne, 2003).

*Summary.* It is clear the foundational theories that make up RP and the specific tenants of RP fit the definition of a positive disciplinary approach. Given the humanistic and cognitive behavioral components of RP designed to promote behavioral competence, address disruptive or problematic behavior and build positive climate, the researcher for the present study sought to examine the empirical evidence of RP as a disciplinary approach in schools. It is critical for schools to only employ disciplinary strategies with an evidence base.

### **Restorative Practices: Promising Research Findings**

Empirical research of RP used in schools is still in its infancy. Notably, research regarding RP is separate and distinct from previous work done in the area of Restorative Justice (RJ). RJ approaches typically occur in the context of the prison systems and they are also utilized from a reactive standpoint (Wachtel, 2013). For a meta-analysis of RJ studies using a treatment-control methodology, see Latimer et al. (2005). Prior work using RP, specifically, has been completed within alternative schools, with a more clinical focus, also known as day treatment programs (McCold, 2002; 2004; McCold & Chang, 2008). However, the main focus of this section will be on a review of RP

research that has been completed in traditional school settings, both in the U.S. and internationally.

An initial RP study conducted in a school setting was completed by the Queensland Department of Education in Australia. Thorsborne (1996) used a restorative approach titled, Community Accountability Conferencing (CAC), now referred to as restorative conferencing. The target schools in the study had high levels of disruptive behavior occurring including: drug use, assault, victimization, bomb threats, and general classroom disruption. A total of 56 restorative conferences were completed across the participating schools during a 12-month trial and 31 were reviewed as part of this study. The specific ages of the students who participated in the reviewed conferences was not clearly stated. However, the majority of the conferences occurred in high school and were defined as a scheduled meeting between school staff, the victim of harm, the offender who committed an act of harm, and supporters of the victim and offender (usually family members). A specific script of questions and prompts was used that was adapted from the Family Group Conferencing model utilized in New Zealand for serious offenders involved with law enforcement. The evaluation of these conferences included surveys and interviews conducted at two to three weeks and four months after the conference with the victim and perpetrator as well as other participants in the conference (i.e., staff members and parents).

After two to three weeks, outcomes indicated participants had high satisfaction with the process of the CAC, offenders developed greater empathy for victims, victims felt safer and better able to manage concerns in the future, offenders perceived they were able to reintegrate into community-school relationships, and all conference members felt they had better relationships with one another following the conference. After four months, participants continued to report similar outcomes and also a high degree of compliance with plans by the offender which also led to low rates of recidivism. Finally, nearly all schools participating in the trial of CAC noted changes in their staff's thinking regarding problematic behavior and many parents noted they enjoyed and felt comfortable utilizing a similar process in the future.

A few years later, Shaw and Wierenga (2002) studied the effects of Community Conferencing in Melbourne, Australia across a nine-month period. The study consisted of two phases of data collection: teacher training and feedback as well as general feedback about use of Community Conferencing within a series of schools. Regarding the training phase, a cohort of 69 teachers, school staff, and district-level support staff participants from four regional clusters of schools received training in the RP Community Conferencing approach. The teachers were from 23 different schools, including 14 secondary schools, eight primary schools, and one was an alternative school setting. Schools were selected for the study based on interest in participating. The training consisted of two different modalities: a three-day training focused on the theory

and practice of community conferencing in school settings or a six-day graduate level course completed through the University of Melbourne focused on restorative theory and practices as it related to managing conflict in school settings. A total of 55 participants from three of the four clusters participated in the three-day training modality and 14 participants from a fourth cluster participated in the six-day training modality. Participant placement in each training model was voluntary and based on preference of the school.

Participants in both training programs were given pre-training surveys to discuss their hopes and expectations for the training. Post training measures were also given to examine skills gained and satisfaction with the training, but the measures differed for the two modalities. In the three-day training, post-training questionnaires included a five-point rating scale to determine the degree to which participants felt they understood the major RP concepts, felt able to run RP conferences, and about general impressions of the training experience. In the six-day training, participants only were asked about general satisfaction with the course with no specific questions related to RP content.

Following the training phase, all schools were asked to provide data collection over the nine-month period of the pilot including: Incident reports to describe problematic behavior handled using general behavior management rather than a community conference, conference reports to describe incidents that led to formal community conferencing, immediate post-conference surveys to get feedback right after a

conference occurred regarding plans and next steps for those involved, two-month follow-up surveys to determine compliance with plans, and an end-of-pilot review. Additionally, one school from each regional cluster volunteered to be a case study school – making a total of four case study schools. For all case study schools, additional data were collected: staff, students, and parent/community members from the school were visited by the researchers for a one and half day period. Staff, students, parents, and administrators were interviewed about ongoing RP conferencing experiences and to fill out self-report measures regarding why community conferencing was done (the type of incident) and outcomes of the conferencing. The same surveys discussed above were also done by the pilot schools.

Feedback at the end of the trainings indicated all participants were satisfied with the training content they received. Additionally, the three-day training modality yielded high satisfaction from teachers regarding their understanding of RP theory. However, immediately following the training, teachers in the three-day training did not feel as satisfied with their ability to implement the practices and strategies in their classroom. Similar data regarding neither satisfaction with their knowledge of RP nor their ability to use the RP practices were collected for the six-day modality which was a limitation for this study.

In addition to the training feedback from teachers, a total of 14 conferences and 23 mini conferences were completed across eight of the 23 pilot schools in the nine-



month pilot study. Conferences were defined similarly to Thorsborne (1996). Mini-conferences were smaller meetings with fewer participants present – the victim and offender as well as a facilitator rather than additional supportive parties. Similar results from Thorsborne (1996) were seen including high levels of satisfaction with the process of conferencing from all stakeholders. Offenders who completed conferencing were observed asking for conferences when they were the victim of harm later. While parent participation was limited, parents also indicated satisfaction with the process. Parents were only informed about conferencing via a newsletter or when their child was involved in conferencing. No preventative methods for intentionally informing parents about conferencing were utilized. The authors noted this as an area for future attention.

By the end of the study, however, it was determined that all schools wanted to continue their use of RP and it had made a genuine impact on teachers and students. Other qualitative remarks included noting the importance of the conferencing being a whole school approach that has to be initiated from the top down. It cannot be used by one teacher in isolation, it has to be part of the general school disciplinary model.

In a third study of RP, Kane et al. (2007) designed a large-scale study of several important factors related to RP in Scottish schools. The authors sought to better understand the process for implementation of RP as well as if RP could be used as a sustainable program to manage conflict in schools, build positive school climate, and elicit a restorative culture amongst the whole-school community. The researchers

collected data from 18 different schools within Scotland across a 30-month period – from 2004 to 2006. A strong, collaborative approach was used wherein the researchers worked closely with stakeholders to gain an understanding of what was happening with implementation and outcomes at a school level and regional level (local authority levels).

A mixed methods approach was used to collect data including: surveys, interviews and observations with key members of the local authorities, individual school staff, and individual student bodies. Critical factors for which researchers were seeking information included the perceived level of training school staff felt was needed in order to use RP effectively, situations and contexts in which RP was appropriate to use, stakeholders' responses to RP approaches, RP strategies schools used that lead to positive outcomes, and support stakeholders felt was needed to promote an effective school-level implementation of RP. Critical outcomes encompassing staff, student, and parent perspectives will be discussed below.

Regarding initial implementation, nine out of the 18 schools reported significant achievements toward implementation of RP in their school after the two-year pilot. Achievements included improved relationships within the school community as well as high levels of reported enthusiasm, commitment and leadership regarding RP implementation. These 9 schools also saw decreased discipline referrals and fewer school exclusionary strategies (i.e., expulsion and suspension). Individual school staff survey results indicated a strong need for individual schools to develop their own processes and

aims for what RP will look like in their school. Additionally, staff training and ongoing professional development regarding RP was seen as key to successful implementation across all participants.

By the conclusion of the two-year pilot, staff surveys showed a strong majority of teacher/staff participants felt the children within their schools were welcomed and included in the school community, they were expected to work hard, and parents were welcomed in school. Pupil survey results also showed pupils felt they enjoyed coming to school, they had friends, they had adults they could go to with concerns, problems were generally resolved, and that they were expected to work hard. Finally, a small number of parents who were interviewed across the 18 schools felt they were satisfied with the RP strategies being used in their child's school and they felt welcomed in their child's school. Only two parents were interviewed within the context of formal conferencing with their child. These two parents felt their children were positively impacted by the restorative conferencing process specifically.

In a more recent school-based RP study by Gregory et al. (2016), the researchers sought to understand if effective RP implementation was related to strong teacher and student relationships at a high school level. Additional data around racial disparities in office referrals and use of RP strategies was also analyzed. Prior to data collection, a two-day RP training was given to staff, teachers, and administrators at two different high schools in the U.S. The researchers also provided two full days of follow-up consultation

where staff were observed using RP strategies; consultation was provided to answer questions and concerns; the consultants also modeled specific skills with kids, teachers and families. Finally, the consultants also worked with administrators to identify strategies for how to improve their RP implementation.

A total of 412 students as well as 31 teachers completed surveys regarding the implementation of RP at their school and on perceptions of teacher-student relationships. Results of the study indicated a positive relationship between perceived level of RP implementation and reported teacher-student relationships. Teacher-reported level of cooperation for students was positively associated with students' perception of respect from their teacher. Additionally, when controlling for racial disparity and teacher reported behavior of students, the student's reported levels of RP implementation by teachers was positively associated with student perceptions of respect from teachers. A final outcome reported across both schools was a reduction in the number of discipline referrals given to students across different racial groups; teachers with higher levels of student-perceived implementation of RP showed the least disparity in their discipline referrals across racial groups.

Another recently completed large scale study of RP was completed by Anyon et al. (2016). These researchers examined subsequent office referrals in K-12 students across 180 schools in a large urban school district who had received a Restorative Intervention (RI) following their initial office referral. The RIs employed in the study

were defined as either mediation, restorative circles, or a restorative conference. The results indicated individuals who participated in an RI after receiving an initial office referral early in the year were less likely to receive another referral in the second semester of the same school year.

Overall, the above findings provide promising findings regarding the use of RP as a school-wide disciplinary approach for all ages. Of the five studies reviewed above, a 2-year time frame was found to be adequate for noticeable change in school culture and disciplinary practices following the implementation RP approaches. Training programs lasting between 2 and 6 days yielded high levels of satisfaction from teachers. Finally, positive results on measures of general satisfaction with the process of RP at the school level and greater quality of relationships within the individual school communities were noted immediately following the use of restorative approaches as well four months later. Specific relationships could even be drawn between the level of implementation and the degree in quality of relationships perceived by high school-age students. Finally, decreased exclusionary discipline strategies and office referrals were also noted across the studies. However, these findings should be interpreted with caution based on several methodological limitations which will be discussed below.

**Methodological limitations of current research.** First, the available studies regarding RP did not utilize any control groups to compare results. These studies utilized both quantitative and qualitative measures of important factors related to RP, but no

objective and measurable comparison was made to a control group. Pretest and posttest measures of factors related to RP provided limited change-over-time data. Additionally, the studies were all quasi-experimental based on the absence of randomization of group assignments. Most schools participated in the above research studies based on interest and desire to be part of the study rather than being randomly assigned to receive the RP training and implementation procedures. However, it is not always practical to do random assignment in school settings, making quasi-experimental designs necessary (Campbell & Stanley, 1963; Kenny, 1975). While Latimer et al. (2005) found 22 studies of RJ using a treatment-control design, this same methodological rigor has not been applied to RP research to date.

A second issue is the available studies of RP also show there is a limited number of studies examining RP in the elementary setting. The majority of studies examined high school and middle school contexts while few were primary school contexts. Thirdly, there are great inconsistencies in the use of RP's across schools (Blood & Thorsborne, 2005; Byer, 2016; Kane et al., 2007, McCluskey et al., 2008). This issue is related to the concept of fidelity of implementation. Blood and Thorsborne (2005) have discussed the critical importance of effective implementation of any new school-based RP program. They propose a five-stage process: (a) gaining the commitment of those who will be implementing the program, (b) developing a shared vision of what RP will look like at the school, (c) building responsive and effective practices, (d) developing a whole-school

approach to RP, and (e) building professional relationships within the school through RP principles. These five stages would subsequently lead those taking on RP to embrace cultural change in a contextually flexible way without having to adhere to rigid steps or timelines (Kane et al., 2007; McCluskey et al., 2008).

Within the implementation science community, Normalization Process Theory (NPT) postulates there are four mechanisms through which implementation, embedding, and integration of new thinking or behaving can occur: coherence, cognitive participation, collective action, and reflexive monitoring (May & Finch, 2009; May, Mair, Finch, MacFarlane, Dowrick, Treweek et al., 2009). It can be argued the 5 step implementation plan proposed by Blood and Thorsborne (2005) utilizes these NPT processes to flexibly integrate and embed the RP approach as suggested by Kane et al. (2007) and McCluskey et al. (2008).

A fourth major methodological problem with the current RP research in schools is that most of the research has focused on teacher and student outcomes or perceptions. Only a few studies have reported parent survey or interview data was collected and the discussion of these findings was very limited. Additionally, all of the studies reviewed above that provided training only provided it to teachers and school staff rather than to other stakeholders such as parents. While teachers and staff must be targeted as primary users of RP, there is a need to expand training to empower parents to understand and use RP approaches as well.

Only one study by McMorris et al. (2013) reported detailed information regarding a parent component of RP called Family and Youth Restorative Conferencing that was based on the initial Family Group Decision-Making (Burford & Pennell, 2000). Parents were asked to participate in a restorative conference at their child's school with their child and other relevant stakeholders in attendance, to work through a plan for how to help their child who had committed a harmful act. The family was then expected to take the plan and enact it at home while the school enacted their portions of the plan in the educational environment. For a sample of 73 parents and 59 students, parent and child pre/post surveys were completed immediately prior to the first conference and also six weeks (45 days) after the conference. The results indicated an increase in parents' perceived satisfaction with the restorative conference process, awareness of community resources, and level of communication with their child. Parents also noted they and their child had stronger connections with their child's school after learning about and using the RP principles as a family. Students also indicated positive gains over time after the RP conferencing process. Students reported increased awareness of community resources, more positive ratings regarding communication with their family members, use of positive problem-solving skills, and feelings of being connected to their school.

This was the only study that directly addressed the important role of parents in the RP process. There appears to still be a lack of research evaluating the utility of helping parents learn about RP and how to use it with their child. While several studies reviewed



above discussed the use of newsletters and leaflets to help parents learn about RP, no studies were found that actually trained parents in the theory, principles or practices embedded in RP.

**Forging ahead in Restorative Practices research.** In order to overcome the above methodological issues of the current research on RP, the researcher for the present study sought to expand work in elementary school contexts. Additionally, work by Kane et al. (2007) and McCluskey et al. (2008) regarding common language as part of good implementation of RP in primary schools, and the lack of studies proactively involving parents in training or prevention strategies related to RP use in schools, the present study will seek to train parents early in the implementation process of RP rather than waiting for problems to occur. By doing so, pre and post-training measures may show parents gain knowledge of what RP is, how to do it well, and they may accept it as an effective method to use with their child preventatively at home rather than only using it after a problem has occurred. In other words, parents may see it early on as a helpful prevention tool they are capable of using with their children in the absence of significant problem behaviors.

Specifically, the upper elementary years have been noted in the research as an important period for young children to learn social-emotional skills taught naturally through the discipline practices of RP (Eccles et al., 1993). It will be asserted later in this paper that parents could play a key role in using RP within their own homes to discipline

their upper elementary-age children prior to any serious behavioral concerns. Moreover, providing formal training to parents about how to use RP may enhance the level in which they could use RP in their own homes. This approach will go beyond just including them in restorative conferences after problems have occurred or passively sending leaflets or newsletters home. It will help parents directly and actively learn and practice the explicit skills important to RP in a way that is consistent with their child's school.

Using knowledge of previous RP studies as well as research related to implementation science, it can be asserted the more stakeholders trained in the use of RP could enhance the cohesion of RP use within a community – both at home and in the school setting (May et al., 2009; May & Finch, 2009). Furthermore, the greater cohesion there is between the parent stakeholders using RP and the teacher/staff stakeholders using RP, the stronger the implementation of RP will be within that community. What will now follow is a section describing the unique developmental characteristics of upper-elementary age children and how parents' training in and use of RP could be beneficial to this specific age group.

### **Restorative Practices: An Ideal Approach for Upper Elementary Settings**

Children within upper elementary settings may reap the greatest benefits from an RP approach. Upper elementary-age children are typically considered children from eight-years-old to twelve-years-old or roughly Third to Sixth grade. During this period of time, children go through a variety of cognitive, social, and emotional changes,

culminating in a transition to middle school or junior high school (Eccles et al., 1993). These researchers found that children thrive during this time when there is stage-environment fit wherein the social opportunities afforded to children within their environment matches the cognitive, social, and emotional abilities they have at that time. This gives children a better chance to meet their own needs amidst any challenges they may face. RP could provide an ideal environment to ensure upper elementary school-age students have the opportunity to use their abilities to meet their unique needs. At least three reasons can be posed as to why upper elementary age students may be an ideal age range for RP.

First, the success of RP is predicated on people understanding the positive implications of prosocial behavior. It is also predicated on a person who did harm to another realizing they did harm and seeing it was wrong (Costello et al., 2009; Macready, 2009; Wachtel, 2013). Subsequently, they must take responsibility for that action. The person also commits to a series of behaviors that will lead them to not doing the same behavior again (Costello et al., 2009; Wachtel, 2013). In order for this type of thinking to persist and change behavior, it can be posited that there has to be coordination between a child's ability to understand right and wrong behavior as well as their recognition that they are capable of causing harm, sometimes, and that they must learn from this wrongdoing so as not to repeat the same offense.

Young children as young as 2 to 3-years-old can identify concrete behaviors that are good or bad and identify simple emotions associated with those good or bad acts (Emde, Biringen, Clyman, & Oppenheim, 1991). However, their egocentric views typically cause them to deny their own wrongdoing. Krettenauer, Campbell and Hertz (2013) found evidence that this phenomenon is due to the fact that coordination of the moral self-concept and judgment regarding their own moral actions toward others is not well established in younger children, but grows in the mid to late elementary school years in conjunction with higher-level cognitive reasoning. Therefore, RP conversations with children in the upper-elementary age range may help coordinate their understanding and thinking of their moral self with perceptions of what emotions others feel when prosocial versus hurtful behavior are used (Krettenaur et al., 2013).

A second compelling reason RP can be valuable for children in Third to Sixth grade is this age range is pivotal for building teacher-child and peer-to-peer relationships. De Laet, Colpin, Vervoort, Doumen, Van Leeuwen, Goosens et al. (2015) found that children's higher levels of perceived teacher support led to high levels of behavioral engagement at 4th grade and lower levels of decline in behavioral engagement by 6th grade. Behavioral engagement was simply defined in this study as the student's self-perceived tendency to be on-task, complete homework, and concentrate in class. Likewise, higher levels of peer-reported acceptance in 4th grade were also shown to limit the decline in behavioral engagement in school over time. These findings indicate the

importance of peer and teacher-child relationships in mid to late elementary school on academic and behavioral outcomes.

Finally, this age range may be ideally suited for RP because it's a time of significant transition from elementary to middle or junior high school. This process increases children's needs for autonomy and self-determination regarding academic work as well as social interactions with peers. How teachers and parents negotiate this period of time with their child can elicit long-term outcomes. Both Annear and Yates (2010) as well as Roelofs, Meesters, Huurne, Bamelis, and Muris (2006) found that elementary and middle school-age children's internalizing and externalizing behavior problems are impacted by rearing styles – including forms of discipline. Ackard, Neumark-Sztainer, Story, and Perry (2006) found as children become teens, levels of connectedness with parents and teachers were inversely related to substance use, likelihood to attempt suicide, body dissatisfaction, and feelings of depression. Finally, Hill (1988) and Steinburg (1990) found that students preparing to transition to middle school often had conflicts related to the level of control authority figures exerted and the child's feelings of autonomy.

This is consistent with Eccles et al. (1984) as well as Guttman and Eccles (2007) who found when environments exert too much control and do not allow children to use their own problem-solving and reasoning abilities in an effort to foster autonomy and self-determination, it can create deleterious behavior in children due to poor stage-

environment fit – this phenomenon is known as stage-environment fit theory. With this theory in mind, discipline consistent with the stage-environment fit theory should be responsive to a child’s changing developmental abilities and needs as they grow (Eccles et al., 1993). RP could serve as an ideal method for being responsive to a child’s growing desire for autonomy given the inherent need for active participation of all members of the community in an RP approach (Costello et al., 2009; Wachtel, 2013).

### **Challenges to the use of Restorative Practices in Elementary Settings**

Before engaging in any new initiative, whether it is a business venture in the private sector or a behavioral program in a school, it is always vital to understand the various barriers that can curtail progress. While RP is ideally suited as a new positive approach to discipline (Wachtel, 2013) and while this approach is increasingly being adopted in elementary schools across the country (Schott Foundation for Public Education, 2014), many schools have not utilized a systematic implementation process to make RP sustainable over time. This has led to a series of problems that ultimately lead to failure of RP. Critical issues that have led to failure include: lack of knowledge about RP as well as lack of training and support for RP implementation at a school-wide level (Blood & Thorsborne, 2005; Brummer, 2016). A discussion of these two challenges and how they can potentially be solved follows.

**Lack of knowledge about Restorative Practices.** The most important barrier that must be overcome when implementing RP is the lack of knowledge individuals have

about its theory and methods of practice. Blood and Thorsborne (2005) as well as Brummer (2016) indicate to implement RP in a school setting is not just trying the next new trend in behavior management. They go on to say it can only be successful if the culture of the school changes regarding how discipline and authority are utilized. Traditional disciplinary philosophies focus on the assignment of blame following an act that goes against a school, family or societal rule. Once blame has been assigned, a punishment is given in accordance with the infraction. There is little to no attention paid to the broken relationship between the person who did the harming and the person who was harmed. Rather, there is a focus on punishing the wrongdoer so as to discourage him or her from doing the same act again (Blood & Thorsborne, 2005; Mullet, 2014).

Changing from a traditional form of thinking about discipline to a restorative method requires explicit knowledge of the theory behind that way of thinking and explicit ways of implementing that type of thinking (Blood & Thorsborne, 2005; Macready, 2009; Kane et al., 2007; McCluskey et al., 2008). It is a challenge to acquire that knowledge and it is hard to also allow that knowledge to sway your point of view or feelings toward RP. One important outcome from a lack of knowledge is that it may not be accepted as a socially valid intervention (Reimers, Wacker, & Koepl, 1987; Witt & Elliot, 1985).

Acceptability of a specific intervention is defined as the degree of agreement or interest users have for doing the treatment procedures (Elliott et al., 1984). Additionally,

social validity is defined as the degree to which the user of a treatment finds it useful or desirable to use at a given time (Wolf, 1978). Both these subjective evaluations by users of a treatment are critical in determining whether they will utilize the treatment (Kazdin, 1977). Indeed, higher levels of social validity and acceptability for a treatment makes a person more likely to optimally utilize the treatment (Kazdin, French, & Sherick, 1981; Elliott et al., 1984). However, without knowledge of an intervention, acceptability and social validity cannot be obtained.

Implementation science researchers also argue without clear knowledge of a theory, there cannot be normalization of a new method for thinking or behaving in a large system of people. Specifically, Normalization Process Theory (NPT) argues coherence between all enactors of a program/treatment regarding the knowledge and use of a new method for thinking and behavior is a critical mechanism by which proper implementation of a new program or way of behaving occurs (May et al., 2009; May & Finch, 2009). This leads to the second critical barrier that is highly related to the first – lack of training and support.

**Lack of training in Restorative Practices and support of implementation.**

Seminal work has been completed by researchers (Blood & Thorsborne, 2005; Kane, et al., 2007; McCluskey et al., 2008) who have outlined how teachers and other school staff should acquire explicit knowledge of RP. However, similar avenues to obtain knowledge for other stakeholders have not been empirically designed and evaluated from a



preventative perspective. Without such training, Brummer (2016) indicates it is hard to sustain an RP implementation at a school-wide level because other stakeholders must be able to support and reinforce what schools are teaching children from a social-emotional standpoint. Likewise, without that training, knowledge cannot be obtained which again affects the ability for other stakeholders to show interest in RP as an intervention and subsequently accept or validate it as a good intervention (Kazdin et al., 1981; Reimers et al., 1987; Witt and Elliot, 1985).

Implementation science researchers refer to this problem as lack of cohesion, cognitive participation, collective action, and reflexive monitoring (May et al., 2009; May & Finch, 2009). These mechanisms for normalizing a new behavior expectation or pattern of thinking must be present within a community stakeholders implementing RP in order for the implementation to be fully integrated into the community of teachers, parents, and students as well as sustainable over time.

**Summary.** These two major barriers, lack of knowledge and lack of training and support, represent a potential next step in how schools can improve their implementation of RP at a preventative level as well as with those known to be at-risk for behavioral concerns. Schools must forge on in their implementation and develop a systematic way of training other stakeholders about RP rather than only teachers (Brummer, 2016). In doing so, schools could begin to overcome common barriers to embedding and integrating RP into whole school systems by establishing greater coherence of what RP is and how it can

be used to address behavioral struggles seen particularly in the upper elementary years as discussed above – issues related to the interaction of disciplinary tactics and a child’s need for autonomy and self-determination (Eccles et al., 1993).

### **Important Connections Between Family, School, and use of Restorative Practices**

It can be argued that critical stakeholders in a child’s educational experience and social emotional development are their parents. Indeed, Esler et al. (2008), Lines et al. (2010), and Miller et al. (2014) have all indicated that family-school partnership is critical for the academic and social wellbeing of children. Family-school partnering is defined as the shared or joint responsibility for a child’s learning, development, and behavior (Lines et al., 2010). More specifically, partnering with families to help them learn the utility and use of RP could be a critical next step for improving implementation of RP via the improvement of coherence in what RP is and how it can be used as a disciplinary model at both home and school. Unfortunately, few studies have examined parent-training approaches to be used by schools in the area of RP (McMorris et al., 2013). Furthermore, it is unclear what major pieces of information about RP might be important for parents to learn about to validate and accept RP. In the following sections, ideas will be posed for how to design an effective training for parents to learn about RP and psychological factors to consider when facilitating parent training at school.

**Approaches for designing a Restorative Practices parent training.** In a review of school-based parent and family interventions, Christenson and Carlson (2005) state

researchers must focus on trainings that increase parent-school dialogues about educational matters, communication and monitoring of school performance and behavior. Additional information about parent training approaches from clinic-based settings have indicated the necessity of multiple sessions that use both didactic and Socratic teaching methods as well (Borden, Schultz, Herman, & Brooks, 2010; Coatsworth, Duncan, Nix, Greenberg, Gayles, Bamberger et al., 2015). Finally, Green, Walker, Hoover-Dempsey, and Sandler (2007) and Hoover-Dempsey, Walker, Sandler, Whetsel, Green, Wilkins et al. (2005) both indicated that parent time and energy to do different behavioral interventions must be considered.

Didactic teaching is defined in the literature as the concerted effort to provide specific material related to a subject (Smith, 2001). The didactic method of teaching theory has been applied, for example, through helping parents understand broad concepts such as what mindfulness is, modeling of what mindfulness practices look like, and information about its utility through lecture as well as video modeling (Coatsworth et al., 2015). Likewise, formal intervention trainings for parents like the Incredible Years use didactic instructional methods to help parents learn about the developmental progression of different behavioral problems including what it may look like, why it is happening, and specific strategies known to be effective in managing those behavioral problems through oral lecture and video modeling as well (Borden et al., 2010). In general, didactic methods are useful for teaching explicit theories such as child development theory or

specific content such as the procedures for how to effectively do behavioral modification at home using rewards and punishments (Smith, 2001).

Socratic teaching methods are characterized by fostering reasoning based on discussion and critical thinking (Smith, 2001). The author goes on to say the Socratic method is most successful in fostering critical thinking about what is learned and how to apply new knowledge. For example, mindfulness parent training and training for the specific Incredible Years program employed Socratic methods using video modeling or role-play followed by discussion where participants were asked to critically think about what they just saw or did in an exercise. Both teaching methods were highly effective in eliciting acquisition of knowledge as well as helping parents feel comfortable applying the skills in their own homes (Coatsworth et al., 2015; Borden et al., 2010).

The long-term effects of the Incredible Years intervention was also documented by parents of children between 3 and 8-years-old with conduct problems across a one-year time span (Webster-Stratton, Hollinsworth, and Kolpacoff, 1989). Long-term effects included decreased negative target behaviors in children, increases in pro-social skills of children, and decreased parent stress levels. Similar findings were found for the Fast Track prevention program (Conduct Problems Prevention Research Group, 1999). Children in Kindergarten selected for a prevention program who were at-risk of developing conduct problems received direct instruction in the classroom along with a parent-training component. A one-year follow-up indicated decreases in parent use of

physical discipline, fewer behavior problems, increased use of pro-social skills, parental satisfaction, and more use of warmth and positive discipline styles.

Regardless of what teaching methods are used, schools must also be sensitive to the time parents have to utilize different behavioral interventions. Researchers in the area of family-school partnering indicated parent perceptions of time and energy they have to participate in school-based or home-based educational activities can predict their likelihood of wanting to become involved with their child's schooling experience (Green et al., 2007; Hoover-Dempsey et al., 2005). This can include dealing with behavioral issues or friendship conflicts a child may be facing. Issues impacting the time and energy a person included obligations for work, family make-up and obligations - how many children are in the home, how many activities are children involved in, or how many adults are there in the home. Therefore, this type of information may be critical in determining if parents will find helping their child with school-related work including behavioral concerns to be feasible or practical and of interest to them.

Future school-based interventions to teach parents about RP should utilize both didactic and Socratic methods of teaching in a group setting with multiple sessions to facilitate short-term and long-term learning. Specific methods including video modeling, role playing, and group discussion to elicit critical thinking all appear to lead to short-term and long term gains in both children's outcomes and parents' outcomes as well. It is reasonable to hypothesize similar findings could come from a school-based RP training.

Schools should be sensitive to family and work obligations of parents too when designing behavioral expectations to pass on to parents. Time and energy the parents have to give may be implicated in how well they will partner with schools. However, additional psychological factors must also be considered when asking parents to not only acquire new knowledge but also take and apply that knowledge at home.

**Psychological factors when designing parent training.** Ajzen (1991) has proposed an important theory related to adults utilizing a newly learned behavior – the Theory of Planned Behavior (TPB). This theory postulates three factors are implicated in an adult’s decision to intentionally carry out a newly learned behavior: personal attitudes toward the new behavior (self-efficacy will be the focus of this study), social normalcy of doing such a behavior (social validity and acceptance will be the focus of this study) and the level of control individuals perceive they have over when and where they do the new target behavior (social validity and acceptance will be the focus of this study). The TPB has been considered a premier theory that explains human behavior (Ajzen, 2001). Measures of individuals’ attitudes toward newly learned behaviors, perceptions of social normalcy for behavior, and perceived behavioral control regarding a newly learned behavior are highly correlated with intention to perform newly learned behaviors (Godin & Kok, 1996). Each of these factors will be described below and linked to ideas for developing a supplemental RP training for parents that can subsequently elicit change in the above psychological factors as well as a change in children’s behavior over time.

*Personal attitudes regarding a new behavior.* Ajzen (1991) asserts that those who feel the behavior to be performed is significant and important enough, they will likely pursue doing the behavior versus a behavior that is less significant or less important to the person. In the context of the present study, parent attitudes are referring to parent self-efficacy. Parent self-efficacy (PSE) is defined as a parent's feelings or attitude of confidence and ability to exert control over developmental outcomes of their child (Bandura, 1977; Coleman & Karraker, 2003), Green et al. (2007) as well as Hoover-Dempsey et al. (2005) have found that PSE serves as a psychological factor motivating parents to want to be involved or not in their child's schooling experiences. Using hierarchical regression analysis, Green et al. (2007) found that 22% of the variance of whether parents want to become involved in their child's school experiences (e.g., talking about homework, helping with concerns they have at school) was explained by variance in PSE. That is, as parents have higher levels of PSE, they become more likely to want to be involved in their child's school experience. The researchers concluded this occurs because parents with higher PSE feel they have the competency to help kids with their homework or help them through a concern at school. They feel they have control over their child's outcomes if they were to become involved.

This is consistent with past research indicating lower PSE is related to the use of severely harsh or coercive parenting techniques such as spanking and yelling (Day, Factor, & Szkiba-Day, 1994). It is also inversely related to levels of parent and

adolescent psychopathology (i.e., depression) and family dysfunction in areas including communication (Bandura, Caprara, Barbaranelli, Regalia, & Scabini, 2011) and general relationships between family members (Carless, Melvin, Tonge, & Newman, 2015).

These findings have led researchers to conclude that when PSE is low, it is the antecedent to many adverse outcomes for children as they age toward adolescents (Day et al., 1994; Carless et al., 2015), making it less likely that parents will want to partner with schools. Day et al. (1994) and Carless et al. (2015) posit that in order to improve a child's behavior, parent training to learn new behaviors is important but parent self-efficacy is the precursor that mediates the level of control a parent feels they have over their child's behavior. Parents must feel they have control or can exert control rather than feel defeated and out of control when getting involved with their child's schooling experiences from an academic (i.e., homework help) or behavioral perspective (i.e., helping with social-emotional concerns).

*Social normalcy.* Ajzen (1991) further indicates those who perceive others around them - family members or friends – validating their use of the new behavior are more likely to use the new behavior as well. The author refers to this as social normalcy. The present study will examine this concept through social validity and acceptance, defined as a person's feeling and attitudes of interest regarding the use of a treatment protocol or set of procedures (Wolf, 1978) as well as agreement with the procedures' importance (Elliott et al., 1984). Using this definition as a framework, the RP training will seek to



help parents understand RP is a very intuitive set of strategies and ideas that are not dissimilar from other strategies they may already use. It is merely learning to use explicit language and skills learned through an RP training that will be beneficial. It is vital to obtain social validation and acceptance of any new strategy like this before parents will want to intentionally carry out a new behavioral strategy with their children at home – especially when it is provided by an outside source like school. (Kazdin, 1977; Kazdin et al., 1981; Reimers et al., 1987; Witt & Elliot, 1985)

***Level of control.*** Those who feel they can independently determine when they will use the new behavior they are learning rather than be told when and where to use it are more likely to want to utilize the new behavior. This is consistent with research discussed above regarding social validity and acceptability of an intervention. Subjective evaluation by users of a treatment is critical regarding whether they will voluntarily utilize the treatment rather than be told to do so (Kazdin, 1977). The constructs of social normalcy and behavioral control for the purposes of the present study, will both be measured through the construct of social validity. Overall, the lens of TPB provides critical ideas for how to improve RP parent training so that it positively affects parents' attitudes toward the use of RP, their perception of RP as a normal and typical practice, and so that parents' feel they are in full control of how to use RP strategies.

**Summary.** In this section two critical issues have been forwarded for what to address when creating a RP parent training: understanding what teaching strategies have

worked in the past as child behavior management skills as well as what psychological factors may help motivate the intentional use of new child behavior management strategies. Socratic and didactic teaching strategies were asserted to be ideal for designing the teaching strategies for the trainings. Likewise, the TPB was presented as a lens for how to best present new information on RP to parents. This theory suggests that RP parent training should target parents' self-efficacy for using specific RP strategies as well as enhance parents' impressions of the social validity of this approach. These ideas directly influenced the design of the present study, including how the RP parent training was conducted and evaluated for effectiveness.

### **Overview of the Present Study**

Throughout 20th and 21st centuries, disciplinary styles of how to work with children have evolved to more positive discipline approaches to promote a safe and caring community. Positive discipline stresses building social emotional competencies so children know how to behave rather than simply punishing poor behavior (Bender, 2007; Nelson, 2006; Sugai and Horner, 2002). This type of discipline model has been lauded by professional organizations including the AAP, APA, and NASP. RP has been proposed as a potentially ideal framework to promote positive school discipline within schools.

The RP framework is designed to foster and maintain strong relationships amongst members of a community (Costello et al., 2009; Wachtel, 2013). This approach has been adopted by many school districts across the country in the last decade (Schott

Foundation for Public Education, 2014). Marked improvements have been seen in empirical studies including lowered suspension and expulsion rates, decreased recidivism amongst young offenders (Thorsborne, 1996; Kane et al., 2007; Shaw & Werienga, 2002). Improvement has also been noted regarding teacher-student relationships (Gregory et al., 2016). Groups of parents with children who have offended or who are at significant risk for expulsion due to high levels of adverse behaviors at school have also been included in intentional RP parent processes with positive outcomes including parent-child connectedness, ability for families to reach resources when needed, and more prosocial behavior from the students (McMorris et al., 2011). However, no studies have been done examining how to intentionally involve parents preventatively in the implementation of RP to potentially further bolster results.

Brummer (2016) has indicated this lack of intentional inclusion of parents and preventatively educating them about the use of RP has led to RP failing in many schools and school districts. Without intentional training of parents, they do not gain adequate knowledge about what RP is or why it is important. Likewise, without such knowledge, parents cannot consistently and adequately support schools' disciplinary efforts. This, according to many family-school partnering researchers (Lines et al., 2010; Miller et al., 2014) is problematic. Children are more likely to be successful from an academic and behavioral standpoint if there is consistency in expectations and when there is on-going communication between home and school about disciplinary matters (Christenson &

Carlson, 2005). Additionally, implementation science researchers have indicated theoretical mechanisms through which good implementation occurs includes: strong cohesion amongst stakeholders who are utilizing a new behavior or way of thinking, cognitive participation in the new way of thinking or behaving, collective action is taken to embed the new behavior or way of thinking within a system, and on-going feedback is given in a reflexive manner (May et al., 2009; May & Finch, 2009).

To overcome the above challenges, parents must become involved in RP at a preventative level. In doing so, more consistency between behavioral expectations at home and school will be built. This can elicit better cohesion between home and school expectations for behavior. Similarly, common language will help enhance communication about disciplinary issues between home and school (Kane et al., 2007; McCluskey et al., 2008). Additionally, the more parents receive training in RP, the more opportunities for cognitive participation in the act of doing RP there will be for parents. Moreover, with the training, better collective action can be taken by all stakeholders to implement RP in both home and school settings. Feedback loops will also be available between home and school to make sure all stakeholders are approaching RP appropriately and with fidelity. How to carry out such training, however, has not been empirically examined to date.

Coatsworth et al. (2015) as well as Borden et al. (2010) provided good examples of training models that included both didactic and Socratic teaching methods to

effectively teach new knowledge and skills to parents. Additionally, it is important to consider several psychological factors found by Ajzen's (1991) TPB that can help predict parents' likelihood of engaging in new behaviors or strategies specifically offered by schools. Parents' attitudes (i.e., parent self-efficacy) regarding discipline with their child as well as social normalcy and level of control for engaging in a new form of discipline (RP) (i.e., social validity and acceptance) were explored here. Indeed, parent knowledge of a new behavioral strategy like RP, parent self-efficacy to use it, and social validation and acceptance of any RP intervention to be used at home by parents are critical as they are the cornerstones upon which parents will decide to try to use RP strategies or not. More importantly, the degree to which parents use the RP strategies at home will then dictate how much behavior change may be seen in their child following the use of the strategies (Nokali et al., 2010).

Therefore, the present study was designed to develop and evaluate a new method to systematically introduce parents to important tenants of RP and to measure a number of important outcomes including: (a) parent acquisition of knowledge of the RP framework, (b) changes in parent self-efficacy for disciplining their child, (c) parent self-efficacy for using specific RP skills, (d) parents ratings of social validity and acceptability of the RP framework, and (e) parental impressions of changes in their child's social-emotional competence defined here as prosocial relationship skills and decision-making. The newly developed RP parent class specifically targeted parents of

children enrolled in third through sixth grade since this is a challenging time for parents and children who are almost ready to transition to middle or junior high school. RP offers parents the opportunity to create an environment that can meet children's growing autonomy and self-determination needs consistent with Stage-Environment Fit Theory (Eccles et al., 1993).

The current study also was designed to improve upon methodological issues found in prior research by providing RP training to parents without an assumption their child was having concerns or were at risk for significant behavioral concerns. Finally, in order to provide strong evidence of the importance of providing RP training with parents, the present study utilized a treatment and waitlist control design and also collected pre and post-intervention data immediately following the training, at four weeks, and at eight weeks post-intervention to provide evidence that behavior change occurs and is sustainable over time.

## **Chapter Three: Methods**

This section describes the overall design used for the present study, measures used and their psychometric properties, the development of the new parent Restorative Practices (RP) training program, how participants were obtained, criteria for participation, and the procedures for implementation and evaluation of the study.

### **Study Design**

A quasi-experimental design was used to contrast the performance of a group of parents assigned to either an RP treatment group or control group. The nature of the assignment to either group was not random, making this study quasi-experimental rather than a true experimental design. That is, parents were assigned to a treatment or nonequivalent control group based on preference as well as the need for participants in each group. The term nonequivalent control group was used for the present study, based on definitions provided by Campbell and Stanley (1963) and Kenny (1975), to indicate randomization was not used but a control group was utilized to help draw meaningful conclusions regarding effects of the treatment variable. Throughout the remainder of the paper, the nonequivalent control group will simply be referred to as the control group.

Demographic information was collected pre-intervention for both groups (See Appendix A). Parental reports of their knowledge regarding RP, parent self-efficacy in

general and self-efficacy for RP use and impressions of their child's social-emotional competence was obtained pre-intervention and at four-week and eight-week follow-ups for both the treatment and control groups. Additionally, parental impressions of the acceptability of the RP framework as a method of discipline to be used in the home was assessed immediately after the intervention for the treatment group only and at four-week and eight-week follow-ups. Parents in the control group were given the choice to complete the RP training and the social validity measures after the completion of the four and eight-week follow-ups with the initial treatment group of parents.

### **Measures**

The assessments utilized in the current study included five parent-completed dependent measures. They are described in detail below including rationale for its use, psychometric properties, and scoring procedure.

**Restorative Practices Knowledge Questionnaire (RPKQ).** The RPKQ is an eight-item measure that asks participants to answer a series of questions using multiple choice or multi-answer options. See Appendix B to review all questions. These questions were created by the researcher and are based on content presented by Costello et al. (2009) and Wachtel (2013). Parents were given opportunities during the training to use practical knowledge they have gained, therefore the content of the RPKQ was purely factual information gained during the training to ensure basic understanding of the theory and principles of RP. Expert reviewers examined the content of these questions to ensure



they assessed the appropriate information for parents to know regarding RP. This helped establish content validity of the RPKQ (DeVellis, 2003). The RPKQ is scored by giving 1 point for each correct answer across all eight items. Scores can range between 0 and 8. Cronbach's alpha was also calculated for the present study. Changes were later made to this major. See expert review section below for more details regarding the final version of the RPKQ.

**Parental Self-Agency Measure (PSAM).** The Parenting Self-Agency Measure (PSAM) was developed by Dumka, Stoerzinger, Jackson, and Roosa (1996) as a 5-item measure of parental self-agency or level of confidence in their ability to parent their child effectively. See Appendix C to review. Items are positive statements regarding parenting beliefs or actions and respondents provide their level of agreement with the statements using a 7-point Likert scale from 1 (rarely true) to 7 (always true). The PSAM was chosen because it provides a brief and reliable assessment of parent perceptions of how well they can handle their child's behavioral concerns which has been found to increase individuals desire and interest to intentionally engage in newly learned behaviors (Ajzen, 1991; Witt & Elliot, 1985); it can also be connected to a parents' likelihood of wanting to be involved with their child's school through both home-based as well as school-based activities (Green et al., 2007; Hoover-Dempsey et al., 2005) such as utilizing school-based RP principles or strategies in one's own home.

The measure was initially created with 10 items that were statements, both negative and positive. However, factor analysis revealed only one reliable factor with five items loaded on the one factor. The items were all positive items that affirmed good feelings about parents' sense of self-agency while the negatively written statements did not reliably load on a second factor. Reported internal consistency for the final five-item measure has been documented at .68 in a study of Mexican American mothers (N = 94) and at .70 in a study of Anglo American mothers (N = 90) (Dumka et al., 1996), which was considered adequate by the authors.

Construct validity has also been documented, specifically through convergent validity with similar measures of parental self-efficacy. Construct validity was supported with measures of parenting acceptance,  $r = .55$ , parenting inconsistent discipline,  $r = -.34$ , and active coping strategies,  $r = .31$ . These statistics were found for a group of Anglo American mothers that is similar to the group of participants who will be in the present study. An additional study of multiple parental self-efficacy measures by Whittaker and Cowley (2006) indicated that the PSAM five-item measure is a robust measure of parental self-efficacy that has strong internal consistency and well-established convergent validity.

A total score is computed based on the sum of each of the five responses with seven being the highest score and one being the lowest score for each item. Thus, the

total score for the PSAM can range from 5-35. Cronbach's alpha was also calculated for the present study.

**Parent Self-Agency Measure - Restorative Practices Form (PSAM-RP).** The PSAM-RP was developed by the researcher based on the wording used by Dumka et al. (1996). Questions about PSE to specifically use RP strategies were created parallel to the PSAM (see Appendix D). While the PSAM is a validated measure of PSE, the researcher felt the addition of a PSAM-RP would lead to informative responses about the intended construct – PSE to specifically use RP to discipline their child. This information may be informative when thinking about general acceptance of RP; parents need to feel confident that they understand and know how to use RP before they can fully validate and accept it as a method they want to use at home (Kazdin, 1977). The Scoring is identical to how the PSAM is scored with a total score range of 5-35. Cronbach's alpha was calculated for the present study. Some modifications were made to the PSAM-RP following an expert review. Please see the expert review section below for details regarding the final version of the PSAM-RP.

**Devereux Student Strengths Assessment (DESSA).** The Devereux Student Strengths Assessment was developed by LeBuffe, Shapiro, and Naglieri (2009) and is a 72-item standardized strengths-based measure of social emotional competence in children from Kindergarten to Eighth grade. This measure was chosen based on its explicit,

strengths-based measurement of important constructs including relationship skills and decision-making – two constructs known to be implicated in RP (Costello et al., 2009). Items are specific statements about a child’s behavior and the rater indicates the level of perceived frequency they observe that behavior using a five-point scale from 0- Never to 4-Very Frequently. Raters can be a child’s parent, teacher, or after-school care provider.

The assessment yields T-scores for eight different social-emotional competence subscales: Personal Responsibility, Optimistic Thinking, Goal-Directed Behavior, Social Awareness, Decision-Making, Relationship Skills, Self-Awareness, and Self-Management. There is also an overall score called the Social Emotional Composite (SEC). However, only the Relationship Skills and Decision-Making Skills subscales were being used in the present study (See Appendix E). Internal consistency across all eight scales were as low as .82 and as high as .89 indicating they can be used reliably as individual scales to examine specific skills. The Social Emotional Composite also has a reliability coefficient of .98. Median test-retest reliability was high, ranging from .86 for parents to .93 for teachers (LeBuffe et al., 2009).

Convergent and divergent construct validity were supported for this instrument using correlational analysis between the Behavioral Assessment System for Children – Second Edition (BASC-2; Reynolds & Kamphaus, 2004) and the Behavioral and Emotional Rating Scale – Second Edition (BERS – 2; Epstein, 2004). The DESSA’s SEC had high correlation with another strengths-based measure, the Strength Index of the

BERS-2,  $r = .80$ , for parent and teacher raters. Additionally, a high correlation was seen between the SEC and the strengths-based Adaptive Skills scale of the BASC-2 for parent raters,  $r = .77$ , and teachers,  $r = .92$ . As expected, divergent validity was also seen between the Behavioral Symptoms Index (BSI) of the BASC-2 and the strengths-based SEC of the DESSA,  $r = -.64$ , for parents and  $r = -.72$  for teachers.

A raw score is obtained for each of the subscales of the DESSA by adding the individual ratings to derive raw score totals for each subscale. Regarding the 10-item Relationship Skills scale and the 8-item Decision-Making scale used in the present study, raw score totals can range from 0 to 40 for the Relationships Skills scale and 0 to 32 for the Decision-Making scale. The raw score totals are then converted to T-scores by rater that can range from 25 to 75. Cronbach's alpha was calculated for the present study.

**Social Validity Questionnaire (SVQ).** The Social Validity Questionnaire (SVQ) is a research construct measure developed for this study (See Appendix F). The SVQ is an eight-item measure asking about the social validity and acceptability of the RP framework. Social validity typically examines a user's perceptions the intervention meets specific and interesting goals the user wants to work on (Wolf, 1978). Similarly, intervention acceptability is defined as the degree of agreement or interest users have for doing the specific intervention procedures (Elliott, Witt, Galvin, & Peterson, 1984). This measure, developed by the Iris Center at Vanderbilt University examines both types of questions. For example, it asks social validation questions like "the intervention focuses

on an important target behavior.” Additionally, it asks acceptability questions regarding comfort with procedures such as “I understand the intervention steps.”

These questions were initially created as part of a training module to help students and research participants learning about behavioral interventions understand the concept of social validity and acceptability within the context of using behavioral modification techniques through the Iris Center at Vanderbilt University. Thus, the questions are research-based and focus on two important areas of social validity and acceptability of interventions – the desirability to change an important behavior (Wolf, 1978) and strong understanding of the procedures to do so (Elliott, et al., 1984).

The SVQ was completed by parents at the end of the RP training. Parents answer the eight-item measure using a four-point rating scale from 1-strongly disagree to 4 – strongly agree. No neutral response was given for this measure, as it forced participants to choose an opinion of agree or disagree rather than ambivalence. Scoring for the SVQ is on a rank-order scale with four being the highest score and one being the lowest score for each item. The total score can range between 8-32, with higher scores indicating more acceptability or social validity. A total score can be computed based on the sum of each of the eight responses. Cronbach’s alpha was calculated for the present study. Some modifications were made to the SVQ following an expert review. Please see the expert review section below for details regarding the final version of the SVQ.

## **Development of the Restorative Practices Parent Training**

Considering RP is a framework for how to do discipline and community building in schools, rather than a manualized treatment with a pre-determined set of lessons, the parent intervention was developed by the researcher and then reviewed by three experts in the fields of Restorative Practices, School Psychology, Prevention Science, and General Psychology to confirm the degree to which the proposed parent training teaches skills relevant to RP. What will now follow is a brief discussion of the research review that helped determine the legitimacy of RP as a potential disciplinary framework, the content drawn from the research and used in the training, and the format in which the training was delivered.

Review of the research, prior publications and training tools. The parent training was developed following a careful review of the relevant research related to school-based RP. Works by Costello et al. (2009) and Wachtel (2013) were most helpful as they explained the critical six tenants of the RP framework that make it successful. These tenants include: the social discipline window, the restorative typology, the Restorative Practices continuum, the nine innate affects, the compass of shame, and fair process. Studies by researchers including Blood and Thorsborne (2005), Gregory et al. (2016), Kane et al. (2007), McCluskey et al (2008), McMorris et al (2013), Shaw and Wierenga (2002) and Thorsborne (1996) also helped in determining the breadth of the research base around RP. While some studies were qualitative and anecdotal, others were quantitative

and more robust with regard to findings about RP. Therefore, using the abovementioned six tenants, the following content was broken into six content areas to be covered during the training and experimentally assessed.

**Parent training content.** The following is an outline of the areas covered by the intervention and a rationale for the section's inclusion in the intervention. See Appendix G for further details on the training areas. This content was adjusted after expert review. Please see the expert review section for adjustments made to the final content of the class. Introduction and explanations of goals. As stated by Payton et al. (2008), it is vital to have a sequenced, active, focused, and explicit method for teaching new social-emotional skills to children. This same paradigm was used to teach the sequence of lessons to parents. The participants were informed by active, discussion-based sections of the class. This involved group and small-group discussions and self-reflecting on how to implement RP in an authentic way. Likewise, there were three focused goals for them to achieve by the end of the training. Finally, a series of explicit tools were taught for subsequent use by parents.

***Comparison of disciplinary styles.*** In order to help parents understand the benefits of RP, they must first be able to compare and contrast restorative discipline versus punitive discipline practices and the known deleterious effects of punitive discipline: foster's self-protective posture amongst those who harmed others and were caught, a sense of powerlessness amongst all parties involved, and a generally negative



attitude amongst those who have been harmed and those who did the harming (Mullet, 2014). Therefore, this section allowed parents to explore the different components of each – namely, the social discipline window describing the idea of doing discipline with kids versus to them or for them (Wachtel & McCold, 2001).

***The psychology of affect.*** A critical component of using RP is to focus on the emotions in the situation and where you want the emotions to go over time (Mullet, 2014). Thus, describing the nine innate affects adapted from Nathanson (1992) was critical – the negative emotions to the neutral emotions, and positive emotions. Likewise, discussion of shame, versus pride and respect are three critical emotions that drive the concept of the compass of shame. The compass of shame was discussed to help parents understand the reasons for why children react to disciplinary actions in negative ways – they avoid responsibility for their actions, they withdraw from others, they act outward toward others, or they act inward toward themselves.

***Restorative Practices and the restorative continuum.*** This was the most important aspect of the training as it described the philosophy of RP as a framework for helping children identify their emotions, understand when and why they come about, and the affects one's behavior can have on others (Costello et al., 2009; Mullet, 2014; Wachtel, 2013). This was followed by an explanation of the explicit tools that can be used in RP, also known as the restorative continuum (Costello et al., 2009). The most important pieces of the continuum for parents were the affective statements, affective

questions, and circles to help parents understand how to utilize those explicit tools within a home environment compared to how they are used in a school setting. Subsequently, there was an explanation of how RP can be used as a preventative, community-building framework that helps build a trusting set of relationships in a community of individuals. Finally, there was an explanation of how RP can be used for reactionary discipline situations. Understanding of the community building aspect of RP can help parents incorporate the restorative mindset into their everyday interactions with their families so reactive use of RP in disciplinary situations will be authentic and useful for the parents and children.

*Fair process.* Costello et al. (2009) indicates that in order to help children go through the various aspects of RP, the concept must feel like it is a fair process before they will be vulnerable enough to emotionally engage with their community and subsequently reconcile harm done when necessary. The three critical components of fair process are active engagement across all those who are involved in RP, explanations of all aspects of the process to those involved, and clarity in the explanations so as to prevent confusion about what will happen next and why. Parents must understand these three processes so as to utilize RP in a way that feels fair to their children rather than another disciplinary tactic that does not feel fair nor predictable or consistent (i.e., clear). Family connection and self-reflection. Esler et al. (2008), Lines et al. (2010), and Miller et al. (2014) all indicate that communication between home and school as well as

consistencies in expectations can be critical for the academic and social-emotional well-being of students. Therefore, teaching parents about RP and how to partner with schools to use the similar strategies is beneficial to supporting their child's academic and social growth. Likewise, giving parents explicit opportunities to reflect on what they've learned about RP and how to make it work in their home with opportunities for feedback from the researcher and peers is also noted by Blood and Thorsborne (2005), Kane et al. (2007) and McClusky et al. (2008) to be critical components for helping those learning RP to utilize it effectively.

**Format of the training.** The training was designed to be delivered across two, 2-hour sessions in a large group setting with approximately 10-15 adults per group. Both didactic and Socratic teaching methods were utilized to help participants learn the new information about RP. The decision to use both didactic and Socratic methods is based on research from other parent training techniques by Coatsworth et al. (2015) and Borden et al. (2010) who found these teaching methods helped parents to not only learn new information such as theory and best practices but also how to apply knowledge independently. Didactic teaching methods, for example, included using a lecture format to teach the theoretical foundations of RP. These theories include the social discipline window, the nine innate affects, and the compass of shame. Examples of Socratic teaching methods included watching video models of different restorative practices within the restorative continuum (i.e., affective questions, affective statements, and

circles) followed by a self-reflective discussion of what was seen. Subsequently opportunities for practice were provided with feedback from peers and the researcher.

**Expert review.** The intervention content created by the researcher was given to three experts who were asked to independently review the specific content, organization, and processes of the intervention using a protocol provided by the researcher. This step was designed to assess the content validity of the intervention. Additionally, the reviewers were asked to review the content of two assessments specifically made for this study, the RPKQ and the PSAM-RP, to provide evidence of content validity. Considering these two assessments were created specifically for the study and have not been previously used, an expert review was warranted to ensure valid measurement of parents' self-efficacy and knowledge of RP. These three expert reviewers consisted of a school-based mental health provider and RP trainer who is in a position to use RP strategies on a daily basis and train parents to use RP themselves, a district-level RP trainer from the identified district's professional development office; and a private-practicing psychologist dually licensed to also practice in schools who could validate the use of these strategies for parents from a non-school perspective.

These reviewers were given a questionnaire to fill out, helping them assess the organization, content, and framework associated with the training protocol as well as the content validity of the RPKQ and PSAM-RP (See Appendix H). This questionnaire outlined each core area of the training and then ask the expert reviewer to indicate on a

scale of 1- strongly disagree to 4- strongly agree their level of agreement that the specific content for each item was sufficiently covered in the training. Additionally, the items for both the RPKQ and PSAM-RP were provided and the utility and validity of each question as a measure of either knowledge of RP or parent self-efficacy to use RP was rated by the experts on a scale of 1 to 4. General comments were also solicited for the intervention portion of the protocol as well as the assessment portion to ensure the researcher gets detailed information about the reviewers' thoughts regarding the content of the intervention as well as the knowledge and self-efficacy items included on the assessment.

After each reviewer returned their feedback to the researcher, ratings of 3 or 4 for each item were considered indicative of approval for the specific area of the training or an individual item for the assessments. Disagreements in ratings where one reviewer rated a 3 or 4 and another rated 1 or 2 for the same tenant of the training were followed up on via phone or email to clarify and revise the content issue. This feedback was used to make additional changes in the program. This method is based on work by DeVellis (2003) who described methods for expert review.

**Results of the expert review.** Overall, the three experts were pleased with the intervention materials. All three experts indicated an interest in the findings after the study was completed. Specific positive feedback was around the importance of family-school collaboration, how this type of intervention will potentially foster this connection, and the general practicality of the intervention materials. Some common feedback

between the experts included a need to give as many examples of how this information can be related to families as possible. Much of the research around RP has been done in a school context. Therefore, examples to help parents access how this type of disciplinary style can be used in the home were paramount during the training. The researcher discussed the importance of using RP to focus on two explicit skills for their children – relationship skills and decision-making skills, as measured by CASEL (2003) and Payton et al. (2008). All examples for the use of RP would be discussed with parents through the lens of improving these two explicit outcomes.

Additionally, one expert elaborated further and said there needed to be as much opportunity for flexibility in the presentation so that specific school information could be used as part of the presentation to make as much of the content relevant for parents in that specific school community. For example, some schools have explicit behavior expectations that are part of a greater program called Positive Behavior Intervention and Support (PBIS; Sugai & Horner, 2002). PBIS is used in tandem with an RP approach to discipline by many schools around the United States. A different school may have a different list of expected behaviors that parents should know. Therefore, this type of information should be able to seamlessly get integrated into presentations along with more general information about RP that is relevant for all parents to know and understand across any school or district. This need for flexibility in the model for training is

consistent with conclusions made by Kane et al. (2007) following a two-year pilot of RP implementation in Scottish schools.

A component to the intervention was also added for discussing a district-specific concept called the 5 R's of RP which only exists in the present study's district training model. These were respect, responsibility, relationships, repair, and reintegration. This concept was added due to the specific use of this concept with teachers during their training in the identified district. It was the intention of the researcher to make the RP parent training mirror the content shared with teachers as much as possible which included using common language – a common need amongst primary teachers when using RP (Kane et al., 2007).

Finally, one reviewer asked the researcher to think about focusing as much content as possible into the first session so the second session could focus solely on parent practice and reflection using the content from the first session. Thus, the fair process section initially discussed at the beginning of the second day in the training outline (Appendix G) was moved to day 1 in order for there to be plenty of time for parent practice and reflection on the second day. See Appendix I for a copy of the slides used for the final parent presentation.

Regarding the assessments, the experts were happy with the content. Experts had generally positive feedback regarding the content of the RPKQ and PSAM-RP questions. One expert asked for the addition of one question on the RPKQ to indicate the

importance that RP is not a tool that can be used in the absence of a trusting and positive relationship. Therefore, a ninth question was added to ensure the clients understood RP can only be utilized in the context of a trusting and mutual relationship versus one that is coercive, neglectful, or otherwise negative relationship. The question required a true or false response. The other eight questions from the RPKQ were kept. However, the format of the questions changed in order for them to be practically used in a survey online. Therefore, the question examining the social discipline window was broken into four different questions to make the participants show an understanding of each of the four parenting styles: restorative, authoritarian, permissive, and neglectful. Thus, the RPKQ became a 12-item measure. See Appendix J for a copy of the finalized RPKQ measure.

Additionally, the same expert made a recommendation to change the wording for item five of the PSAM-RP. Instead of asking “When things are going badly between my child and me, I keep trying Restorative Practices techniques until things begin to change,” the question was changed to “when harm occurs between my child and me, I can use Restorative Practices techniques to resolve the harm done and move forward positively.” This change was made to reflect the assumption that harm creates a break in a relationship; RP is then used to help repair the harm and move forward positively rather than simply fixing a problem when things are going badly. See Appendix K for the finalized version of the PSAM-RP.



The researcher made a final change to the SVQ as well. Instead of referring to RP as an intervention, the word approach was substituted. This helped the participants to know this is an approach to be used with a child at all times and not an intervention to be used when a problem is occurring. See Appendix L for a copy of the finalized SVQ measure.

### **Procedures for the Main Study**

The following section outlines five procedural steps used for the main study once the intervention program was finalized.

**Step 1 – Selection of schools.** The first step for the main study was to select the schools where the main study would take place. Schools were chosen from one school district based on interest in participation and their status as users of the RP framework. Principals of elementary schools within the school district for this study were emailed and asked to first confirm the level of RP implementation used at the school by reviewing and indicating which stage of the five-stage model described by Blood and Thorsborne (2005) they were in at the time of the study. The five stages are as follows: Gaining Commitment, Developing a Shared Vision, Developing Responsive and Effective Practice, Developing a Whole School Approach, and use of RP in Professional Relationships. Schools were invited to participate if they indicated they were in Stage 3 of implementation or farther along. This was to ensure the schools already trained their

staff and are in a place to widen their lens of RP use with parents. See Appendix M to review the stages of implementation and the letter to principals.

**Step 2 – Inviting participants.** After two schools were identified and principal approval was obtained, potential parent participants were contacted and invited to participate in the RP class through an email link to google forms. This was done by the school so as not to worry or confuse parents about the research being done during this class. Parents who showed interest and had children within the 3rd to 6th grade were called and emailed by the researcher to determine if they would like to attend the class with the intention of participating in a program evaluation of the RP class. Parents who signed up for the class, but who did not have children within the 3rd to 6th grade, were allowed to take the class, but they could not participate in the program evaluation portion for the present study. Approximately 40 parents were sought for the present study as this would provide an adequate sample to elicit results with good statistical power (Cohen, 1988). Power analyses indicated that in order to obtain an effect size of approximately .60, with a  $\alpha = .05$ , a sample size of 39 participants would be necessary. Parents who indicated interest in being a part of the study were then sent the Restorative Practices Interest (RPI) letter through Qualtrics to see the details of the study. See Appendix N for a copy of the RPI letter that also served as an informed consent for the current study.

Besides having at least one child in Third through Sixth grade enrolled at the identified schools for the present study, other inclusionary criteria were parents must be

the legal parent or guardian of the child, they must speak English as their primary language, they must be willing to make a commitment to attend the two training sessions and agree to be assigned to a waitlist or intervention group. Finally, parents who were selected for the study also had to agree to complete all assessments during a three-month period.

In order to minimize confounding variables affecting a child's ability to follow typical disciplinary programs like RP, such as cognitive ability (Batshaw, Pellegrino, & Roizen, 2007), parents of children with an identified cognitive impairment were asked not to participate in the present study or to simply report out data only on their children who do not have cognitive impairment but are still within the appropriate age range. While these parents need and deserve ideas for how to discipline a child with cognitive impairment, RP typically requires independent thought and the ability to actively participate in discussions and share opinions. These skills are difficult or inconsistent for those with cognitive impairment (Batshaw et al., 2007). Additionally, the dependent measures being used in the present study were not explicitly standardized or researched within a population of parents with children who have cognitive impairment.

### **Step 3 – Obtaining consent from participants and group assignment.**

Participants interested in being contacted for inclusion in the study were asked to indicate yes or no. If they said yes, they were further prompted to indicate the most appropriate means of contact including a phone number and email. They were then immediately

prompted to continue by filling out the Demographics Questionnaire (DQ) using Qualtrics as well. These data were then examined by the researcher who contacted all individuals who indicated yes on their RPI letter and informed consent and who completed the DQ. A series of follow-up questions were asked to confirm information they shared in the DQ. Specific follow-up questions included confirming they speak English as a first language, that they have a child in the appropriate grade who is not explicitly known to be cognitively impaired, and that they are still willing to participate in the present study. Participants were given the opportunity to ask any questions they had as well.

These questions were vital as participants needed to fluently speak and understand English in order to fully comprehend all research content and the assessments. Likewise, children with cognitive impairment do not necessarily benefit from programs like RP because of the need for independent thought and critical thinking that are both known to be core deficits for those with cognitive impairment (Batshaw et al., 2007). Finally, children must be in the age-range in order to maintain the validity of the findings for the current study.

At the end of the phone call, each person was told their assignment to the control group or the treatment group. Their group was picked based on the need for participants in each group as well as preference of the participant – if the participant wanted to be in the class than they were assigned to the treatment group; those who did not want to

attend the class but help with the program evaluation were assigned to a waitlist group to be included in the class later. Upon being placed in control or treatment groups, participants in both groups were given further directions to complete the RPKQ, PSAM, PSAM-RP and DESSA prior to the intervention to establish pretest scores at baseline. The RPKQ, PSAM, PSAM-RP and DESSA was administered via Qualtrics. See Table 1 for a review of when all measures were administered. Computer-based scoring was utilized for all measures. Additional scoring to convert raw scores to T-scores was done for the DESSA as well using the DESSA manual (LeBuffe et al., 2009). Control group participants were asked to complete the questionnaires electronically using Qualtrics at the same time. If a parent had more than one child who was in 3rd to 6th grade, they were asked to choose to enter data for only one of their children and to only provide ratings for that one child over the course of the study.

Table 1

*Timeline of Administration of each Measure by Group*

	Pretest (Time 1)	Immediate Post (Time 2)	4-weeks Post (Time 3)	8-weeks Post (Time 4)
Treatment Group	RPKQ, PSAM- RP, PSAM, DESSA-RS, DESSA-DM	SVQ	RPKQ, PSAM-RP, PSAM, DESSA-RS, DESSA-DM, SVQ	RPKQ, PSAM-RP, PSAM, DESSA-RS, DESSA-DM, SVQ
Control Group	RPKQ, PSAM- RP, PSAM,		RPKQ, PSAM-RP,	RPKQ, PSAM-RP,

DESSA-RS,  
DESSA-DM

PSAM,  
DESSA-RS,  
DESSA-DM

PSAM,  
DESSA-RS,  
DESSA-DM

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**Step 4 – Training.** The treatment group then attended a total of two classes running for two hours per class about RP at their child’s school building. These classes occurred on two weekdays with approximately 5-6 days between each class. Child care was provided free of charge. These classes consisted of instruction from the researcher around RP as well as opportunities for small group and whole group discussion about relevant topics. Confidentiality was discussed at the outset of each class to ensure the intervention space was a safe place to share personal information about parenting, discipline practices, personal feelings, etc. Individuals in the control group received no additional intervention.

**Step 5 - Post-intervention data collection and follow-ups.** Immediately following the last session, post-treatment data regarding social validity was collected from the treatment group using the SVQ. A delayed, follow-up measure of the treatment and control groups were also done four and eight weeks post intervention for the RPKQ, PSAM, PSAM-RP, DESSA, and SVQ using Qualtrics. Upon completion of the initial intervention and follow-ups, the same intervention was offered to the control group with the same procedures. However, only the initial data collected from the first treatment and control groups will be presented as part of this present study. Upon completion of all components of the study, including attending all necessary classes and completing all

assessments, participants were given financial compensation in the form of a \$25.00 to \$50.00 gift card to either Target or King Soopers.

### **Analysis of Results**

The following analyses were conducted after all data points were collected from the initial treatment and control groups. These analyses included demographic data for frequency and descriptive data, examining reliability of the assessments used during the study, as well as analysis of variance (ANOVA) and analysis of covariance (ANCOVA).

**Data cleaning.** After the data were collected, missing data points as well as outliers in the data were identified. These two specific statistical problems can negatively affect the subsequent statistical analyses and must be specifically addressed. During data cleaning, the sample distribution was examined for skewness and kurtosis to determine if the sample was symmetrical. This helped identify the presence of any outliers and determine normality. Likewise, descriptive statistics helped identify any missing data. Regarding both missing data and outliers, an imputing procedure was used wherein a predicted value is used based on the mean of the observed scores (Cousineau & Chartier, 2010).

**Reliability of assessments.** In order to determine if the data collected by the measures being used in the present study are reliable, reliability coefficients were needed in order to confirm the different measures have good internal consistency. This was especially important for the two measures created specifically for this study, the RPKQ

and PSAM-RP. Therefore, coefficient alpha, a popular measure of internal consistency, was calculated for all measures of the present study to ensure each measure is measuring a single construct (Cronbach, 1951). Considering the short length of some of the measures – the PSAM, PSAM-RP, and the social validity measure, smaller reliability coefficients will be interpreted with caution and not necessarily considered unreliable (DeVellis, 2003). Once reliability was established, the following analyses were used to answer the proposed research questions.

**Research Question 1.** In order to determine if statistically significant change in parent knowledge of RP was observed compared to the nonequivalent control group and that it was consistent over time using the RPKQ following the parent training, a 2 (treatment vs. control) x 2 (Time 2, Time 3) analysis of covariance (ANCOVA) was used. The covariate for this analysis was the pretest at the Time 1 measure of the RPKQ. A significant interaction of group and time at  $\alpha = .05$ , specifically for the treatment group at time 2 and 3, will indicate the null hypothesis can be rejected.

**Research Question 2.** In order to determine if a statistically significant change in self-reported Parent Self-Efficacy (PSE) as well as PSE for use of RP specifically, as measured by the Parent Self Agency Measure (PSAM) and Parent Self-Agency Measure – Restorative Practices Form (PSAM-RP), was seen across a total of three time periods for the treatment group only compared to the control group, two different 2 (treatment group vs. Control group) x 2 (Time 2, Time 3) repeated measures analyses of covariance



(ANCOVA) were used. The pretest (Time 1) measure of the PSAM and PSAM-RP served as the covariate. A statistically significant interaction effect of time and intervention on PSE for both general PSE and PSE for use of RP at Time 2 and 3 will allow the researcher to reject the null hypotheses for both Research Question 2a and 2b.

**Research Question 3.** In order to determine if a change in parent-reported relationship skills or decision-making in their children were found, using two subscales of the Devereux Student Strengths Assessment (DESSA): Relationship Skills (RS) and Decision-Making Skills (DS) scales, two different 2 (treatment group vs. Control group) x 2 (Time 2, Time 3) repeated measures analyses of covariance (ANCOVA) were used. Pretest scores at Time 1 for both measures served as covariates. Of greatest importance for the present study was a significant interaction effect of group and time on the two different dependent variables of RS and DS. A significant interaction at Time 2 and 3 for the treatment group will allow the researcher to reject the null hypotheses of Research questions 4a and 4b.

**Research Question 4.** Descriptive statistics were utilized to determine the mean social validity score for the intervention group as well as frequency for each rating per item. Higher scores on the SVQ were indicative of higher levels of social validity. Scores immediately after as well as at four-week and eight-week follow-ups were examined descriptively to see if acceptability changed over time as the intervention was used and practiced by the parent participants.

**Demographic data analysis.** Demographic information about all participants was provided in a table so as to identify any patterns in the types of individuals who participated in the study. These identified patterns were used to draw conclusions about the outcomes of the study and can be used to inform future studies in this area. Demographic data included marital status, number of children in their family, number of children specifically in Third to Sixth grade and parent level of education.

## **Chapter Four: Results**

The following chapter contains results from the analyses discussed in the previous chapter. These results include an evaluation of the assessment content utilized as part of the research project as well as results of the descriptive and statistical analyses proposed in the methods section.

### **Data Cleaning and Preparation**

In order to prepare the data for analysis, a series of procedures were completed. Several incomplete ratings were removed from the data set due to duplicated or incomplete ratings. Of the 11 participants in the treatment group, 8 provided complete data sets and 3 had a missing set of data from Time 2, immediately after the intervention was completed, which did not dramatically affect the statistical analyses to be completed. This is discussed further below. All 10 participants in the comparison group provided complete data sets for all three time periods.

After all the data were collected, they were exported from the Qualtrics survey collection platform into the Statistical Package for the Social Sciences (SPSS) computer program to run all analyses. New variables were created including raw score totals as well as T-scores for the DESSA scales only. While the PSAM-RP, PSAM, and SVQ raw scores could be summed immediately, a recoding procedure was used to give appropriate

value for each rating to all questions from the two scales of the DESSA. These scores were then used to create the raw score total and a T-score was then computed using the DESSA manual conversion tables for parent ratings (LeBuffe et al., 2009). A second procedure was also used to recode all answers provided for the RPKQ so each question had equal value. A raw score total could then be summed for the RPKQ as well. Finally, one data point for item 3 was missing from the DESSA-RS scale for one participant at Time 4. This score was added using a mean imputation procedure wherein the mean score of item 3 for the 20 observed scores was used as the score for the missing item.

### **Reliability of Assessments**

All assessments for the present study were evaluated for internal consistency to ensure they were reliably measuring a consistent construct. While the DESSA-RS, DESSA-DM, and PSAM were found to be reliable in prior research, it was important to examine all measures for internal consistency as part of the present study. See Table 2 below for a summary of reliability coefficients using Cronbach's Alpha.

Table 2

*Measures of Internal Consistency (alpha) for Outcome Measures*

Measures	Alpha		Alpha		Alpha		Alpha	
	n	(Time 1)	n	(Time 2)	n	(Time3)	n	(Time 4)
PSAM-RP	21	.97			21	.97	21	.97
PSAM	21	.85			21	.87	21	.87
DESSA-RS	21	.95			21	.90	21	.95
DESSA-DM	21	.89			21	.82	21	.92
RPKQ	21	.40			21	.68	21	.64
SVQ	-	-	8	-.20 <sup>a</sup>	11	.85	11	.85

Note: PSAM-RP = Parent Self-Agency Measure – Restorative Practices; PSAM = Parent Self-Agency Measure; DESSA-RS = Devereux Student Strengths Assessment – Relationship Skills; DESSA-DM = Devereux Student Strengths Assessment – Decision-Making; RPKQ = Restorative Practices Knowledge Questionnaire; SVQ = Social Validity Questionnaire.

<sup>a</sup> SVQ score at Time 2 had two ill-fitting items, removal of those two items (items 1 and 2) increased reliability to alpha = .85

Measures of internal consistency remained generally stable between pretests at Time 1, four-week follow-up (Time 3), and eight-week follow-up (Time 4). However, the RPKQ's reliability increased to alpha = .68 compared to the pretest administration where the RPKQ's alpha = .40. Internal consistency for the majority of the measures used in the current study can be rated as good or excellent according to the scale described by George and Mallery (2010): alpha  $\geq$  .9 = excellent, alpha  $\geq$  .8 = good,

alpha  $\geq$  .7 = acceptable, alpha  $\geq$  .6 = questionable, alpha  $\geq$  .5 = poor, and alpha  $<$  .5 = unacceptable. However, the RPKQ showed internal consistency in the poor to questionable range. The RPKQ had markedly lower internal consistency compared to the other measures which indicates it may not be the best measure of RP knowledge as was the intention.

Considering this measure was created by the researcher and it is a first of its kind, future research will need to focus on the development of a knowledge questionnaire with higher reliability to measure the specific construct of RP knowledge acquisition before and after formal instruction. Given the dynamic nature of RP, especially that it is a philosophy and not a concrete set of specific practices that must be followed exactly (Costello et al., 2009; Wachtel, 2013), it may be difficult to measure RP knowledge accurately. Therefore, the results of this measure may not be the best representation of the participants' knowledge related to RP.

Table 3

*Item Total Correlations for the Social Validity Questionnaire (SVQ) at Time 2*

	Scale mean if item deleted	Scale Variance if item deleted	Corrected item total correlation	Cronbach's Alpha if item deleted
Item 1	23.38	4.84	-.65 <sup>a</sup>	.70
Item 2	22.75	3.07	-.29 <sup>a</sup>	.08
Item 3	22.38	1.70	.66	-.96
Item 4	22.75	2.50	.10	-.30
Item 5	22.63	1.98	.42	-.65
Item 6	22.63	1.98	.42	-.65
Item 7	22.75	2.21	.31	-.49
Item 8	22.75	2.21	.31	-.49

<sup>a</sup> After these items were removed, reliability of SVQ improved to alpha = .85

Another concern with reliability was seen at Time 2 for the SVQ. A negative estimate of alpha = - .20 was found. When looking at item total correlations, items 1 and 2 of the SVQ showed negative correlations with the total score while the remaining 6 items showed positive correlations. Since all questions of the SVQ were positive statements with identical response options on a scale of 1 to 4, all items should have been positively correlated. See Table 3 for a summary of the item total correlations. When

items 1 and 2 were removed and alpha was recalculated,  $\alpha = .85$ . This indicates items 1 and 2 were significantly impacting the internal consistency of the SVQ at Time 2. It is unclear as to why this occurred. It can be hypothesized raters misread the questions. Considering the same phenomena did not happen at Times 3 and 4, it is possible the items were misread.

### **Main Study Analyses**

Next, a series of descriptive analyses as well as analysis of variance (ANOVA) and analysis of covariance (ANCOVA) were completed to further describe the present data and identify statistically significant group differences between treatment and control groups as well as within subjects across time for the dependent variables of the present study: Restorative Practices knowledge acquisition, Parent self-efficacy for use of RP, general parent self-efficacy, social-emotional competence of parents' children, and parent perception of the social validity of the RP framework.

**Demographics and descriptive data.** Once the study was completed, a total of 21 participants were part of the study. A total of 11 participants were part of the treatment group and 10 part of the control group. The participants were taken from two different elementary schools in a large suburban school district, including 3 from one school and 18 from a second school. Both schools indicated they were at a level 3 in the RP implementation process, according to the scale of implementation of RP in Blood and Thorsborne (2005). This was considered an acceptable level of implementation at the



school level to warrant the use of a parent training to enhance their level of implementation. Statistical significance for all analyses was set at the 0.05 level and no corrections for inflation of Type I error were used. See Table 4 below for a summary of the demographic information collected from the participants by level of the independent variable.

Table 4

*Demographic Information for Treatment and Control Groups*

	<b>Treatment</b>	<b>Control</b>
<b>Total (n)</b>	<b>11</b>	<b>10</b>
<b>Participant Marital Status</b>		
<b>n = 21</b>		
Single	0	0
Separated	1	0
Divorced	1	1
Married	7	9
Domestic Partnership	2	0
<b>Participant Education</b>		
<b>n = 21</b>		
No formal education completed	1	0
GED or High School Diploma	0	2
Bachelors or Trade School	8	8
Graduate Degree	2	0
<b># of children in 3rd, 4th, 5th or 6th grade n = 21</b>		
1 child	8	9
2 children	3	0
3 children	0	1
<b>Total # of children living in the home n = 21</b>		
1 child	2	0
2 children	4	9

3 children	3	0
4 children	2	1

---

When examining the demographics of the treatment and control groups, there do appear to be larger proportions of married individuals in the study, compared to other levels of marital status. The majority of individuals in the study also had a bachelor's level or trade school education. The majority were two-child households with only one child falling into the target age-range for the present study. Between groups, the treatment and control groups appeared equivalent without any overrepresentation in the treatment group or control group. Please also see Table 5 below for a summary of the means, standard deviations, skewness and kurtosis scores at each level of the dependent variables for the treatment and control groups.

When examining the descriptive statistics and distribution of scores, a range for kurtosis and skewness to indicate a normal distribution was -2 to +2 (George & Mallery, 2010). All distributions of scores were considered reasonably normally distributed, with the exception of the PSAM at pretest. What now follows is a discussion of each research question and the analyses used to provide the answer.

Table 5

*Descriptive Statistics for the Treatment and Control Groups*

	Treatment (n = 11)				Control (n = 10)			
Pre-Measures	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
RPKQ	24.18	5.06	.26	-1.84	23.80	5.87	.04	-1.83
PSAM-RP	8.82	5.34	1.29	.36	14.80	6.12	-.21	-.99
PSAM	25.36	6.01	-2.85	8.76	25.80	4.29	1.27	1.28
DESSA-RS	42.73	9.49	-.15	-.93	44.40	13.01	.34	-.84
DESSA-DM	43.45	9.51	-.64	-.91	45.50	9.16	.07	1.69
Immediate Measure	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
SVQ	26.00 <sup>a</sup>	1.69 <sup>a</sup>	-.95 <sup>a</sup>	-.03 <sup>a</sup>				
4-week-Post Measures	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
RPKQ	31.45	5.11	-.05	-1.91	24.30	6.65	.22	-1.64
PSAM-RP	27.27	5.41	-1.00	1.73	16.20	6.68	.04	-.62
PSAM	30.00	2.72	-.40	-.50	27.50	4.35	-.93	1.87

DESSA-RS	48.73	7.25	-1.28	1.31	44.00	8.96	-.63	-.55
DESSA-DM	48.73	4.96	-.52	-.96	44.30	8.68	-.24	.09
SVQ	26.82	3.16	.41	-1.50				

8-week-Post Measures	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
RPKQ	30.36	6.38	-1.01	.25	25.10	5.70	.39	-1.63
PSAM-RP	29.27	2.87	.91	-.13	17.80	6.70	-.08	-.55
PSAM	29.82	2.36	-.91	.02	27.20	4.76	.02	-.64
DESSA-RS	52.27	9.35	.06	-1.03	45.20	12.36	.90	1.64
DESSA-DM	52.91	8.84	.80	1.41	42.90	8.82	-.36	-.47
SVQ	27.00	3.90	-.78	.15				

Note: RPKQ = Restorative Practices Knowledge Questionnaire; PSAM-RP = Parent Self-Agency Measure – Restorative Practices; PSAM = Parent Self-Agency Measure; DESSA-RS = Devereux Student Strengths Assessment – Relationship Skills; DESSA-DM = Devereux Student Strengths Assessment – Decision-Making; SVQ = Social Validity Questionnaire.

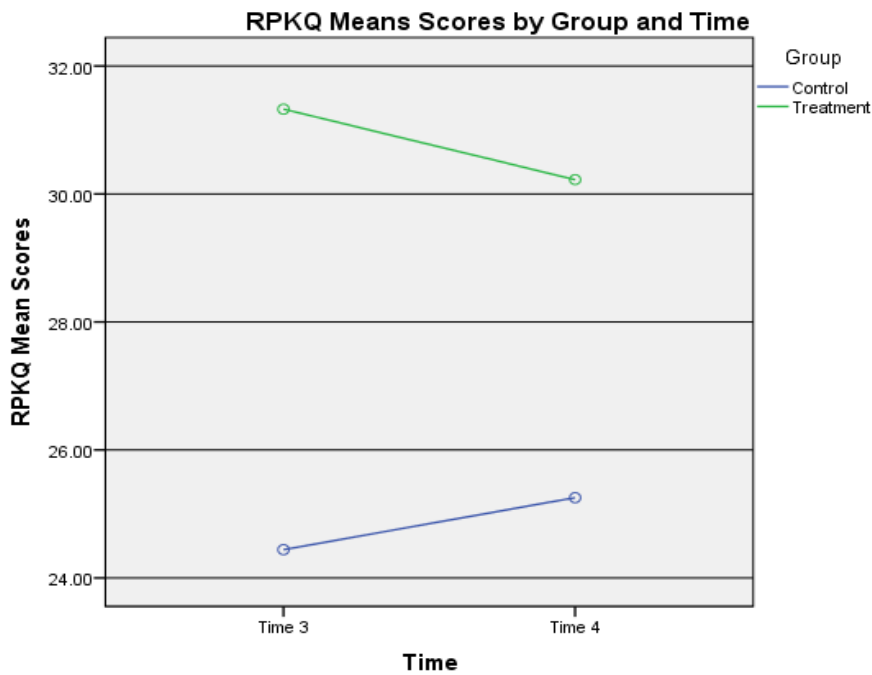
<sup>a</sup> Score based on n = 8.

**Research Question 1.** The first research question asked whether a pretest and posttest measure of knowledge regarding RP would indicate an increase in parent knowledge acquisition, would that knowledge persist over a two-month period, and would the gains be significantly greater for treatment compared to a control group. In order to answer the first research question regarding the knowledge acquisition using the RPKQ, an ANCOVA was planned with the participants' RPKQ total scores at pretest (Time 1) serving as the covariate and the scores at four-weeks (Time 3) and at eight-weeks post-treatment (Time 4) serving as dependent variables. Before doing this analysis, a series of assumptions were first tested.

Using an ANOVA, group means were tested at Time 1 to ensure no significant difference was present between the groups before the training. No main effect of group was observed,  $F(1,19) = .03, p = .87$ . Therefore, no significant differences were observed between the groups regarding RP knowledge as measured by the RPKQ prior to the intervention which satisfies the assumption that the groups were reasonably equivalent prior to the intervention. Additionally, normality was examined using skewness and kurtosis measures. As stated above and shown in Table 5, the RPKQ scores were reasonably normally distributed across all three time points. The test for homogeneity of regression indicated no significant difference between groups,  $F(1,17) = .38, p = .54$ . Finally, Levene's test for homogeneity of variance was not significant for the RPKQ

scores at Time 3 ( $p = .92$ ) and Time 4 ( $p = .11$ ) which indicates the variances for the two groups were not significantly different.

Analysis of covariance (ANCOVA) was used to determine if there were significant differences between groups and across time within participants for Time 3 and 4 of the RPKQ while controlling for Time 1. No significant interaction effect was found for group x time when controlling for Time 1 as a covariate,  $F(1,18) = 1.34, p = .26$ . No main effect of time within subjects was observed,  $F(1,18) = .05, p = .82$ . However, a significant main effect of group was found when controlling for RPKQ scores at Time 1,  $F(1,18) = 10.91, p = .004$ , partial  $\eta^2 = .38$ . This indicates there was a significant difference in group means when controlling for the covariate. See Table 5 for group means. Additionally, 38% of the variance between the groups was explained by whether they were in the treatment or control condition of the independent variable. The covariate adjusted mean and standard error for the treatment group was  $M = 30.77; SE = 1.24$  and for the control group was  $M = 24.85; SE = 1.30$ . This indicates knowledge was acquired by parents who attended the course and this knowledge after attending the course was greater on average than the knowledge of parents in the control group. No significant effect of time was observed which means the knowledge did not change significantly between Time 3 and 4 for either group when Time 1 score was controlled. See Figure 1.



Covariates appearing in the model are evaluated at the following values: RPKQ\_TOT = 24.0000

*Figure 1.* Mean RPKQ Scores by Group and Time. This figure illustrates group differences across the treatment and control groups at Times 3 and 4.

**Research Question 2.** The second research question asked whether parents attending a RP course would experience a gain in parent self-efficacy to use RP as measured by the PSAM-RP as well as general parent self-efficacy using the PSAM, would these gains persist over time, and would general parent self-efficacy and parent self-efficacy to use RP be significantly greater for the treatment group compared to a control group following the course. In order to answer the second research question, group means were examined using separate ANCOVAs across time for both the

treatment group and the control group with the pretest measures of the PSAM-RP and PSAM as covariates. Prior to the main analyses, ANCOVA assumptions were tested with the following results.

An ANOVA was done first using the PSAM-RP to determine if the groups were equivalent prior to the start of the intervention. There was a significant main effect of group observed prior to the intervention for the PSAM-RP measure,  $F(1, 19) = 5.71, p = .03$ . This is a violation of the ANCOVA assumption of covariate uninfluenced by treatment. Normality was measured using skewness and kurtosis. No violations of normality were noted using the values in Table 5. The test for homogeneity of regression indicated a non-significant result,  $F(1,17) = 2.64, p = .12$ . Due to the violation of covariate uninfluenced by treatment, a 2 (Treatment vs. Control) x 3 (Time 1, Time 2, Time 3) repeated measures ANOVA was more appropriate for this analysis. Using the Greenhouse-Geisser Epsilon as a test of sphericity, where the value should be  $>.70$ , there was no violation of sphericity (Greenhouse-Geisser Epsilon =  $.81$ ). Finally, homogeneity of variance was satisfied at Time 1 ( $p = .57$ ), Time 3 ( $p = .46$ ), but not at Time 4 ( $p = .02$ ).

Using repeated measures ANOVA, a significant interaction effect of time x group was observed,  $F(2,38) = 38.95, p = .001$ , partial  $\eta^2 = .67$ . A main effect of time within subjects was observed,  $F(2, 38) = 67.49, p = .001$ , partial  $\eta^2 = .78$ . Finally, a main effect of group was also observed,  $F(1,19) = 7.03, p = .02$ , partial  $\eta^2 = .27$ . Using planned



contrasts, paired samples *t*-tests indicated a statistically significant difference in group means for the treatment group PSAM-RP scores between Time 1 ( $M = 8.82, SD = 5.34$ ) and Time 3 ( $M = 27.27, SD = 5.41$ );  $t(10) = -9.48, p = .001$ , as well as between Time 1 and Time 4 ( $M = 29.27, SD = 2.87$ );  $t(10) = -11.66, p = .001$ . No significant difference was seen between Time 3 and 4;  $t(10) = -1.65, p = .13$ . Additionally, 67% of the variance in group means for the PSAM-RP was explained by the specific time period of the score and whether the participants received RP training or not. No significant differences were found between the different times for the control group. See Table 6 for a summary of the planned contrasts and Table 7 for group mean differences.

Table 6

*Planned Contrasts Comparing Treatment and Control Group Means Across Levels of the PSAM-RP Measure*

Group	<i>t</i>	df	<i>p</i> -value
<b>Treatment</b>			
Time 1 x Time 3	-9.48	10	.001
Time 1 x Time 4	-11.66	10	.001
Time 3 x Time 4	-1.65	10	.13
<b>Control</b>			
Time 1 x Time 3	-.77	9	.46
Time 1 x Time 4	-2.09	9	.07
Time 3 x Time 4	-1.37	9	.20

Table 7

*Group Means by Group for Time 1, Time 3, and Time 4 of the PSAM-RP Measure*

Time	Treatment		Control	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Time 1	8.82	5.34	14.80	6.12
Time 3	27.27	5.40	16.20	6.68
Time 4	29.27	2.87	17.80	6.70

These results indicate that, following the RP class, parents in the treatment group noted significantly more feelings of self-efficacy to specifically use RP compared to parents who did not attend the training. More importantly, there was a significant change over time between pretest (Time 1) and a four-week posttest (Time 3) as well as pretest (Time 1) and an eight-week posttest (Time 4). These same changes were not observed in the control group. Also, no observed change in treatment group scores were seen between Time 3 and Time 4 which indicates the positive feelings of self-efficacy persisted over time. See Figure 2.

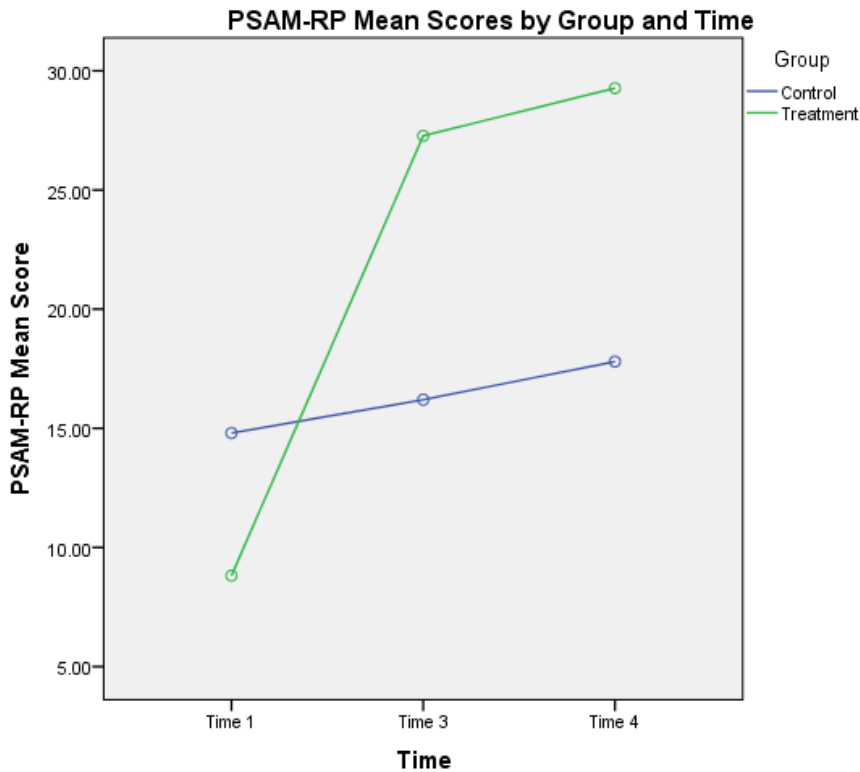
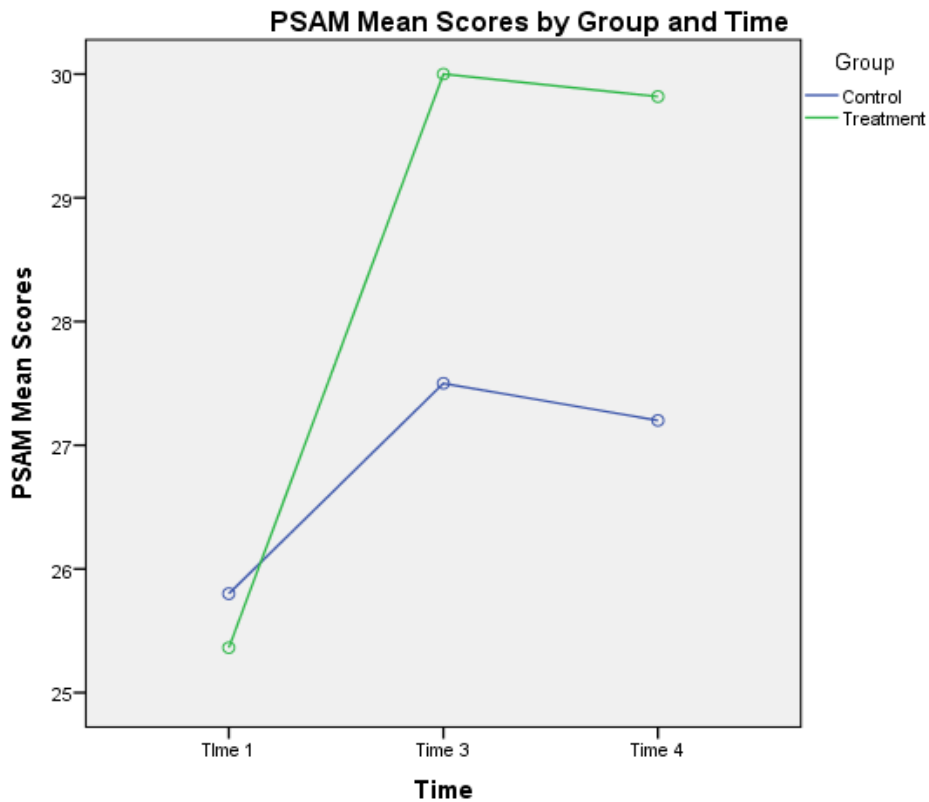


Figure 2. Mean PSAM-RP Scores by Group and Time. This figure illustrates group differences across the treatment and control groups at Times 1, 3 and 4.

The same assumptions and analysis were used for the PSAM. No difference in groups were observed prior to the intervention using an ANOVA,  $F(1,19) = .04, p = .85$ . Additionally, tests of normality indicated the distributions were not reasonably normally distributed at Time 1, other time periods were reasonably normally distributed. The test of homogeneity of regression indicated a significant difference,  $F(1,17) = 9.67, p = .01$ . Due to this violation of the ANCOVA assumption of homogeneity of regression, a repeated measures ANOVA was determined to be more appropriate. The assumption of

sphericity was satisfied using the Greenhouse Geisser Epsilon value which was  $> .70$  (Greenhouse-Geisser Epsilon =  $.72$ ). Additionally, the assumption of homogeneity of variance was satisfied for Time 1 ( $p = .86$ ), Time 3 ( $p = .30$ ), but not at Time 4 ( $p = .04$ ).

No interaction of group x time was observed,  $F(2,38) = 1.74, p = .19$ . No main effect of group was observed,  $F(1,19) = 1.06, p = .32$ . A main effect of time was observed,  $F(2,38) = 7.60, p = .002$ , partial  $\eta^2 = .29$ . These results indicate there was a change over time within subjects for the PSAM scores; 29% of variance in PSAM scores within subjects could be explained by the time period of the PSAM rating. However, the measures were not significantly different between groups. See Table 5 above for group means across time for the PSAM and Figure 3 for a visual display of group mean differences across the administrations of the PSAM.



*Figure 3.* Mean PSAM Scores by Group and Time. This figure illustrates group differences across the treatment and control groups at Times 1, 3 and 4.

These results indicate there was no significant changes in PSAM scores that could be explained by the RP parent training. While there was a change in scores over time, this change was not due to the independent variable but rather a variation in scores between ratings.

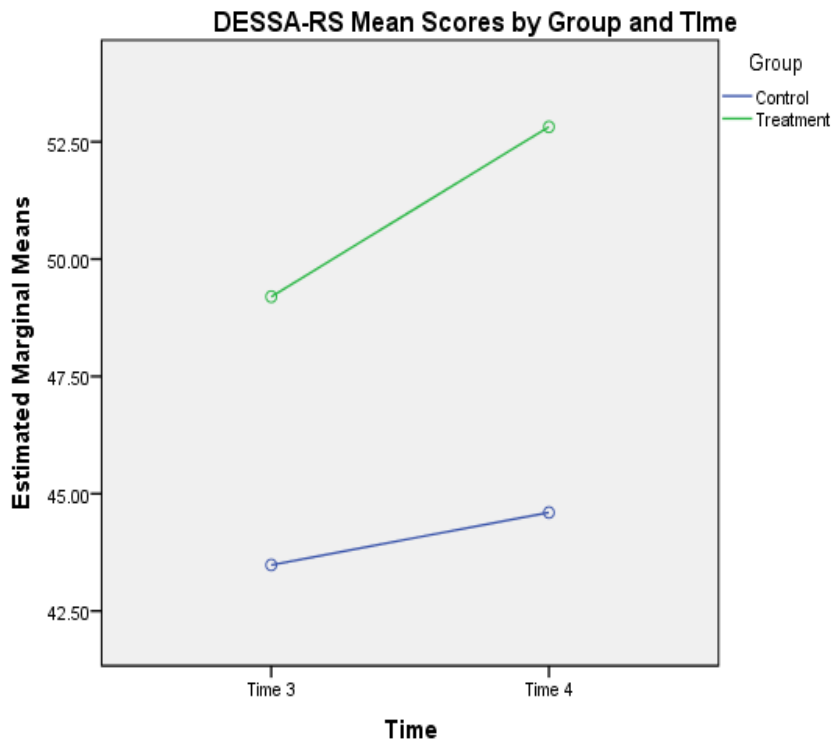
**Research Question 3.** The third research question asked whether a group of parents who participated in the RP course would notice a change in their child’s social-

emotional competencies, specifically in the areas of relationship skills and decision-making skills using the Relationship Skills scale of the DESSA (DESSA-RS) and the Decision-Making scale of the DESSA (DESSA-DM). Moreover, would these improvements persist over time and would the gains be greater for the treatment group compared to a control group. The following tests of assumptions were examined first to test the DESSA-RS.

Using an ANOVA, group means at pretest were compared to determine if the groups were similar prior to the intervention. No significant main effect of group was found at pretest,  $F(1,19) = .12, p = .74$ . It is important to note, the DESSA-RS was reasonably normally distributed across all time periods using skewness and kurtosis measures. Outliers were found at Time 3 for the treatment group and again at Time 4 in the control group. They were not removed due to the limited sample size of the present study. A third assumption test for homogeneity of regression indicated no significant difference between groups,  $F(1,17) = .16, p = .70$ . Finally, homogeneity of variance of the DESSA-RS were not significantly different between groups for Time 3 ( $p = .25$ ) and time 4 ( $p = .53$ ).

When examining the results of the main ANCOVA wherein the pretest (Time 1) measure of the DESSA-RS served as the covariate, no significant interaction effect of time x group was found,  $F(1,18) = .49, p = .49$ . No main effect of time was found within subjects,  $F(1, 18) = 1.85, p = .19$ . However, a significant main effect of group was found

between subjects when controlling for DESSA-RS scores at Time 1,  $F(1,18) = 10.03$ ,  $p = .01$ , partial  $\eta^2 = .36$ . Covariate adjusted means and standard errors were as follows: control group ( $M = 44.04$ ,  $SE = 1.59$ ) and treatment group ( $M = 51.01$ ,  $SE = 1.52$ ). These results indicate the parents in the treatment group perceived a gain in their children's use of relationship skills at Time 3 and Time 4 that was significantly greater on average than the relationships skills parents in the control group perceived regarding their children. Additionally, no significant change between Time 3 and Time 4 indicates the gains persisted for the treatment group. See Figure 4.



Covariates appearing in the model are evaluated at the following values: PreDESSA\_RS\_T\_Score = 43.5238

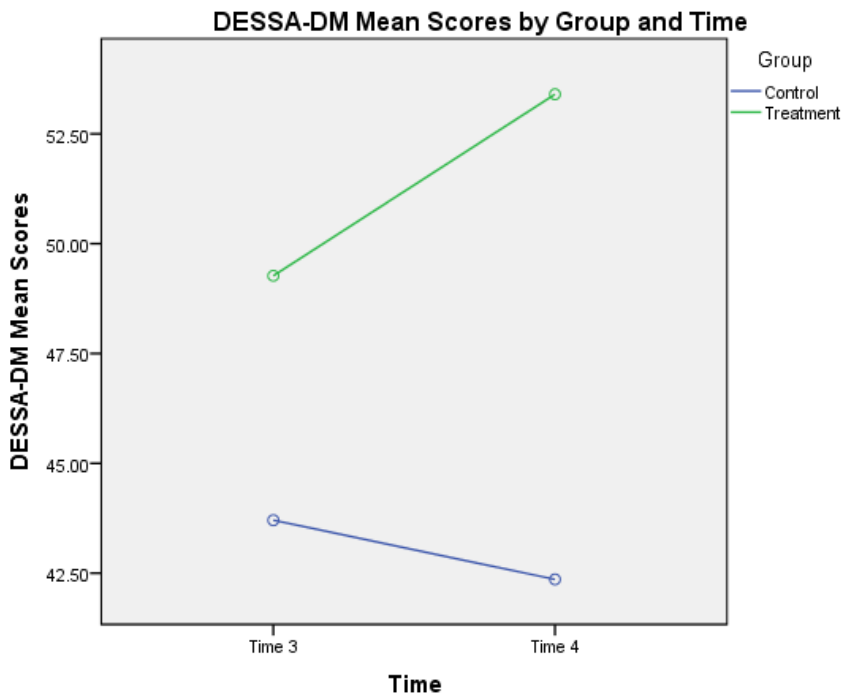
*Figure 4.* Mean DESSA-RS Scores by Group and Time. This figure illustrates group differences across the treatment and control groups at Times 3 and 4.

The same tests of assumptions were used for the DESSA-DM prior to completing the second ANCOVA for the DESSA-DM. An ANOVA was used to test group differences for the DESSA-DM before the intervention. No significant group differences were observed at pretest (Time 1) for the DESSA-DM,  $F(1,19) = .25, p = .62$ . Measures of skewness and kurtosis indicated the distributions of the DESSA-DM were reasonably normally distributed across all time periods. However, outliers were identified at Time 1 for the control group and again at Time 4 for treatment. Outliers were not removed due to



limited sample size. The test of homogeneity of regression indicated no significant difference in regression slopes,  $F(1,17) = 3.30, p = .09$ . Finally, Levene's test of homogeneity of variance indicated no violations at Time 3 ( $p = .14$ ) and Time 4 ( $p = .41$ ).

Results of the ANCOVA indicated a nonsignificant interaction effect of group x time,  $F(1, 18) = 4.20, p = .06$ . A non-significant main effect of time was observed,  $F(1,18) = 1.32, p = .27$ . Finally, a significant main effect of group was observed,  $F(1, 18) = 11.26, p = .004$ , partial  $\eta^2 = .39$ . Therefore, there was a significant difference in group means for the DESSA-DM. Moreover, 39% of the differences in group means could be explained by the treatment variable. Covariate adjusted mean and standard error for treatment were  $M = 51.33, SE = 1.70$  and for control were  $M = 43.03, SE = 1.79$ . Similar to what was observed in the DESSA-RS results, the treatment group perceived a gain in their children's decision-making skills using the DESSA-DM following the RP parent training that was significantly greater than the decision-making skills parents in the control group perceived in their children. These gains also persisted between Time 3 and 4 which indicates parents continued to see this improvement even eight weeks following the parent training class. See Figure 5.



Covariates appearing in the model are evaluated at the following values: PreDESSA\_DM\_T\_Score = 44.4286

*Figure 5. Mean DESSA-DM Scores by Group and Time.* This figure illustrates group differences across the treatment and control groups at Times 3 and 4.

**Research Question 4.** The fourth research question asked whether participants in the treatment group would rate the RP framework as a socially valid intervention they would find useful in their home. In order to answer the fourth research question regarding social validity of the RP framework, the most common response for each item across all administrations (mode) as well as the mean total score was computed for the three time periods of the SVQ administration: immediately after the class (Time 2), four weeks post training (Time 3), and eight weeks post training (Time 4). See Table 5 for mean total

scores of the SVQ and Table 8 below for a summary of the modal responses across the times the SVQ was administered.

Table 8

*Modal Responses Across Time Periods for the SVQ*

Questions	Mode Response (Time 2)	Mode Response (Time 3)	Mode Response (Time 4)
	n = 8	n = 11	n = 11
The approach focuses on an important behavior.	Agree	Strongly Agree	Strongly Agree
The target behaviors of Restorative Practices are of sufficient concern to warrant the use of this approach.	Agree	Agree <sup>a</sup>	Strongly Agree
I believe that this approach will produce effective results.	Strongly Agree	Agree	Strongly Agree
I understand the process of Restorative Practices.	Agree	Agree	Strongly Agree
The approach is easily incorporated into my home routines.	Agree	Agree	Agree
I believe that I can accurately implement this approach in my home.	Agree	Agree	Agree <sup>a</sup>
I have the necessary materials to implement this approach accurately.	Agree	Agree	Agree
The time requirements of this approach are reasonable.	Agree	Agree	Agree

<sup>a</sup> Agree and Strongly Agree modes exist, the agree value is shown in table.

When examining the modal response for each question, it was found that agree and strongly agree responses were the most observed responses across all questions and

across all administrations. This indicates the majority of participants agreed or strongly agreed the RP framework offered valuable information and strategies that could be integrated into their homes. However, there were instances of disagreement on questions across time. For time 2, questions 1 and 2 had strongly disagree and disagree ratings. For time 3, questions 2, 5, 7, and 8 had disagree ratings. Finally, for time 4, there were disagree ratings on questions 1, 2, 4, 5, 6, 7, and 8. These findings indicate that while the mode was for the agree or strongly agree responses, there were 1-2 participants in the treatment group who felt the program was less socially valid to them as time went on. When examining the means for each time the SVQ was administered, the mean score stayed stable over time at approximately 26 to 27 points. The standard deviation of the means varied between 1 and 4 points. It was possible to get a minimum total of 4 and a maximum score of 32 on the SVQ measure. This indicates the participants found the RP framework to be useful information and strategies that met a specific need for their children and their family as a whole. This feeling persisted as much as eight weeks after the parents took an initial RP course.

## **Chapter Five: Discussion**

The purpose of this study was to develop and assess the outcomes of a comprehensive universal RP parent training approach that can accompany other school-based training commonly offered only to school staff. The protocol for the training was designed to be interactive and responsive to individual school and parent needs. The training aimed to provide both an introduction and explanation of critical underlying principles of RP as well as practical RP strategies parents could easily integrate into their homes that are consistent with strategies used by teachers. The training tested here was also developed to promote cohesion and consistency with school staff training so parents and staff can use common language to discuss disciplinary issues and proactively build a strong climate between home and school.

The training structure and content developed for this study were vetted by three experts in the areas of School Psychology, General Psychology, Prevention Science, and Restorative Practices. All three experts agreed the content included was valid and relevant to the underlying principles of RP. These reviewers also felt comfortable with the validity of the content of the researcher-made knowledge assessment and parent self-efficacy assessment regarding RP. Thus, the parent training tested here was considered to be focused on critical information pertinent to understanding RP approaches that have

been adopted for use in schools to improve discipline. What will now follow is a brief summary of the research procedures for this project and an overview of the findings.

After a review of the literature around the history of discipline in school settings, the rise of positive discipline approaches like RP, how teachers are trained to use RP, and the challenges many schools face during RP implementation, it was determined that proactively training parents could help improve the implementation of RP in schools and school districts. It was also hypothesized that such training for parents could improve several parent outcomes: parent knowledge of RP, parent self-efficacy to use RP at home, as well as general self-efficacy regarding their disciplinary skills. Finally, it was also hypothesized that exposure to the training might improve parents use of RP at home which, in combination with the RP approach used at school, might lead to improved child outcomes; namely, social-emotional competence in children between Third and Sixth grade. Specific competencies targeted for this study included relationship skills and decision-making skills. This expectation was based on family-school partnering research which asserts consistency between behavioral expectations at home and school can lead to improved behavioral and academic outcomes (Esler et al., 2008).

Several changes to enhance the training were made based on the expert reviews. These changes included: the addition of content to the training that was specific to the identified district and schools used in the study, additional questions to the RPKQ to ensure a good breadth of knowledge was tested, and wording changes to ensure the

questions were asked in a way that is consistent with the RP framework – a philosophy rather than an manualized treatment protocol.

After the training and assessments were finalized, two schools who volunteered and self-identified as implementing RP at stage three using the implementation levels from Blood and Thorsborne (2005) were selected for the study. Announcements were sent to all families at the school and volunteer families signed up for either an immediate treatment group or to a nonequivalent control group that consented to take the same pretest and posttest assessments as those given to the treatment families. Families in the treatment group received four hours of training divided across two weeknights that were conducted at their child's school. A series of assessments were given to families who were in the treatment group and control group, before, immediately after, and 4-8 weeks after the second training session had ended.

The remainder of this chapter will focus on a discussion of the key findings used to answer the four research questions for the present study. The first research question included whether a group of parents who received a school-based RP parent training demonstrated greater gains between a pretest and posttest measure of RP knowledge compared to a group that did not receive the training. A second research question asked whether these same gains were seen in parent self-efficacy specifically to use RP in their own home and general feelings of parent self-efficacy compared to a group that did not receive the training. A third research question asked whether the same parents saw

greater gains between pretest and posttest in their perceptions of their own child's relationship skills and decision-making skills compared to a group of parents who did not receive the same training. Finally, the fourth research question asked whether a group of parents who received a school-based RP parent training reported high levels of social validity following the training. Additionally, it was critical for each of the four question that the gains in scores between pretest and posttest or levels of social validity after the training be sustainable across a four to eight-week follow-up period. Following the discussion of each question and associated findings, this chapter will end with a discussion of the limitations of the study as well as ideas and directions that may help propel future research on this important topic.

### **Restorative Practices Knowledge Acquisition**

Regarding RQ 1, increased knowledge between pretest and posttest follow-ups was found for the group of parents who received the RP class. This important finding indicates the RP parent training increased parents' knowledge of key RP information. These gains were also retained over time. Indeed, 39% of the variation in RPKQ results was explained by the presence of the treatment level or control level of the independent variable. Additionally, the parents in the treatment group did not significantly lose knowledge between the four and eight-week follow measures of knowledge. The parents in the control group who did not receive this training did not demonstrate any significant gains or losses in information over time.



The finding that increased knowledge of RP can be obtained by parents who took the RP class is important because it demonstrates the utility of the newly developed school-based parent training as a method for helping parents understand the key theories and strategies related to RP. More importantly, it is well documented in research that individuals who feel knowledgeable regarding a specific topic of discussion, method of thinking, or way of behaving are more likely to intentionally employ it as a normal part of their daily life (Ajzen, 1991). Specific to schools, it has also been well-documented that parents wish to be more involved with their child's school if they feel knowledgeable regarding strategies they may be asked to use – such as helping with homework or addressing behavioral concerns (Green et al., 2007; Hoover-Dempsey et al., 2005).

Increased knowledge of school-adopted disciplinary programs like RP might also provide an avenue for better home-school collaboration around prevention to stop negative behavior before it occurs as well as support if and when a child demonstrates disruptive or otherwise hurtful behavior. Given the shared understanding of how children are expected to behave in schools through an RP framework, effective solution-oriented conversations can take place between parents, teachers, and students using the common language of RP to figure out how to set behavioral expectations or address behavioral concerns (Cowan, Napolitano, & Sheridan, 2004).

## **Parent Self-Efficacy**

Regarding RQ2, another important finding for the present study was the significant increase in parent self-efficacy, specifically to use the RP strategies following a four-hour training in RP. This gain also sustained across four to eight-week follow-up measures as well. A similar finding on the PSAM-RP measure was not seen in the control group which provides further evidence the findings are valid and not chance variation in participant responses. Specifically, 67% of the variation between groups for the PSAM-RP could be explained by the presence of the treatment or control levels of the independent variable at specific times of administration of the PSAM-RP. This important finding further demonstrates the effectiveness of this parent training to not only elicit knowledge acquisition related to RP, but also internal feelings of parent self-efficacy to confidently use the knowledge they gained to employ the learned strategies compared to a group of parents who did not receive the same instruction. Additionally, these feelings of confidence appear to remain stable across time.

These results are consistent with previously discussed research related to a person's use of new behavior strategies. Ajzen (1991) asserts people must feel efficacious regarding a newly learned behavior before they are going to intentionally integrate and use that behavior in their daily life. Similarly, specific to parents in schools, Green et al. (2007) and Hoover-Dempsey et al. (2005) found parents do not wish to become involved in their child's school experiences (both at home or at the school) without feeling

efficacious regarding the strategies they may need to use such as helping with homework or addressing concerns between their child and a peer. These findings therefore illustrate the utility of this school-based RP training to elicit parent self-efficacy to confidently use a strategy with their children that is consistent with strategies used at their child's school. By raising parent efficacy to use RP, use of this training could lead to greater engagement of parents in their children's daily lives; parents who feel self-efficacy to use RP can help their children build stronger bonds with their peers, with their teachers, and even within their own family unit through the proactive fostering of social capital (Costello et al., 2009; Wachtel, 2013).

While this study's population of students were not specifically noted to have behavioral concerns, Sanders and Woolley (2005) found a group of mothers with children who had significant behavioral concerns reported lower levels of task-specific self-efficacy compared to a group of parents with children who did not have behavioral concerns. Task-specific self-efficacy was defined by the authors as confidence to manage different behavioral concerns from their child as well as manage their child in specific settings. Based on this finding, the authors recommended any parent training should be focused on helping parents manage specific situations, contexts, and behaviors that can lead to concerns. Anecdotally, many parents in the present study reported bedtime, wakeup time, and homework as problematic times in the day for them and their children; the parents specifically wished to problem-solve these time frames during discussions of

how to apply RP strategies in their individual homes. Given the significant increase in PSAM-RP scores for the treatment group, these findings suggest an RP training like the one in the present study, that provides strategies for reactive as well as proactive approaches to specific situations or behaviors, elicits positive results related to task-specific parent self-efficacy.

Unfortunately, the same increase was not seen in parents' general feelings of self-efficacy toward their parenting based on findings using the PSAM. While there was a significant change in PSAM scores over time, there was no difference between groups. However, this is not surprising based on the assumptions of what makes RP effective: it is not a new tool to be used that replaces previous strategies, it is a philosophy to help bring cohesion to an already present set of strategies (Blood & Thorsborne, 2005; Kane et al., 2007; McCluskey et al., 2008). With that being said, it is not surprising parents taking an RP class do not feel better about their general parenting, but they feel stronger about their parenting practices specifically related to RP after receiving an explicit training.

It is possible parents felt a stronger sense of self-efficacy specifically to support their child emotionally using affective restorative approaches, to coordinate their activities using a structured approach based on setting clear expectations and a fair process, or even teaching children how to behave well in a preventative way based on setting clear expectations and fair process (Sanders & Woolley, 2005). This can be thought of as separate from feelings of general parent self-efficacy based on definitions

of domain-specific self-efficacy that looks at general feelings of self-efficacy within the domain of parenting (Dumka et al., 1996) versus task-specific self-efficacy that asks parents about their self-efficacy to specifically parent during challenging behaviors or situations (Sanders & Woolley, 2005). The PSAM-RP could be considered a task-specific measure of parent self-efficacy given that it is asking about parent confidence to problem-solve using a specific approach and not just general confidence to parent effectively.

### **Child Social-Emotional Competence Outcomes**

Regarding RQ 3, the parents in the treatment group reported their children had higher levels of relationship skills and decision-making using the DESSA-RS and DESSA-DM scales, respectively, compared to the control group. These gains also persisted across time. This further indicates the RP training program could be helping parents to guide their children to form better relationships and make better decisions based on the predictable process of RP that includes the child and parent. Specifically, parents have been taught concrete ways to bolster their child's ability to relate to others, make decisions that are other-focused rather than only focused on their own needs, and they know how to make things right after harm has occurred. These directly tie to outcomes related to stronger relationship skills and decision-making skills as measured by the DESSA-RS and DESSA-DM (LeBuffe et al., 2009). They are also consistent with

important social-emotional competencies known to elicit better academic and social-emotional outcomes in children (CASEL, 2003; Payton et al., 2008).

Based on Azjen (1991), it is possible the explicit knowledge gained through this class and their simultaneous gains in self-efficacy to use RP strategies, helped parents intentionally use the skills to facilitate these changes in children over the four to eight-week timeframe of posttest data collection. Likewise, these results further confirm studies by Thorsborne (1996) and Shaw and Wierenga (2002) who observed changes in children's social skills (e.g., empathy and prosocial behaviors) over time as a result of teachers implementing RP. Better child-teacher relationships were noted by Gregory et al (2016) as a result of using RP strategies as well. Finally, McMorris et al. (2013) also noted child and parent gains in connectedness to their school after using RP approaches with specific families of at-risk children or children who had offended. These similar findings for the present study could be indicative of parents being helpful in fostering generalization of RP skills from school to home if schools intentionally partner with them to develop comprehensive prevention programming – also known as positive youth development (PYD; Greenberg et al., 2003).

It is important to note, however, the DESSA-RS and DESSA-DM are strengths-based measures of social-emotional competencies. Therefore, children who are given these measures may not necessarily make gains based on the assumption that a deficit is present and remediation is needed. Gains can be made as part of natural maturation and

learning of important social skills as children grow older. It is also possible, however, that parents simply began to see their children in a different light, given the content of the class. The children may have had these skills all along, but their parents did not notice until after the specific skills were called to their attention through this course. For example, several parents made comments on the second day of the training regarding their children's responses to them using RP after the first night of training. Several parents noted their child knew what RP was and they use it all the time in their classes at school. Therefore, these qualitative remarks from children indicate they may have the skills, parents just need more knowledge and parent self-efficacy to tap into RP strategies so they can generalize in the home. More research around RP and the secondary effects it can have on children as a result of parents using it will still be needed to strengthen the validity of these conclusions.

### **Social Validity and Acceptability of Restorative Practices**

Finally, regarding RQ 4, parents who received the RP training reported initial high ratings of social validity for the RP framework that persisted over an eight-week timeframe. The mean score for all RP-trained participants was 26 to 27 points, out of a possible 32 points. These ratings indicate parents agreed or strongly agreed the RP framework and associated RP strategies had value, including the focus of the framework and strategies, the practicality of the framework and strategies, and their feelings of preparedness to implement the RP strategies.

Interestingly, there was an increase in disagreement with several questions as time went on. The frequency of the disagree or strongly disagree rating went from just two questions on the immediate measure of the SVQ to seven questions on the eight-week follow up administration. This indicates as time went on, some participants did notice a shift in their feelings regarding the social validity and acceptability of RP being used at home. Fortunately, there was no decrease seen in the other outcome measures of knowledge, self-efficacy, and perception of child behaviors which indicates some decreased satisfaction did not appear to impact the other outcome variables. Even though it was a small minority of participants who felt this decrease in social validity over time, it will be valuable to understand why and how it can be addressed.

These important findings indicate parents have a generally positive outlook on the approach, practicality of the approach, and importance of RP strategies. This is critical based on the knowledge that consistency between attitudes regarding behavior expectations at home and school leads to greater behavioral outcomes for children (Esler et al., 2008). It is also well documented that individuals who use a particular treatment or intervention approach must be able to subjectively self-evaluate the approach in order for providers of the treatment or intervention to truly know whether the approach will be helpful (Kazdin, 1977; Wolf, 1978). More specifically, treatments have to be practical from the perspective of the individual using the new strategies before they are going to engage in the new target behavior or method of thinking (Witt & Elliott, 1985).



Additionally, these social validity findings help tie together the previously discussed findings. Both Green et al. (2007) and Hoover-Dempsey et al. (2005) discussed the importance of understanding the motivating factors behind why parents do or do not become involved in their child's school experiences. These authors both found parent knowledge and parent self-efficacy play a role in whether they will be involved in their child's school experience. It has been demonstrated above that the school-based RP training has elicited gains in both knowledge and self-efficacy. It has also been found that parents who attended the RP class noticed a gain in their children's relationship skills and decision-making skills. More importantly, parent knowledge, self-efficacy to use RP, and perceived gains in their children's relationship skills and decision-making was higher, compared to a control group throughout an eight-week period following the training. This likely occurred simultaneously with high levels of social validity and acceptability based on the assumptions of the TPB (Ajzen, 1991).

When an individual (i.e., parent) feels efficacious enough to engage in a new type of behavior or way of thinking, and they feel the behavior is an acceptable and normal behavior to do within their home, and they feel knowledgeable enough to independently control their use of that behavior, they are more likely to intentionally engage in the new behavior. That is, in the presence of all the gains in knowledge, self-efficacy, and social validity regarding the RP framework, the gains in children's social-emotional competencies were able to be seen as well.

Similar results regarding parent satisfaction were seen in studies by Webster-Stratton (1990) and Webster-Stratton and Hammond (1997). Both studies found initial satisfaction to be high regarding training with parents only as well as combined training with parents and children. It can be argued the current study utilized a program where children were trained to use RP at school by their teachers and staff and parents have now been given similar training to be utilized at home. Webster-Stratton and Hammond (1997) even found satisfaction to remain high at a one-year follow-up for treatment conditions that included parent training only as well as combined parent and child training. It is unclear if some participants in these two studies started to have decreased satisfaction, but overall satisfaction scores did not decrease significantly after one-year.

An important component, however, that both studies included in their parent training was multiple sessions lasting between 10 and 24-weeks. This indicates high satisfaction was reported when multiple sessions and interactions with a therapist or instructor was seen. Given the short duration of the current training for RP, more sessions, boosters, or follow-ups may be necessary to address the needs of the small number of families who started to indicate disagreement on the SVQ for the present study.

Given these above findings, there will now be a discussion of the implications for these findings on future practice for school professionals including administrators, teachers, and mental health providers such as school psychologists or social workers.

## **Implications for School Disciplinary Practices and Policies**

There three important implications for future practice based on the results of the present study. These implications include (1) improvement of school-based RP implementation practices; (2) looking at RP as a primary prevention tool to be introduced to parents, and (3) fostering greater shared accountability among stakeholders for students' academic and social outcomes.

### **Improvement of Restorative Practices implementation practices in schools.**

Much of the research regarding implementation of any new disciplinary approach like RP, such as Positive Behavior Intervention and Support (PBIS), has stated it is critical to take a systematic and top-down approach. Research regarding PBIS has found administrative support as well as an 80% consensus from teachers and staff regarding going forward with the new approach is needed in order to sustain an implementation of a new approach such as RP (Lewis, Barrett, Sugai & Horner, 2010). Once administration and staff have been trained and a large majority of staff are in support of moving forward with the new approach, implementation can proceed beyond the school to parents.

The present study has demonstrated when schools have reached this stage of implementation, a practical set of strategies can be employed to further bolster a school's implementation of RP by addressing two major challenges to RP implementation in schools – lack of knowledge of RP and lack of support for RP from major stakeholders beyond teachers. It has now been shown that intentionally including parents early in the

implementation process, around Stage 3 according to Blood and Thorsborne's (2005) model, can elicit positive results from parents.

The parents who participated in this course were volunteers who chose to participate based on their interest and desire to learn more about RP. No assumptions or qualifications for participation were used based on the presence of behavior problems in their children. This unique component of the present study allows further conclusions to be drawn about parents' interest in RP from a preventative lens and not just interest or satisfaction in the process after a problem has occurred which has been the context for participation in the majority of previous studies involving parent input discussed earlier in this paper.

Additionally, the use of a two-day training format, lasting approximately 2 hours each night, appeared to elicit positive results. While it is not clear if this is the most ideal format, results from the present study indicated this dosage of training elicited a positive effect. The training included both didactic and Socratic teaching methods: didactic methods were used to teach conceptual ideas about theories and strategies behind RP while Socratic methods were used to help parents directly apply their knowledge using practical examples, group discussion, and feedback from the researcher.

As a result, important findings regarding knowledge of RP as well as feelings and attitudes about RP were found that can be useful to school leadership at the individual school level for RP implementation. It is important to know parents who received this

training showed a significant increase in their knowledge of RP, self-efficacy specifically for using RP practices in their home, and a positive view of RP as a useful set of strategies. This increase in knowledge and parents' self-efficacy for RP use is important because it shows parents have likely retained important information relevant to RP use and they feel confident beginning to use it in their own homes. While RP is not a specific and manualized set of strategies, it is important to know and understand the research-basis behind RP so you can better utilize the explicit skills that go along with the RP approach: affection statements, affective questions, impromptu conferencing or dialogues, restorative circles, and formal conferencing (Costello et al., 2009).

Given the above findings regarding knowledge and self-efficacy for RP use, it is also equally important that the majority of parents also felt the RP strategies were socially valid and of interest to them as parents. Again, even in the absence of a known concern such as suspension/expulsion or heightened risks of such concerns, parents felt the RP strategies they learned were useful for them as parents and that they should employ them in their own homes to prevent concerning behaviors. Thus, the RP strategies should not be intentionally offered only to parents who have children demonstrating significant behavioral concerns, all parents should be offered the opportunity to learn about RP using a school-based training early in a school's implementation of RP because it appears to be valuable information parents find useful, even in the absence of significant behavioral concerns.

This is consistent with implementation science research regarding the important mechanisms through which new methods of thinking and behaving are normalized: cohesion, cognitive participation, collective action, and feedback (May & Finch, 2009; May et al., 2009). Specifically, this training has offered parents the chance to have better cohesion between what schools expect of their children and how parents can mirror those expectations at home. The training has offered parents the chance to cognitively participate in the implementation, embedding, and integration processes as RP grows in their child's school. The parent training has also facilitated the chance for parents to take collective action with their child's school to use RP in order to generalize RP skills across settings. Finally, the training gives schools the chance to work collaboratively with parents to create a feedback chain regarding how schools and parents are both using RP strategies and how it can be improved.

By improving the implementation processes schools use to rollout RP, it can be further argued there will be implications for expanding the use of RP to a preventative role and not exclusively a set of reactive strategies when problems occur. What will now follow is a discussion of how the present findings can help encourage the use of RP in schools as a primary prevention tool that fosters PYD.

**Restorative Practices as a primary prevention tool.** A majority of the previous research around Restorative Justice (RJ) and RP has taken place in alternative settings such as the probation and prison systems (Latimer et al., 2005) or day-treatment

programming (McCold, 2002; 2004; McCold & Chang, 2008). These studies demonstrated the importance of using RJ and RP when a person has done something wrong. More importantly, these studies have demonstrated individuals who are exposed to RJ or RP approaches have decreased rates of disruptive behavior, demonstrate decreased recidivism, and feel better prosocial attitudes toward authority figures. Parents have also noted positive attitudes regarding the process and outcomes of using RP. However, these findings were discovered after significant problems occurred.

As recently as the 1990's, researchers have started to realize problematic behavior can be predicted based on a number of social influences such as friendship groups, family systems, and school communities (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). That is, many problematic behaviors occur as a result of complex interactions between individuals and their social environment. Zero Tolerance policies tried to capitalize on this understanding by showing individuals their peers will receive significant penalties if they engage in disruptive, violent, or otherwise problematic behavior (Skiba, 2014). However, major professional organizations including the AAP (2003), APA Zero Tolerance Task Force (2008), and NASP (2008) called for Zero Tolerance policies to end due to the deleterious effects of standardized punishment and for PYD approaches to begin wherein prevention strategies are used to build competence, build positive community, and provide instructive feedback when problems occur rather than simply punish. Costello et al. (2009) has highlighted the importance of RP as a

primary prevention tool to be introduced to bolster social-emotional competence as well as build positive school-wide community as part of school-wide culture change, not just in response to problematic behavior. Findings from the present study further illustrate the potential benefits of providing parents with training in RP from a preventative standpoint in order to build comprehensive programming in schools to promote PYD.

By providing parents with training at a preventative level, it can also be argued parents will be empowered to be an extension of the school. They can share a common set of skills, language, and even behavioral expectations with their child's school that help children understand how to behave well within the school, their home, and in the community before problems occur. Maton (2008) refers to this as building a group-based belief system, relational environments, role structure, and core activities. Within RP, that belief system and relational environment is based on the importance of mutual respect and trust in all relationships (Costello et al., 2009; Wachtel, 2013). The structure and core activities is seen through the structure of the social discipline window (Wachtel & McCold, 2001) as well as restorative continuum of core strategies to be used when helping individuals build a positive climate or respond to harm (Costello et al., 2009).

Moreover, the present study found the training offered to parents elicited several key psychological mediators of empowerment in individuals: greater knowledge (skill development), self-efficacy, and interest or acceptance (engagement) of the programming to be used (i.e., RP). Within a system attempting to build community empowerment,



Maton (2008) argues these psychological mediators must be present within individuals, along with a strong group-based belief system, relational environment, role structure, and core activities in order to build individual member empowerment within the community. See Maton (2008) for a visual of his model for individual member empowerment within a community.

Given the implications for improvements of implementation of RP at a school level as well as the implications for bolstering the prevention role of RP through empowerment of parents, implications for how offering RP training to parents could lead to greater shared accountability for student outcomes will now be discussed.

**Shared accountability for student outcomes.** Being part of a community typically includes having a group of people with many diverse characteristics but some kind of shared interest, goal, belief, or set of life experiences. Based on these common ties, collective actions is taken by this community to accomplish their goals (MacQueen et al., 2001). For the purposes of the present study, a shared interest/goal within a school community is seeing the children who attend the school grow in their academic and social development. However, it is important to understand no single student, teacher, staff member, or parent is responsible for eliciting all the growth seen in an individual child while they are in school. Successful growth of students is the result of complex interactions between individual students and groups of stakeholders within a school

community. It can be argued that three major categories of stakeholders are individual students, school staff, and parents (Lines et al., 2010).

What will now follow is a discussion of how an RP parent training can be used as a PYD strategy discussed above to build a greater sense of shared responsibility amongst teachers, students, and parents for individual students' academic and social growth through empowerment of the individual community members. See Figure 6 for a visual model for building shared accountability through an RP framework.

***Teachers and school staff.*** Principals and administrative staff should be learning about and encouraging their staff by example to use RP rather than individual teachers attempting to use the strategies in isolation within their classrooms. Having staff and administrators trained simultaneously should be considered best practice. Financial cost to do so can vary based on funding for training by outside agencies or the availability of trained staff within school districts. However, whole-school staff trainings appear to be most cost-effective and time efficient. Also, according to the previous implementation studies of RP, especially at the primary school level, it is important for RP to be encouraged using a top-down approach (Blood & Thorsborne, 2005; Kane et al., 2007; McCluskey et al., 2008) – similar to what is recommended for other whole-school

approaches like PBIS (Lewis, et al., 2010). It is important to note, if administrators in a building or district are not aware of RP strategies and their effectiveness, it will be critical to share this information first, before advocating further to utilize RP.

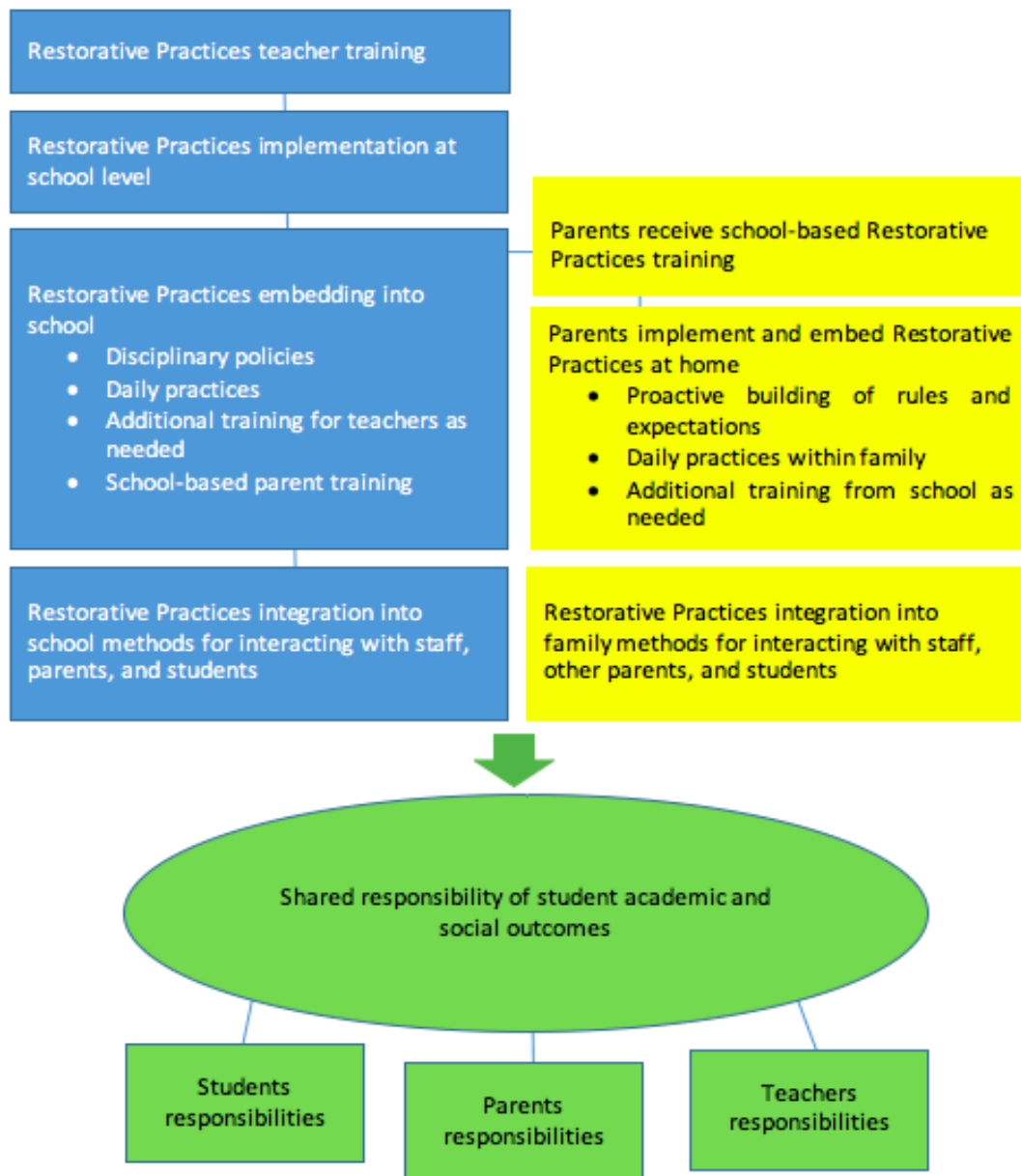


Figure 6. Model for shared responsibility to achieve student academic and social outcomes using RP framework.

Once staff and administrators of individual schools have received their initial training in RP, school administrators should continue to work with their staff as a collective group to build cohesion as a school in terms of their practices to make them consistent. Within the PYD and community empowerment research, this is called building a strong group-based belief system of RP as discussed above (Maton, 2008). Within the school, the belief system centers around the importance of relationships and preventatively building social capital in order to foster trust and mutual respect. This in turn builds a relational environment wherein everyone is focused not only on their own needs but the needs of the collective group.

Teachers and staff should subsequently have opportunities to practice RP skills with feedback. By doing so, school administrators can ensure core RP strategies are becoming adequately implemented to the point of becoming embedded into the culture of the school and fully integrated into daily school practices including daily activities (e.g., restorative circles, impromptu dialogues), disciplinary practices (e.g., think sheets, restorative conferences) as well as policy regarding consequences, suspension, and expulsion. While the process did not have to be completed and be perfectly in place, these were the expectations for schools prior to being invited to participate in the present study.

It can be argued by reaching this stage in RP implementation, approximately Stage 3 (Blood and Thorsborne, 2005), individual staff members have been adequately

empowered through training to know how to foster a restorative community of learners in their classroom. This includes a classroom of individuals who respect each other, who have strong relationships with one another, and who know what they are responsible for in the classroom as learners. While direct measures of the psychological mediators for empowerment have not been done with teachers, previous research by Blood and Thorsborne (2005), Kane et al. (2007) and McCluskey et al. (2008) has alluded to the presence of teacher knowledge regarding RP, self-efficacy to utilize RP practices, and acceptance of the RP framework as a helpful way to build a community of learners while addressing disciplinary challenges.

Thus, the hallmark of school staffs' shared responsibility for student outcomes is building an individual classroom and school-wide feeling of community wherein social capital is built proactively between students (Amstutz & Mullet, 2005; Costello et al., 2009). Amstutz and Mullet (2005) outline a variety of practical ideas used in schools including: instituting daily rituals to say hello and goodbye to one another; having circles where goals are set for the week regarding academic or social outcomes; having circles to discuss specific behaviors expected of students during novel activities or tasks, and even having circles to talk about unique characteristics about one another in a classroom, or using mentoring programs where older students offer guidance and support to younger students.

By taking the responsibility as a school to implement and foster these types of programs that promote respect, responsibility and relationships amongst the students, the school can easily take the additional responsibility of appropriately addressing disciplinary concerns when they happen. This includes focusing on the broken relationships that take place; focusing less on punishment for broken rules and more on the repair of harm and reintegration of students into the classroom after harm has been done is essential. More importantly, this process should be done in a respectful and fair way so students do not feel disengaged from the process or that they are simply being put through an arbitrary process. By doing these above RP approaches, teachers can consistently know what they are responsible for in order to build good academic and social-emotional outcomes for students.

*Students.* Students must also know they play a role in their own academic and social-emotional learning. Since the degree of responsibility can depend on the age of the child, the researcher for the present study focused on the importance of utilizing RP with children between eight and twelve-years-old. Past research has indicated children in this age range have a unique set of cognitive and social-emotional skills which make them a prime age for intentionally incorporating RP into their daily life at school and home. Specifically, children in the eight to twelve-year-old range are beginning to independently understand how their behavior affects others and that they are capable of negatively affecting others at times (Krettenauer et al., 2013). This coordination of

understanding between right and wrong behavior and the understanding one is capable of doing harm to others is paramount to being successful at using RP strategies to facilitate a positive community and repair harm.

By understanding these cognitive and moral truths, the RP process can subsequently help children know how to proactively make good decisions and forge healthy prosocial relationships within their classroom. The present study has shown good evidence that by providing training to parents regarding RP, children between the ages of eight and twelve are capable of improving their relationship skills and decision-making skills within an eight-week period. This can include monitoring their own behavior to make sure they focus on their work during independent work time; they should not be talking to their peers during work time; students should seek help when they are having a difficulty with a peer; students should remember the rules in class are the same, whether they have their regular teacher or a substitute. These are their daily responsibilities as learners that are not just rules to follow, they are behaviors that elicit comfort and positive feelings in those around them. It can be argued if adults emphasize the relational component of rules and expectations for children, it could help the children understand why the rules and expectations are important.

Additionally, considering the work of Eccles et al. (1993), the Stage-Environment Fit Theory states children around the age of eight want to be given independence and autonomy to make their own decisions and self-determine what they do day-to-day.



Within a framework of RP, it can be argued eight to twelve-year-old children should be able to engage in a process of determining what these above behavior expectations might look like. Similar to what is done using PBIS, children are capable of self-determination and autonomy as long as they take responsibility for their daily learning, they are respectful of those around them, and they forge healthy relationships. Therefore, students should be empowered to build and agree to a series of academic and social expectations within their relational environment that helps define their classroom or school's group-based belief system (Maton, 2008). Specifically, the students can collaboratively come up with a set of positively stated expectations for what that will look like and subsequent consequences can be discussed for what happens if and when rules or expectations are violated (Simonsen, Fairbanks, Briesch, Myers, & Sugai, 2008). Macready (2009) refers to this concept through a RP lens as social responsibility through shared collaboration.

By proactively learning what is outlined above, students can also go through the RP process when harm has been done. Within the RP framework, discipline is about going through the disciplinary process with a teacher or another adult in order to understand what went wrong and what the student's responsibility is in fixing the harm that was done (Wachtel & McCold, 2001). Students who have proactively forged strong relationships within their environment, proactively shown respect to others and taken responsibility for their learning as part of their school's group belief system have built enough social capital to repair their harm and quickly reintegrate into their community

(Putnam, 2001). Even for individuals who had harm done to them, the RP process can help them know better decisions to make so they can avoid being in a vulnerable situation in the future (Shaw & Wierenga, 2002). Finally, students can also take the responsibility for talking with their parents about their behavior, how they have positively or negatively impacted themselves and others, and what they can do in the future to achieve their best academic and social outcomes.

*Parents.* The final group who has shared responsibility for student academic and social-emotional outcomes is parents. This was the primary focus for the present study – to introduce parents proactively to a framework in which they could help their children learn to behave in a prosocial way, while also addressing behavioral concerns in a consistent way with their child’s school. Given the positive findings of the present study, it can also be argued that introducing parents to RP at an early stage in their child’s educational career will foster greater shared responsibility for children’s academic and social outcomes amongst parents. More specifically, there could be productive communication between schools and parents regarding children’s academic and social needs through a shared understanding of what the teacher is responsible for, what the student is responsible for, and what the parents should be responsible for as well.

Through the RP framework, parents can learn children have a unique set of cognitive and social-emotional skills between the ages of eight and twelve. A unique desire these skills elicit at this age is the desire to be autonomous and self-determining

individuals despite their young age (Eccles et al., 1993). Using the Stage-Environment Fit lens, Eccles et al. (1993) illustrates for adults that children around the age of eight behave best when they can use the skills they have to negotiate their world with less and less direct support from adults as they get older. RP is a prime example of a disciplinary framework parents, as well as teachers, can use to support students in knowing how to behave well, both as a learner and as a person so they can behave well on their own.

While RP does not provide a step-by-step guide for how to make this happen, RP provides a framework in which parents can work together with teachers and students/children to help them build a relational environment where the group-based belief system is clear regarding what the expectations are in different environments for children (e.g., home, school, and the community), when the child is meeting those expectations, and when the child needs to see the negative impact their behavior is having on their self or on others (Costello et al., 2009). Most importantly, RP helps children learn from their mistakes through active participation with an adult in a structured set of core activities or tasks without undue stress, fear, or shame (Mullet, 2014). This process of dealing with problem behaviors helps children to quickly repair any harm done so they can quickly reintegrate into their community.

It can be hypothesized that parents who know how to do this well at home will feel empowered to better partner with their child's school to make sure their child is meeting academic and behavioral expectations (Lines et al., 2010). If their child is not,

the parents who have knowledge of RP and feel positively regarding RP approaches will know how to effectively talk with their child's teacher and their child to figure out what the next steps are to get the child back on track and to academically and/or socially make things right. Cowan et al. (2004) refers to this as a solution-oriented approach to family-school collaboration. More specifically, parents will know what their child's behavior expectations are at home and at school, and they will know how to leverage social capital in order to help the child repair and reintegrate quickly rather than focusing on rule violations, punishment, and shaming (Mullet, 2014).

As discussed in the previous section, parents who are actively brought into the school's PYD approach through a RP parent training learn about the group-based belief system of RP, the relational environment it builds, the clear roles of individuals in an RP framework, and the core activities of RP. In doing so, several psychological mediators outlined by Maton (2008) are elicited in parents that help them feel more empowered to participate in a community effort – in the case of the present study, the community effort is shared responsibility amongst teachers, students, and parents for student academic and social outcomes.

***Bringing shared responsibility together.*** A problem was proposed by Eccles et al. (1993) regarding finding a balance between how much authority and control do adults assert while also tending to the needs children have to be autonomous and self-determining. The authors further state it is a job for school professionals to try and help

parents find this balance. Ultimately, it is the opinion of the researcher for the present study that school-based RP approaches can help set a series of responsibilities parents, teachers and children can be empowered to follow and be held accountable for in order to elicit academic and social success for individual students. By making these responsibilities clear to all parties, it is possible to approach the balance in expectations versus self-determination and autonomy for children. While this may not be a perfect balance at all times, it could be an opportunity to approach a good balance. However, it is dependent on all three parties following through on their responsibilities.

An example of shared responsibility for academic and social success can be illustrated using the following common practice in schools. A child who is talking too much in class, not turning in assignments on time, and interrupting other students' learning often is placed on a behavior plan or behavior contract. In partnership with the child and parent, teachers often provide a set of expectations all three parties agree are beneficial for the child in order to be academically and socially successful. This is an example of the adults doing discipline with the child (Wachtel & McCold, 2001).

In this context, it is the adults' responsibility to help the children understand how their behavior is affecting their own learning, as well as their relationship with peers, their teacher, and their parents. Due to these concerns, consequences may also need to be put into place such as loss of recess or another privilege. Moving forward, the child's responsibility for making things right in this case is to carry a daily behavior book and to

follow a series of behavior expectations all three parties came up with together. The student will also be responsible for sharing this information with their parent and talking through how the day went. It is the teacher's responsibility to help the child make things right by providing daily feedback to the student using the book so the child knows how they did each day. Finally, it is the parent's responsibility to review the book with their child each day and to offer constructive feedback for the child to improve or give reinforcement/encouragement when the child is doing well.

What makes this approach to discipline helpful regarding self-determination and autonomy is the use of the child's ideas and decision-making throughout the process. The child can provide insight regarding the expectations outlined in the behavior book. The child also carries the book, adding a layer of responsibility. Finally, the child is not excluded or shamed through detention or continuous loss of recess; they are given the chance to make things right by demonstrating prosocial behavior they agreed to with their parent and teacher. Furthermore, the feedback they get from their teachers and parents should always be the positive or negative effects the child's behavior is having on others. In doing so, teachers and parents are preserving their child's ability to change what they are doing and use their own autonomy and self-determination to make better choices with each set of feedback they get rather than simply telling the child they did something right or wrong and utilizing further punishment for wrongdoing.

## **Study Limitations**

While it is important to note that this study helped the researcher obtain important and useful information that will be beneficial moving forward, there are several limitations to this study including sampling, the measures used in the study, and statistical limitations related to the overall study design.

First, the sample size for the present study was very limited. Due to limited resources and difficulty obtaining a large number of participants, the sample size was very small and homogenous. With limited sample size and homogeneity comes a difficulty drawing strong conclusions because the findings are not based on a representative sample of people. It will be important for future researchers to talk with schools about this type of class and get advertisement out far in advance of the class in order to capture a larger group of parents. Perhaps advertising in the spring and summer for a fall course at the start of a new school year. A second option could also include offering different options for completing the training online so there are no specific time commitments necessary. Cultural considerations should also be made to expand the reach of the parent training beyond white, middle-class parents with bachelor's level education.

Additionally, the sample only came from two elementary schools within a larger suburban school district. It is possible that different findings may be obtained if future studies focus on larger groups of parents across the school district. Additionally, the schools who were involved chose to be involved. These schools may have had stronger

dedication to RP compared to other schools implementing RP. Criteria to be in the study was also based on school staff perceptions of their implementation of RP as well and not an outside source. This limitation was reasonably mitigated based on the researcher's knowledge of the two schools and discussing the school's level of implementation prior to being in the study. Finally, it is important to note those who were part of the treatment and nonequivalent control groups were in each condition based on personal interest. There was no random assignment to groups, making the results of the study susceptible to threats of internal and external validity.

Regarding measures for the present study, they were exclusively parent report or self-report of specific feelings or behavior. This type of measurement can lead to a bias toward the positive and not true honesty. Individual participants may have been worried their information would be seen by the researcher who was also a staff member at one of the schools where the study took place. The use of standardized measures like the DESSA scales, which showed positive results, does help to mitigate this risk. However, two measures used for the present study were created by the researcher. While these measures were created with brevity in mind, derived from research and reviewed by three experts, they are not standardized measures with strong validity and reliability. Therefore, there may be areas of RP or parent self-efficacy not fully covered by the brief assessments. The questions for the RPKQ also may not provide statistically reliable



information over time due to poor or questionable alpha correlations across three administrations.

Some better ways to collect data in future studies could include doing interviews with participants rather than only using questionnaire formats. Due to the limited time and resources available to the researcher for the present study, this type of approach was not feasible. However, future research could combine quantitative and qualitative approaches as has been seen in previous studies discussed in the literature review. Interview data could get at subtler changes in thinking, ideas, or approaches to parenting the participants may have had following the training.

Finally, there were some statistical limitations to the present study. While ANCOVAs were initially planned for all statistical analyses to control for differences in pretest scores, assumptions for the ANCOVA analysis were not met when doing the analysis for the PSAM-RP and PSAM analyses. Specifically, there were violations of homogeneity of regression, covariate uninfluenced by treatment, and homogeneity of variance. Therefore, the repeated measures ANOVA analysis was used. This allowed the researcher to see changes across three different time periods. However, it did not control for the differences at pretest as was the case for the analyses over time of the RPKQ, DESSA-RS, and DESSA-DM which can bias the results in clinical trial studies (Van Breukelen, 2006).

## **Conclusions and Future Directions for Restorative Practices Research**

Findings from the present study provide an important first step in building literature related to school-based parent training to use RP in a preventative way. More importantly, these findings indicate the training elicited positive results regarding gains in parent knowledge of RP, gains in parent self-efficacy to use RP in their own homes, and positive attitudes regarding the importance and utility of the RP framework. There were even short-term gains for parent perceived relationship skills and decision-making skills in their children at four to eight-weeks following the training. The methodology utilized in the present study also allows the researcher to draw stronger conclusions regarding the overall success of this training approach since many findings in parents who received the training were not found in a nonequivalent control group using pretest and posttest comparisons. Therefore, the RP training level of the independent variable likely contributed to the variation in scores between the groups across the majority of the dependent variables. There are also a number of future research opportunities based on these initial findings of the present study. What will now follow are several recommendations for future research including length of study, enhancing sampling sizes and heterogeneity of sampling, utilizing mixed- methods designs for measuring different factors related to parent involvement with RP, and how RP can be formally applied to other school-based initiatives including PBIS.

Focus for future research should include longitudinal components to the parent training. This may include offering longer courses for RP to determine if a higher dosage of training can elicit better results. Shorter periods of training could also be helpful in order to be respectful of parent and staff time to attend/facilitate trainings. Additionally, post-treatment measurement could include checking back in with parents in another six months to a year to see how they are still feeling about their parent self-efficacy for use of RP, for general parent self-efficacy, their knowledge, and social validity. Parents who wish to have more information or consultation could benefit from booster sessions to keep their skills honed. Previous studies of parent trainings to use different behavioral interventions have utilized one-year follow ups where effects have persisted (Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 1989). Since the present study utilized a four to eight-week post-intervention follow-up procedure, it will be important to expand this time to see if greater effects are observed between control and treatment groups as schools continue to implement RP across a three to five-year period (Blood and Thorsborne, 2005).

Other research areas include expanding the training to a more diverse sample of families. In the present study the majority of parents were Caucasian, college-educated, and from married or two-parent households. The general population of the schools used in the study were also Caucasian and affluent regarding socioeconomic status. Lau (2006) indicates researchers should be examining what he refers to as cultural adaptations to

Evidence-Based Treatment (EBT) approaches. Considering the highly relational nature of RP's approaches, it will be important to be sensitive to the cultural differences in how parents relate to their children and how parents interact with their child's school as part of their cultural norms (Sue, 1998). For example, within Asian cultures there are preferences for collectivism, respect for authority figures, and strict hierarchy within family units (Kim, Atkinson, & Yang, 1999). Therefore, the tenants of RP including shared control and doing discipline with children would not necessarily coincide with their cultural beliefs. However, research to design these adaptations is still in its infancy.

Kumpfer, Alvarado, Smith and Bellamy (2002) did find cultural adaptations improved parent desire to engage in family interventions to help their children. However, there were minimal effects on the target behaviors of the intervention when adaptations were used. On the other hand, Martinez and Eddy (2005) did find several cultural adaptations to address the needs of the Latino community led to positive results when adaptations were applied to a parent management training program. Given these inconsistencies in findings around cultural adaptations to EBTs, it will be important to expand this study to other schools and districts using RP who also reflect more cultural and socio-economic diversity. Caution should be used when introducing cultural adaptations to ensure it ultimately does not take away from the fidelity of the intervention (Castro, Barrera, & Martinez, 2004). Indeed, there may not be a need to ask parents to assimilate to the dominate European American methods of parenting; rather, it may be

important to simply educate parents about the methods used in schools, utility of these approaches, and schools' willingness to be culturally aware regarding differences between home and school behavior expectations (Sue, 2006).

Additionally, the present study did not collect data regarding the effectiveness of the parent RP training with families who have children with significant developmental disabilities such as Autism Spectrum Disorder (ASD) or cognitive impairment. Given the current statistics regarding occurrence of ASD is 1 in 59 children (Baio, Wiggins, Christenson, Maenner, Daniels, Warren, Kurzius-Spencer, et al., 2018), a school of 500 students would likely have 8 students with ASD. Likewise, statistics generally around developmental disabilities including Attention Deficit/Hyperactivity Disorder (ADHD), cognitive impairment and learning disabilities indicates 1 in 6 children have a developmental disability (Boyle et al., 2011). In a school of 500 students, that mean 83 students could have a developmental disability. Thus, a large proportion of students in a school are likely impacted by disabilities which could influence how RP is used with them.

Considering RP is predicated on adults doing discipline with students through collaboration (Wachtel & McCold, 2001), it will be critical for parents and teachers to know how to use RP strategies in a way that is beneficial for students with disabilities that could impact their independent thinking and problem-solving skills (Batshaw et al., 2007). Researchers who have employed social skills training programs for students with

various behavioral issues have found that parent involvement is critical for improving child outcomes and to help generalize social skills from a clinical or school setting to home and community environments (Frankel, Myatt, Cantwell, & Feinberg, 1997; Rao, Beidel, & Murray, 2008). Therefore, it may be that more specialized RP training might be needed for parents of individuals with developmental disabilities.

Further evaluations of this new RP parent training should also include alternative assessments that consider if such training promotes general family school partnering. One way to measure this includes employing a pretest and posttest measure of parental trust in their children's teacher and school. Adams and Christenson (2000) found that a measure of trust between parents and teachers in elementary school was a critical predictor of child performance. Trust was noted to be formed by quality interactions between parents and teachers rather than the amount of interaction. RP strategies could serve as a method for improving the quality of parent and teacher interactions as discussed earlier under the shared accountability section of the discussion chapter. Therefore, measuring parent and teacher trust before and following an RP parent training like the one assessed here may provide strong evidence that parents and teachers build stronger relationships as a function of engaging in mutually trusting and respectful interactions using the RP framework.

A qualitative component examining parents' self-reports and stories of how they are using RP may also be useful in determining what pieces of RP are best for parents or

most meaningful to them. A focus group is planned for a next step of the present study. The focus group will help the researcher examine several key pieces of the training including what the parents liked about the training, what could be improved about the training, and other general stories of what the parents have seen as a result of using RP at home. Given the results of Gregory et al. (2016) and McMorris et al. (2013), this could include improved relationships with their child or even their child's school. Finally, another idea for the future is to address the fact that parents in the present study training appeared to decrease their ratings of social validity over time even though their knowledge and efficacy stayed intact. As mentioned earlier, this might be due to lack of follow-up sessions after the initial two-day training (Webster-Stratton, 1990; Webster-Stratton & Hammond, 1997). Thus, to help overcome this natural tendency to lose enthusiasm after a short-duration of training, despite not losing knowledge or other important outcomes, it could be beneficial to offer parents follow-up time to consult with an RP trainer to get further suggestions and simple encouragement.

These same studies also suggest it could be beneficial to offer more sessions of training. However, due to the time commitment of parents and teachers or school staff, it could be helpful to offer online tools for learning about RP such as video-modeling or webinars. Webster-Stratton et al. (1989) found multiple video-modeling sessions with in-person group discussion opportunities elicited the best parent satisfaction. Additionally, Comer, Furr, Miguel, Cooper-Vince, Carpenter, Elkins et al. (2017) demonstrated the use

of online intervention tools and web-based real-time coaching for parents offered comparable results to clinic-based treatment approaches where a parent and child had to come to a specific location.

A final future direction for the present research includes examining the formal application of the RP framework to PBIS initiatives. It has been noted that many schools utilize multiple social-emotional learning approaches and other disciplinary initiatives simultaneously, including both RP and PBIS. A common description of PBIS is a systematic method for teaching and reinforcing adaptive behavior using applied behavioral science (Carr et al., 2002). Likewise, RP is described as a science of building trusting and mutual relationships in an effort to promote positive school climate (Costello et al., 2009; Wachtel, 2013). However, neither approach to behavioral change has formally examined how to use each approach simultaneously and systematically. More importantly, it is difficult to tease out what behavioral changes are occurring as a result of PBIS approaches versus RP without such a systematic approach to each approach (Kane et al., 2007; McCluskey et al., 2008). Therefore, an interesting and useful thread of research could include examining how to methodically use RP and PBIS versus using only RP or PBIS. Observed differences could speak to the differences between using disciplinary approaches that focus only on a behavioral science approach (i.e., PBIS) versus a relational approach (i.e., RP) versus a combination of both in order to achieve optimal discipline in schools and at home.



In conclusion, this study has been a significant first step for helping schools to expand their implementation of RP beyond teachers and students. The two-day training developed and assessed as part of this study shows promise as a practical method for providing important information to parents about RP and how to use it in their homes. Application of these findings could lead to greater levels of PYD in schools by offering trainings in RP that empower all critical stakeholders – teachers, students and their parents – to model and teach behavioral competence, provide critical feedback when needed, and build positive school-wide climate.

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## Appendix A

### Demographics Questionnaire

Parent First Name

Parent Last Name

Number of Children

- a) 1
- b) 2
- c) 3
- d) 4
- e) 5+

Number of children enrolled as a 3rd, 4th, 5th, or 6th grader

- a) 1
- b) 2
- c) 3
- d) 4
- e) 5+

Name of school your 3rd – 6th grade child(ren) attends.

Please indicate your marital status

- a) Single
- b) Separated
- c) Divorced
- d) Widowed
- e) Married
- f) Domestic Partnership

Please indicate your highest level of education attained

- a) No formal education completed
- b) GED or High School Diploma
- c) Bachelors or Trade School Degree
- d) Graduate Degree

## Appendix B

### Restorative Practices Knowledge Questionnaire

1. Name three restorative strategies you can use in your own home to address your child's negative behavior.

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2. Complete the following sentence.

The most ideal discipline is done \_\_\_\_\_.

- a) To a child
  - b) For a child
  - c) With a child
  - d) By talking things out
  - e) By yelling.
3. Circle the 3 most important things you should do as a parent to consistently use a fair process with your child when it comes to discipline.
- a) Engage the child to be a part of the disciplinary process
  - b) Explanation expectations for behavior and their importance
  - c) Ensure that expectations are clear to everyone, including you and your child.
  - d) Let your child choose the punishment they receive
  - e) Never use the same punishment twice
4. All human beings have 9 innate affects or feelings that range from negative to neutral to positive. According to the Restorative Practices framework, what negative emotion do people often feel when they have had a positive or neutral feeling interrupted by a harmful act?
- a) Shame
  - b) Pride

- c) Guilt
  - d) Worry
  - e) Excitement
5. According to the compass of shame, what are the 4 ways that people can respond following an act of harm directed toward them, personally or within a group. Circle all that apply.
- a) \_\_\_\_\_ - denying the feeling
  - b) \_\_\_\_\_ - refuse to talk about feeling, isolate self from others.
  - c) \_\_\_\_\_ - lash out against other people
  - d) \_\_\_\_\_ - self-injury or hurtful words toward self.
6. Restorative Practices seeks to help individuals within a community to build strong \_\_\_\_\_, meaning strong relationships with those in the same community or group.
- a) Friendships
  - b) Parent-teacher relationships
  - c) Teacher-student relationships
  - d) Social Capital
7. As a parent, I can use Restorative Practices at home to...(circle all that apply)
- a) Address my child's negative behavior that occurs at home.
  - b) Address my child's negative behavior that occurs at school.
  - c) Proactively teach my child how their behavior can affect others.
  - d) Make the relationships between members of my family stronger.
  - e) All of the above.
8. Complete the following grid that is based on the Social Discipline Window of the RP framework. Put each letter in the box corresponding to the parent style each section of the grid represents.

	Low Control	High Control
High Nurturance		
Low Nurturance		

- a) Restorative
- b) Neglectful
- c) Permissive
- d) Punitive







## **Appendix E**

### **Devereux Student Strengths Assessment Relationship Skills and Decision-Making Skills Scales**

The following questions are all rated on a scale of Never (0), Rarely (1), Occasionally (2), Frequently (3), or Very Frequently (4)

#### **Relationship Skills Scale**

During the past 4 weeks, how often did the child...

1. Compliment or congratulate somebody?
2. Do something nice for somebody
3. Show appreciation of others?
4. Greet a person in a polite way?
5. Attract positive attention from peers?
6. Express concern for another person?
7. Attract positive attention from adults
8. Make a suggestion or request in a polite way?
9. Offer to help somebody?
10. Respond to another person's feelings?

#### **Decision-Making Skills Scale**

During the past 4 weeks, how often did the child...

1. Follow the example of a positive role model?
2. Accept responsibility for what she/he did?
3. Show good judgment?
4. Seek advice?
5. Learn from experience?
6. Follow the advice of a trusted adult?
7. Show the ability to decide between right and wrong?
8. Use available resources (people or objects) to solve a problem?

## **Appendix F.**

### **Social Validity Questionnaire**

Please respond to the following statements to the best of your ability. Indicate your level of agreement with the following statements on a scale of 1 – Strongly Disagree to 4 – Strongly Agree.

1. The intervention focuses on an important behavior.
2. The target behavior is of sufficient concern to warrant the use of this intervention.
3. I believe that this intervention will produce effective results.
4. I understand the intervention steps.
5. The intervention is easily incorporated into my home routines.
6. I believe that I can accurately implement this intervention in my home.
7. I have the necessary materials to implement this intervention accurately.
8. The time requirements of this intervention are reasonable.

## **Appendix G**

### **Parent Training Outline**

#### **Day 1.**

30-minutes: Give opening remarks about research study and Restorative Practices course goals/objectives:

- General summary of goals for the training
- Engage parents in meaningful discussion about disciplinary practices.
- Provide research-based, valid teaching about Restorative Practices as a method for discipline that is useful in home and school settings.
- Build parent confidence to use restorative practices in their home.
- Ask parents to provide their names and what they hope to get out of the course based on their understanding of the research study.
- Restorative Practices is a framework to do discipline, not a manualized treatment for a specific condition or problem.
- Requires use of explicit skills in an intentional way, consistently and proactively rather than just in reaction to problems.
- Fits into what you already do. It is not an alternative approach.

#### **Comparison of Disciplinary Styles**

15-minutes : Discuss different types of disciplinary practices

- Punitive (focused on event, perpetrator, blaming, and punishment)
- Restorative (focused on event, current feelings of all parties, moving forward in a way that feels good for all parties, reintegration of victim and perpetrator where appropriate).

20-minute Group Discussion: Discuss a time you felt you were punished.

- Critical questions to ask yourself: How did it feel? What was the focus of discussions between you and the person who punished you?

#### **The Psychology of Affect**

15-minutes: Instruction around 9 innate affects

- Moving from negative affects to neutral and positive affects
- Compass of Shame

### **Restorative Practices & Restorative Continuum**

30-minutes: Instruction around Restorative Practices and the Restorative Continuum to help students move through the negative affects to the neutral and positive quickly: Philosophy that helps children understand their own emotions, the emotions of others, and the effects behavior can have on others.

- Different components of Restorative Practices (both proactive and reactive)
- Fostering understanding of multiple perspectives
- Repairing harm
- Apologies
- Attending to needs
- Assigning punishment
- Active involvement of all parties

#### **Restorative Practices Continuum:**

- Affective Statements - Affective Questions – impromptu conference – group circle – formal conference.
- Video-modeling
- 5-minute video depicting problem-solving using RP approach - <https://www.youtube.com/watch?v=JfiGiA2bpoY>
- 5-minute video depicting problem-solving and community building function of RP
- <https://www.youtube.com/watch?v=dUA1AVf1Sql>

10-minutes: Discussion of video models and critical thinking about what was seen.

### **Day 2**

15-minutes: Welcome and opportunities for questions from last session.

#### **Fair Process**

15 minutes: Discuss what a fair process looks like within the context of a restorative disciplinary styles

- Engagement
- Explanation
- Explanation clarity

## **Family Connection and Self Reflection**

45-minutes: Parent facilitation of this in the home following events at school

- How to link to next steps between home and school (e.g., proactive and reactive steps).
- What school will do to help all parties make things right in the school environment
- What parents do to help in this process (from a harmed or harmer perspective).
- What can parents do preventatively in everyday life to increase social-emotional competency of their child using RP (e.g., relationship skills and decision-making skills).

30-Minute group discussion: How could you employ affective statements or questions at home, in your work place, etc ? Think about challenging behaviors you encounter in the home with kids, work with co-workers, etc. How would that process feel to you/to your kids or spouse.

## Appendix H

### Expert Reviewer Protocol

**The following 5 areas covered by this training are vital tenants of Restorative Practices that should be taught to individuals who want to utilize the strategies.**

Disciplinary styles

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

The psychology of affect

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

The restorative continuum

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Fair process

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Family connection/self-reflection

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

**The information to be presented in each section is appropriate for parents**

Disciplinary styles

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

The psychology of affect

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

The restorative continuum

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Fair process

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Family connection/self-reflection

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

**The questions asked as part of the PSAM-RP, presented below, are appropriate to determine parent self-efficacy of the RP approach.**

I feel sure of myself as a mother/father using Restorative Practices techniques  
1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

I know I am doing a good job using Restorative Practices techniques at home.  
1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

I know things about Restorative Practices that would be helpful to other parents  
1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

I can solve most problems between my child and me using Restorative Practices techniques.  
1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

When things are going badly between my child and me, I keep trying Restorative Practices techniques until things begin to change.  
– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

**The questions asked as part of the RPKQ, presented below, are appropriate to determine knowledge of basic RP principles.**

Name three restorative strategies you can use in your own home to address your child's negative behavior. These can be informal OR formal.

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– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Complete the following sentence.  
The most ideal discipline is done \_\_\_\_\_.

- a) To a child
- b) For a child
- c) With a child



- d) By talking things out
- e) By yelling.

– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Complete the following grid that is based on the Social Discipline Window of the RP framework. Put each letter in the box corresponding to the parent style each section of the grid represents.

	Low Control	High Control
High Nurturance		
Low Nurturance		

- a) Restorative
- b) Neglectful
- c) Permissive
- d) Punitive

1 – strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Circle the 3 most important things you should do as a parent to consistently use a fair process with your child when it comes to discipline.

- a) Engage the child to be a part of the disciplinary process
- b) Explanation expectations for behavior and their importance
- c) Ensure that expectations are clear to everyone, including you and your child.
- d) Let your child choose the punishment they receive
- e) Never use the same punishment twice

1– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

All human beings have 9 innate affects or feelings that range from negative to neutral to positive. According to the Restorative Practices framework, what negative emotion do people often feel when they have had a positive or neutral feeling interrupted by a harmful act?

- a) Shame
- b) Pride
- c) Guilt
- d) Worry
- e) Excitement

1– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

According to the compass of shame, what are the 4 ways that people can respond following an act of harm directed toward them, personally or within a group. Circle all that apply.

- \_\_\_\_\_ - denying the feeling
- \_\_\_\_\_ - refuse to talk about feeling, isolate self from others.
- \_\_\_\_\_ - lash out against other people
- \_\_\_\_\_ - self injury or hurtful words toward self.

1– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Restorative Practices seeks to help individuals within a community to build strong \_\_\_\_\_, meaning strong relationships with those in the same community or group.

- a) Friendships
- b) Parent-teacher relationships
- c) Teacher-student relationships
- d) Social Capital

1– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

As a parent, I can use Restorative Practices at home to...(circle all that apply)

- a) Address my child’s negative behavior that occurs at home.
- b) Address my child’s negative behavior that occurs at school.
- c) Proactively teach my child how their behavior can affect others.

- d) Make the relationships between members of my family stronger.
- e) All of the above.

1– strongly disagree    2 – Disagree    3 – Agree    4 – Strongly Disagree

Please leave any additional comments below regarding your opinions about this training program including any adjustments you feel are appropriate, additions that need to be made, or things that can be taken out.

## Appendix I

### Final Parent Training Outline Slide

#### What we will talk about

- ▶ Day 1
  - ▶ What is Restorative Practices?
  - ▶ Social Discipline Window, 5Rs, and Fair Process
  - ▶ Psychology of Affect
  - ▶ The Restorative Process
- ▶ Day 2
  - ▶ Practical ways to link RP between home and school
  - ▶ Deeper dive into restorative strategies between home and school

## Appendix J

### Final Restorative Practices Knowledge Questionnaire

1. Name three restorative strategies you can use in your own home to address your child's negative behavior.

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2. Complete the following sentence.

The most ideal discipline is done \_\_\_\_\_.

- a) To a child
- b) For a child
- c) With a child
- d) By talking things out
- e) By yelling.

3. Circle the 3 most important things you should do as a parent to consistently use a fair process with your child when it comes to discipline.

- a) Engage the child to be a part of the disciplinary process
- b) Explanation expectations for behavior and their importance
- c) Ensure that expectations are clear to everyone, including you and your child.
- d) Let your child choose the punishment they receive
- e) Never use the same punishment twice

4. All human beings have 9 innate affects or feelings that range from negative to neutral to positive. According to the Restorative Practices framework, what negative emotion do people often feel when they have had a positive or neutral feeling interrupted by a harmful act?

- a) Shame
- b) Pride
- c) Guilt
- d) Worry
- e) Excitement

According to the compass of shame, what are the 4 ways that people can respond following an act of harm directed toward them, personally or within a group. Circle all that apply.

- a) Withdrawal
- b) Approach
- c) Avoidance
- d) Problem-Solve
- e) Attacking Self
- f) Attacking Others
- g) Resolve

Restorative Practices seeks to help individuals within a community to build strong \_\_\_\_\_, meaning strong relationships with those in the same community or group.

- a) Friendships
- b) Parent-teacher relationships
- c) Teacher-student relationships
- d) Social Capital

As a parent, I can use Restorative Practices at home to...(circle all that apply)

- a) Address my child's negative behavior that occurs at home.
- b) Address my child's negative behavior that occurs at school.
- c) Proactively teach my child how their behavior can affect others.
- d) Make the relationships between members of my family stronger.
- e) All of the above.

Restorative Practices will work even if I don't have a strong relationship with the other members of my family.

- a) True
- b) False

Indicate which form of parent discipline style is permissive.

- a) High nurturance, high control
- b) High nurturance, low control
- c) Low nurturance, low control
- d) Low nurturance, high control

Indicate which form of parent discipline style is restorative.

- a) High nurturance, high control
- b) High nurturance, low control
- c) Low nurturance, low control
- d) Low nurturance, high control

Indicate which form of parent discipline style is neglectful/absent.

- a) High nurturance, high control
- b) High nurturance, low control
- c) Low nurturance, low control
- d) Low nurturance, high control

Indicate which form of parent discipline style is authoritarian.

- a) High nurturance, high control
- b) High nurturance, low control
- c) Low nurturance, low control
- d) Low nurturance, high control





## **Appendix L**

### **Final Social Validity Questionnaire**

Please respond to the following statements to the best of your ability. Indicate your level of agreement with the following statements on a scale of 1 – Strongly Disagree to 4 – Strongly Agree.

The approach focuses on an important behavior.

The target behavior is of sufficient concern to warrant the use of this approach.

I believe that this approach will produce effective results.

I understand the process of Restorative Practices.

The approach is easily incorporated into my home routines.

I believe that I can accurately implement this approach in my home.

I have the necessary materials to implement this approach accurately.

The time requirements of this approach are reasonable.

## **Appendix M**

### **Principal Informed Consent And Implementation Questionnaire**

I would like to invite your school to be a part of my dissertation research study that is focusing on the development of a parent-training program to help parents learn about and understand Restorative Practices. There will be few to no responsibilities for you and your school staff to be part of the study. You will be asked to (a) review your current implementation of Restorative Practices in your school with your leadership team, (b) provide a rating using the scale below about your implementation of Restorative Practices, and if chosen to participate (c) email your 3rd grade to 6th grade parent community using a specific email from the lead researcher and (d) allow the lead researcher to lead two 2.5-hour classes across a one-week time frame in approximately the months of March/2017 and May/2017. Outcomes related to learning about Restorative Practices will also be measured. These outcomes include any increases in parent knowledge of what Restorative Practices is, parent self-efficacy to discipline their child, or parent self-efficacy to discipline their child using Restorative Practices strategies. Additionally, a measure of social validity will be used to ensure parents find Restorative Practices to be an acceptable intervention that they believe in and can use. Finally, student-based outcomes related to social-emotional competence will be measured.

Participating in this research study is completely voluntary. Even if you decide to participate now, you may remove your school from this study at any time without penalty but all parent participants will not receive their incentives if the research is stopped early. Potential risks and/or discomforts of participation may include parents becoming frustrated about previously used parental practices that are not in line with those used with Restorative Practices. They may disapprove of the Restorative Practices model. Parents may also contact their child's teacher about how they use Restorative Practices and they may have concerns. However, possible benefits include helping parents learn about new ways to address problematic behaviors from their child and instill social-emotional competencies at home including how to form good relationships and how to be a good decision-maker. Additionally, parents will be learning skills consistent with what schools use to discipline; consistency between discipline practices at home and school is known to increase the academic and social-emotional wellbeing of children. If you feel a parent is in need of mental health support at any time while attending or after attending this study, please encourage them to reach out to the All Health Network. Information regarding their services can be found at <http://www.allhealthnetwork.org>. Please also encourage them to use your school

psychologist or social worker as a resource for support regarding Restorative Practices if needed.

All parents who participate and complete all necessary requirements will be given a \$25.00 gift card or a \$50.00 gift card depending on the group they are involved in for the research project. Schools will not be made aware of what group parents are assigned. Schools are also asked to refrain from asking questions about the study while the parents are involved in the study. Parents, however, may ask their child's teacher or other resources about Restorative Practices at any time if they wish. While schools will not receive any financial award, all principals will be provided with any knowledge gained from this project.

The researcher will keep your school and parent information safe throughout this study. Your individual identity, the identity of your school, and the identify of parents will be kept private when information is presented or published about this study. However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. The research information may be shared with federal agencies or local committees who are responsible for protecting research participants.

Before you begin, please note that the data you provide may be collected and used by Qualtrics as per its privacy agreement. This research is only for U.S. residents over the age of 18 (or 19 in Nebraska). Please be mindful to respond in private and through a secured Internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties. If you decide to proceed with the study, your completion of the implementation questionnaire will indicate your consent for your school to be a participant. Please send your response to the scale to the lead researcher in an email to [crhughes@dcsdk12.org](mailto:crhughes@dcsdk12.org); indicate what stage (1-5) you feel your school is in at this time. If you feel your school falls into more than one stage, pick the stage that most clearly describes your school.

If you have any questions about this project or your participation, please feel free to contact Christopher Hughes at 303-387-6497 or via email at [crhughes@dcsdk12.org](mailto:crhughes@dcsdk12.org) at any time. You may also contact the faculty sponsor for the lead researcher, Gloria Miller, PhD. She may be reached at 303-387-3340 or via email at [glmiller@du.edu](mailto:glmiller@du.edu). If you have any questions or concerns about your research participation or rights as a participant, you may contact the University of Denver Human Research Protections Program by emailing [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu) or calling (303) 871-2121 to speak to someone other than the researchers.

Stage of Restorative Practices Implementation	Possible steps school is currently working through
<p>Stage 1: Gaining Commitment – Capturing Hearts and Minds</p>	<p>Making a case for change Establishing buy-in for restorative practices</p>
<p>Stage 2: Developing a Shared Vision – Knowing where we are going and why</p>	<p>Inspiring a shared vision Developing preferred outcomes aligned with the vision Building a Framework for Practice Developing a common language</p>
<p>Stage 3: Developing Responsive and Effective Practice – Changing how we do things around here</p>	<p>Developing a range of responses to disciplinary needs using restorative practices. Training, maintenance and support of the framework. Monitoring for quality standards.</p>
<p>Stage 4: Developing a Whole School Approach – Putting it all together</p>	<p>Realignment of school policy with new restorative practice. Managing the Transition Widening the lens</p>
<p>Stage 5: Professional Relationships – Walking the talk with each other</p>	<p>Promoting open, honest, transparent and fair working relationships Using restorative processes for managing staff grievance, performance management and conflict. Challenging practice and behavior – building integrity.</p>

## Appendix N

### Parent Informed Consent Document

Title of Research Study: Development of a School-Based Restorative Practices Training for Parents: Impacts on Parent and Child Outcomes  
Researcher(s): Christopher R. Hughes, PhD Candidate, Licensed School Psychologist, Douglas County School District, University of Denver; Gloria Miller, PhD, Faculty Sponsor, University of Denver.

Your child's school principal has graciously agreed to have \_\_\_\_\_ join a program evaluation focusing on a new discipline framework called Restorative Practices. As a school, \_\_\_\_\_ has started using Restorative Practices and has decided to focus part of their attention this year on an important piece of Restorative Practices: teaching students' families about Restorative Practices including the important reasons parents should use Restorative Practices and explicit skills parents can use at home that are consistent with what is done at school. Therefore, you are being asked to participate in this program evaluation to help investigate the effectiveness of a new parent training to help parents understand and use Restorative Practices as a discipline strategy at home.

Any parent may attend the Restorative Practices classes offered at \_\_\_\_\_ Elementary School on \_\_\_\_\_. However, individuals who join the program evaluation portion of the class will be asked to commit to attending both 2-hour parent trainings that include learning about Restorative Practices, a discussion of how schools use Restorative Practices, and some important, explicit, research-based tools parents can use at home to be consistent with what schools are doing with their children every day. Additionally, they must also commit to filling out a series of measures a total of three times across an 8-week span of time. Each time the assessments are filled out, it will take approximately 20 minutes. These assessments will be examining demographic information about yourself, your knowledge of Restorative Practices, personal feelings you have about your skills as a parent, your personal feelings about the importance of the Restorative Practices course you attend, and your personal feelings about your child's behavior at home. In order to be a part of the study, you must be a legal parent or guardian of a child enrolled at Bear Canyon Elementary and who is currently a 3rd, 4th, 5th, or 6th grader. Your child(ren) cannot be receiving direct special education services from the researcher in his role as a school psychologist for the Douglas County School District so as to prevent the occurrence of dual relationships. You must also speak English as your first language and have the ability to transport yourself to the courses. Finally, it is preferred that you

be able to access the internet to fill out all necessary assessments for the research project but hard copies of assessments can be provided if necessary.

Participants will be randomly assigned to either immediately receive the Restorative Practices course or you will be assigned to a temporary waitlist group. Those who are randomly assigned to the waitlist group will be asked to complete all the measures but will not get to attend the Restorative Practices course until approximately January or February of 2018. It will be very important for those who are on the waitlist group to still fill out the measures. Please note that those on the waitlist control group will be asked to complete all assessments a total of 6 times if possible because it will be completed three times as a waitlist group member and three times when you receive the training if you choose to complete the training in January/February of 2017. These individuals will receive additional compensation for their extra work. They will also receive the benefit of any knowledge gained from the first use of the parent training with the initial treatment group.

Participating in this research study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose to withdraw from the study [e.g., not answer any survey question, leave a class session, or not continue with an interview] for any reason without penalty and also without benefits to which you are entitled for full participation.

There are no significant risks for involvement in this research project. Your participation will not affect your child(ren) regarding their grades, any services they currently receive at school, or your child's general school work. However, it is possible that you could develop negative feelings about your own parenting or the parenting you received as a child following learning about new strategies associated with Restorative Practices. It is also possible that you may feel uncomfortable sharing personal feelings about yourself, your parenting, or your feelings about your child's behavior. Possible benefits include learning about new ways to address problematic behaviors from your child and instill social-emotional competencies at home including how to form good relationships and how to be a good decision-maker. Additionally, you will be learning skills consistent with what schools use to discipline; consistency between discipline practices at home and school is known to increase the academic and social-emotional wellbeing of children. If you feel you are in need of mental health support at any time after attending this study, please reach out to the All Health Network. Information regarding their services can be found at <http://www.allhealthnetwork.org>. You may also ask your child's school psychologist or school counselor any questions about Restorative Practices; they are a strong resource in your child's school building to learn more about Restorative Practices.

Those who complete all necessary measures and who attend all classes for the full duration will receive compensation in the form of a \$25.00 gift card to a local grocery store for those who take the class immediately and a \$50.00 gift card for those who are assigned to the waitlist control and who complete the assessments 6 times. These gift cards will be sent via email. Additionally, free childcare will be provided at no expense to all participants during both trainings

To maintain confidentiality of all personal and identifying information, the researcher will assign you a research participant number to keep your information safe throughout this study. Your individual identity will be kept private when information is presented or published about this study. The only document with identifying information will be a demographic survey and informed consent. These documents will be kept private and will only be seen by the lead researcher and a faculty sponsor, Gloria Miller, PhD. All information will be obtained and stored on a password-protected online platform called Qualtrics as well as on a secure server supported by the University of Denver. However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. The research information may be shared with federal agencies or local committees who are responsible for protecting research participants.

Before you begin, please note that the data you provide may be collected and used by Qualtrics as per its privacy agreement. This research is only for U.S. residents over the age of 18. Please be mindful to respond in private and through a secured internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the internet by any third parties. If you decide to proceed with the study, your completion of the demographics questionnaire on the next page and all other research procedures indicates your consent.

If you have any questions about this project or your participation, please feel free to contact Christopher Hughes at 303-387-6497 or via email at [crhughes@dcsdk12.org](mailto:crhughes@dcsdk12.org) at any time. You may also contact the faculty sponsor for the lead researcher, Gloria Miller, PhD. She may be reached at 303-387-3340 or via email at [glmiller@du.edu](mailto:glmiller@du.edu). If you have any questions or concerns about your research participation or rights as a participant, you may contact the University of Denver Human Research Protections Program by emailing [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu) or calling (303) 871-2121 to speak to someone other than the researchers.

Please indicate below whether you would like to participate in the present study:

Yes, I am consenting to voluntarily be a part of the study which involves completing all assessments and attending two sessions as described above.

No, I do not wish to be a part of the study.

Please indicate below whether you would like to be involved in an optional focus group about the training you receive in the spring of 2017:

Yes, the researcher may contact me for participation in a focus group to gain more information about my experience with the Restorative Practices training. By checking yes, you also consent to this focus group being audio recorded.

The researchers may NOT contact you for participation in a focus group to gain more information about your experience with the Restorative Practices parent training starting in March/2017.