WORKING WITH PARENTS AS DIRECT INTERVENTION AGENTS

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ABSTRACT

Parental involvement as tutors or behaviour problem-solvers with regular school children is increasing. This paper sketches some reasons for this and outlines a set of principles for working with parents for use by practitioners.

As psychologists trying to help resolve learning and behaviour problems presented by children at home and school, we need to work most closely with the referrers of those problems, that is the adults who live and work with the children concerned. In this regard, whereas the ideals of equal partnership and collaborative problem-solving have been discussed and applied with teachers and, to a lesser extent, with parents of handicapped children, relatively little has been written about the involvement of parents of regular school children as direct intervention agents. Many educational psychologists seem to take the view of parent involvement that is most common amongst educationalists. This view is that parents are useful as background informationgivers when problems arise, and they may be enlisted to support professional efforts to help their children in incidental or peripheral ways, but that, on the whole. they cannot be relied on, nor are they likely to be able. to be properly trained to carry out direct intervention roles with their children. In fact, some would go further and argue that direct parental involvement as instructors or as change agents for classroom behaviour could even be harmful to their children.

Over the past few years, however, a number of practising educational psychologists have made the decision to involve parents as direct intervention agents for their children in regular school. Those involving parents as instructors have been concentrated largely in Britain (e.g., Hewison, 1982; Robson, Miller & Bushell, 1984) and New Zealand (e.g., McNaughton, Glynn & Robinson, 1981). Those involving parents as principal behaviour have largely been in the United States (e.g., Lahey, Gendrich, Gendrich, Schnelle, Gant, McNees, 1977; Schumaker, Hovell & Sherman, 1977). The results of their efforts to date have been extremely promising. Not only do they show what a rich resource for problem-solving parents are, but that, when parents are given appropriate advice and training, they can usually achieve more in the long-term than most professional direct service providers could hope to achieve themselves.

For the past four years, we too have been developing ways of working with parents as direct intervention agents (e.g., Leach & Byrne, 1986; Leach & Ralph, 1986; Swerissen, Leach & Leach, 1985). In particular, we have been developing ways of involving them as equal, collaborative partners who can take full control of intervention programmes to improve their children's academic skills, or change their school behaviour, over the long-term if need be. Many of the practical applications have been made by trainee Educational Psychologists completing the Master of Applied Psychology programme at Murdoch University who have worked under supervision to provide a comprehensive psychological service to local schools.

This paper justifies this work and summarises some of the principles of effective practice for working with parents that have emerged from it. It must be said that, though the latter principles represent ideals to which we ascribe, nevertheless they can be achieved by practitioners under normal service conditions, given typical constraints of time and resources. They do however illustrate two firm principles of our general practice — that of adhering as closely as possible to the ideals of data-based, scientist-practitioners and that of providing interventions which strive for quality assurance.

REASONS FOR INVOLVING PARENTS AS DIRECT INTERVENTION AGENTS

Perhaps the main reason for involving parents as direct intervention agents is that they are the major socializing influence on their children and have the greatest control over their children's learning environments. It can also be argued that, without their active involvement in professional interventions with their children, the likelihood of the maintenance and generalization of their effects is going to be greatly reduced. On these grounds alone, it makes theoretical and practical sense to ensure their full participation in any ameliorative programme.

More specifically, when academic problems are the focus of concern, direct parental involvement as instructors may be supported by reference to current research that shows the importance of instructional time variables in the achievement of basic academic skills (e.g., Smyth, 1980) and that shows the relative advantages of individualized instruction which uses appropriately graded materials and adequate monitoring procedures (Bloom, 1980). Given effective instructional programmes and training, parents are well positioned to provide extra academic learning time for their children under optimum conditions, thereby increasing the likelihood of accelerating their children's rate of progress.

Footnote: This article is based on a paper presented at the 1st National Guidance Officers' Conference, Surfers Paradise, Queensland, September, 1985.

When behaviour problems in the classroom are the focus of intervention, parents are again in a key position to take an active role in any effective change programme. They not only control most of the major reinforcers in their children's lives at all ages, but usually have the greatest motivation for helping their children to change. These characteristics are especially important when behaviour problems in classrooms are exacerbated by peer reinforcement, or when interventions are made difficult by the inability or unwillingness of a teacher to change his/her own behaviour toward the pupil. They are also useful when there are few positive reinforcement opportunities for a pupil in a classroom, when there are problems in the school organization that affect their delivery (such as when many teachers are involved), or when a child has such a negative reputation that the school would prefer he was excluded or referred elsewhere.

PRINCIPLES OF EFFECTIVE INVOLVEMENT AND TRAINING OF PARENTS

A number of principles of effective practice which have emerged from our work with parents are described briefly below. They are now used as a checklist in all interventions with parents however brief these may be.

 Whenever possible choose effective, pre-tested, pre-packaged procedures that are most suitable for the problem presented.

The condition that professionals should choose interventions that are most likely to work should be obvious to all who are aware of the need for accountability and quality assurance in our practices. Less obvious, perhaps, is the implication that practitioners must keep up with the research literature in their area of expertise, and should be questioning and developing their intervention programmes constantly in the light of the feedback they receive from the interventions they propose for others.

Whenever possible, choose instructions, procedures and programmes for parents that are as minimally intrusive and maximally consonant for them as possible.

We have found the principles of minimal intrusion and maximum consonance to be important determinants of whether or not parents incorporate new programme practices into their daily routines and hence, whether or not they maintain their efforts to deliver a programme over the long-term. They require that, given a choice of effective procedures, professionals must choose:

- the least complex, least demanding procedures that involve the least amount of training;
- (b) procedures that require least disruption to current family routines;
- (c) procedures that utilize a family's existing resources and skills to the full;
- (d) procedures that are congruent with the personality, style or preferred practices of the family members concerned.

The likely achievement of these ideals can be enhanced by carefully questioning family members at all stages in the planning of the intervention programme to check on the applicability and suitability of the procedure. Home visits are also very important in this respect particularly when accompanied by in-home rehearsal of procedures prior to their implementation.

If the desired programme procedures are outside the existing repertoire of parental skills, and there are no justifiable alternatives available, some training, however brief, will be required before the programme is started in order to achieve consonance between programme demands and parental skills.

3. Be specific in what you ask parents to do.

The principle of specificity when working with parents is multi-faceted. Firstly, it requires the setting of clear behavioural objectives for the child and for the parents' own programme skills. It requires professionals to test for and, if necessary, teach those skills that are only relevant to their own child and the application of his/her particular programme. In other words it suggests involving parents as technical applicators rather then theoretical generalists. It requires the provision of written instruments and sometimes contracts. In the case of academic problems, it requires the use of fully scripted instructional packages whenever possible. It requires the objective measurement of parent delivery skills and child products that are directly related to the intervention programme. Finally, it points to the need for precise time controls and review dates.

 When some parent training is indicated, ensure that effective instruction is given on the required programme skills to mastery criteria.

Too often professionals seem to ask the impossible of parents by asking them to apply complex psychological intervention procedures without adequate instruction. Although many practitioners would agree that effective instruction with children begins with an assessment of their existing skills, follows with a taskanalysed sequence of instructional objectives, and involves demonstration, practice, correction, reinforcement and revision, these components are often overlooked when they work with parents. It is of little surprise that many attempts to involve parents as direct intervention agents collapse simply because of misunderstanding or misapplication. Even the relatively straightforward request to 'hear a child read' after school, for example, usually needs some specific training if it is to be carried out correctly. Parents may need to be shown how to select books at the appropriate level of difficulty, how to correct misread words, how to use social or token reinforcement, and how to measure progress. If we are to be accountable for the use of psychological intervention techniques by others, we must be prepared to make the time and effort to ensure their correct application. To do less is potentially damaging to the profession and to the people who consult us.

 When an intervention programme for parents has been initiated, ensure that it is monitored, reviewed, corrected, modified if necessary, and evaluated.

Again, if psychologists are to provide quality assurance, they must follow through on all programmes involving parents. Too often, it seems,

parents are told what to do and then are left to 'get on with it'. Professional accountability and scientific practice behoves us to check that programmes are being applied as intended and that data are collected to indicate their success or otherwise. Monitoring may include direct observation of parents working with their child at home during the intervention phase, in-depth interviewing using regular telephone contact or detailed diary and record-keeping. Whatever the means, it is essential that any problems in the intervention are pin-pointed and that there is a clear indication of whether the programme itself needs changing or whether problems lie in the way the programme is being applied.

When an intervention is to be continued by parents over the long-term, plan to maintain their efforts in applying it for that length of time.

Many interventions involving parents are, by design, aimed at short-term solutions to problems. However, there is a substantial number requiring long-term adherence to a change programme in order to reach significant developmental goals. This is so, for example, in the case of parents of handicapped children who have marked delays in development, parents of children who need instruction in academic skills, and parents of children who present persistent behaviour management problems. In these cases, an intervention plan that must be applied over a number of months or even years to have significant effects will lose any value if applied only for a short time and may. if applied in unsatisfactory ways, create barriers between parents and further attempts to involve them in intervention programmes later.

Planning for long-term maintenance is not easy to achieve, as a number of parent involvement projects will testify (e.g., Rees, 1978). However, there is a number of strategies that can enhance its likelihood. Some of these features have been referred to already, that is teaching parents to be 'applicators' rather than 'generalists', teaching programme skills to mastery criteria, and careful monitoring of their performance. In addition, it is important to use field-tested, scripted programmes for parents whenever possible. These enable psychologists to concentrate on establishing parents' programme delivery and programme-related behaviour management skills (e.g., Swerissen, Leach & Leach, 1985). They also enable parents to see clearly what they have achieved and require minimal programme alteration on a day-to-day basis. Further, parents can move from one skill level to the next (and from one subject area to another) with little or no retraining, thus encouraging generalization of their instructional skills. Where well-evaluated, scripted programmes are not available, it is more important to include general problem-solving procedures in the training curriculum to help parents pinpoint and overcome programme difficulties they will encounter later.

Two other features that encourage long-term maintenance of parental effort are parent self-management and self-reinforcement strategies. These include helping parents to routinize their intervention programmes so as to incorporate them into their daily schedules, and helping them select suitable reinforcers for their own maintenance efforts. 'Relapse prevention' is also encouraged by helping parents to rehearse procedures that enlist the support of other family members. relatives and friends for the programme as a whole, and that prompt them to provide 'hands on' help to compensate the parent for the extra effort being expended. If faced with very difficult long-term programmes, such as those involving moderately and severely handicapped children, parents will need to be encouraged to join parent-run support groups when they are available. All these components acknowledge the importance of the ecology of any intervention programme that is to be carried out in a natural environment.

Finally, in order to encourage parent confidence, initiative, and independence, psychologists should move gradually from acting initially as directors of the intervention (or training) programme, to being colleagues in equal partnership, and then to being consultants in the employ of the parents. As part of this process to secure greater parental independence, child advocacy training should be considered as a second order component of programme skills training. This will ensure that parents are left in control of the programme with the knowledge of confidence that they can work effectively alongside professionals, or 'go it alone' over the long-term if need be. The monitoring of parent and child performance should similary fade out with gradually decreasing assessments of parents and children over time.

When an intervention programme fails, don't blame the parents.

In the event of programme failure, psychologists should attribute the reasons for its failure to its design. its application, or the training given to the parents rather than to the 'inability' of parents themselves. This is likely to lead to the development of more effective parent training procedures in the future. It also discourages the search for intrinsic 'parent variables' that predict the responsiveness of different 'parent types' to a particular programme or procedure. This latter quest is just as likely to be a blind alley for practitioners and researchers as has been the search for definitive 'inchild' predictors of basic skills achievement. For these reasons, we have never selected out parents prior to their involvement or training. Their willingness and commitment to participate has served as sufficient credential.

A MODEL FOR EFFECTIVE PARENT **INVOLVEMENT (AND TRAINING)**

A generic parent involvement and training model has emerged from our work with parents that incorporates all the features described in this paper (see Fig. I). Although it is still being developed, we have found it useful whatever the severity of the problems presented by their children. In our experience, parents of the most disabled, difficult-to-change children who have need of a long-term programme require all the components of the model in order to achieve stable skills and autonomous practice. Parents of children with relatively few disabilities, who are easier to teach and who have shorter-term programme needs, can be accommodated quite successfully by the pre-involvement and phase I stage with a single post-test and follow-up.

Ultimately, we aim to tailor a range of parent intervention and training packages for parents facing different types of problem. It is hoped that these will form the basis of more cost-effective practices in the future.

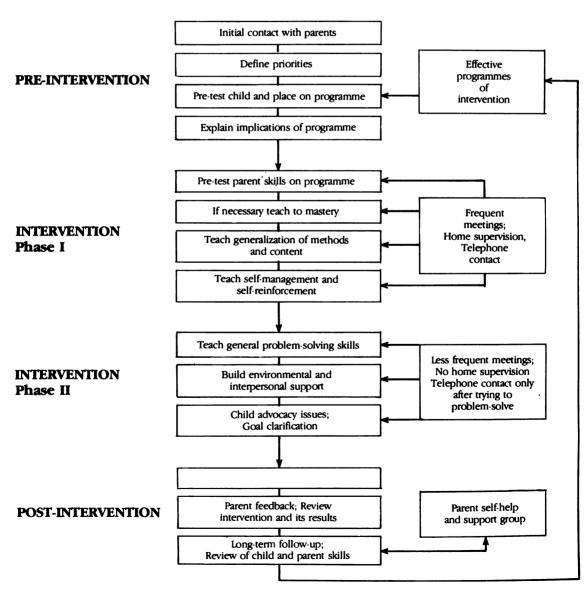
CONCLUSION

Working with parents as direct intervention agents presents the same kinds of problems to professional psychologists as working with any group of mediators (such as teachers).

In particular, working indirectly through others, so that they become the direct intervention agents, challenges us to provide quality assurance for the intervention programmes we plan and which we disseminate for implementation 'at a distance'. The programmes have not only to be effective, but properly implemented and made durable over time. To achieve this, we need to go further than being competent assessors and intervention planners. We need to be effective implementers and managers of these interventions. These skills determine whether change occurs or not. Without them, the best of preparations and intentions will be found wanting. As a beginning, there is as great a need to apply what is known about effective instruction and maintenance of effort with the mediators of our programmes as there is for them to apply this knowledge to their children. Finally, we would advocate that psychologists must always be data-conscious evaluators of their interventions, measuring intervention processes as well as products, and using the feedback received to constantly up-grade their own skills as practitioners.

Figure 1

PARENT INVOLVEMENT AND TRAINING MODEL



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