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FOCUS ON EXCEPTIONAL CHILDREN

PARENT TRAINING: BRINGING IT ALL BACK HOME

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I wish for just one day you could stand inside my shoes,
Then you'd know what a drag it is to see you.

Bob Dylan, "Positively 4th Street"

PARENT TRAINING AND THE EXCEPTIONAL CHILD

The line above, we believe, unfortunately characterizes to a significant degree the mutual feelings of parents and teachers of exceptional children toward each other. It expresses an appeal for both empathy and alienation. Attitudes toward parental involvement in the education and socialization of their children, while nearly always officially affirmative and encouraged by school personnel and special education in particular, in reality run the gamut from total disassociation to active participation and commitment required of parents for their children to continue to receive educational and therapeutic services. There is ample justification for alleviation of the constant pressures between educators and parents of exceptional children. It is unnecessary to revisit the already proven axiom that parents are effective change agents in the lives of exceptional children. It is, perhaps, equally as extravagant to indulge in outlining the boundaries of social and academic learning and perpetuate the pseudoissue of who governs which set of constructs when, in reality, these are shared and interactive responsibilities. We must instead face an important issue in the third quarter of the twentieth century; parents are moving both physically and intellectually back into the mainstream of American education. Special education, in particular, has come to exemplify parent-teacher interactions and will probably continue to serve as the leading edge in the new frontier of parental reintegration in the educative process. We are of the opinion that this is a positive trend with ramifications for all of education.

First to be presented in this paper are a number of historical and sociological trends that placed the parents in a posture of having to seek, sometimes militantly or legally, decision making power in relation to their children's education. Then to be reviewed is a delineation of several of the salient problems and issues parents face in negotiating an education for their exceptional children. Next, a number of models available today to

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meet this rising demand for parent training shall be reviewed and integrated, then the classroom teacher shall be offered a rationale for involvement along with some program suggestions. Finally, a theoretical model shall be presented that can serve as a basis for future strategies in meeting the parent training requirements.

EVOLUTION OF PARENTAL INVOLVEMENT

The current parent training movement in special education is a relatively recent fusion of several trends and social forces. During the early and middle sixties, when special education started a rapid expansion period, parental involvement in the direct educational process was almost nonexistent. Within a period of less than twenty years, we have observed the phenomenon of parents, individually and through parent organizations, obtaining special services for their exceptional children from public schools and agencies where none had existed before; through lobbies at the local, state, and federal levels, monetary support for educational and therapeutic programs of every description and, consequently, federally funded training programs to prepare teachers of exceptional children to staff and operate such programs have proliferated to such an extent that we are graduating more special educators than there are teaching positions available in densely populated areas of the United States. Specialists and experts for every nuance of behavior, development, and type of program for exceptional children have been engendered. Production of materials, tests, and texts for and about exceptional children is occurring at an increasingly accelerating rate. Bureaucracies immediately and tangentially related to exceptional children are thriving. In fact, special education has become big business.

Unfortunately, a number of abuses within special education have occurred. These have been brought to light (or dragged, kicking and screaming in some instances) primarily by parents. The use of inappropriate screening procedures, criteria, and instruments for special class placement, the lack of accountability for quality of programs and progress of the child, and failure to provide a compendium of services best suited to the individual needs of the child have been documented and, in increasing frequency, legally adjudicated through the efforts of parents (Weintraub & Abeson, 1974).

This seemingly paradoxical behavior on the part of parents, first to obtain and expand services and opportunities for their children and now to challenge the very agencies and institutions which were created and funded through their efforts, should serve as an alarm bell of warning to those of us in special education that something is seriously wrong in the system of services to exceptional children.

Through an unfortunate process (conscious or otherwise) of neglect, exclusion, displacement, and disparagement, parents of exceptional children have been left behind in the drive toward autonomy that special education has exhibited in the sixties and seventies. Decisions regarding identification and diagnosis, goals and objectives, type of placement, services to be rendered, prognosis, duration of treatment, termination of services, and reintegration into regular education are critical in affecting the lives and the future of children. We have often failed to take into account the fact that these same decisions have profound repercussions for their parents. Solicitation of parent involvement in most of these processes is not only infrequent but may be actively avoided by school personnel whose primary concern with parents is how to get them to "go along" with the decisions arrived at and to sign authorization papers for services or placement deemed "best" by the experts.

Once again the pendulum of professional opinion is in swing regarding the most appropriate delivery model of educational services for exceptional children. Mainstreaming, and all its permutations, is in vogue. Many special educators may find themselves in the uncomfortable position of trying to persuade parents of exceptional children that it is best to maintain handicapped children in regular classes as much as possible when they have perhaps

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very recently used those same powers of persuasion with those very same parents to effect placement of their children in a self-contained classroom. With the current state of disequilibrium being evidenced by the special education profession, is it any wonder that parents may be reticent or reactionary about their children's educational program? It is time for special educators to reevaluate their values, priorities, and goals, we believe, in relation to services and responsibilities to parents of exceptional children.

PROBLEMS FACED BY PARENTS

During the exceptional child's elementary years, parents generally experience the highest rates of problems obtaining appropriate educational services. Perhaps one of the most tragic times in the life of the parent of the exceptional child is the initial hunt for information. Their search for accurate information leads many professionals to use the disparaging term "shopping parent" to describe this process. However, the shopping parent may very well be a reflection of lack of professional services rather than parental denial of information. Keirn (1971) conducted a study of parents of 218 children receiving initial screening and diagnosis of their exceptionality and found that only 3% were pursuing more than two professional evaluations. He concluded that most parents sincerely wish to obtain help. Given our present lack of established places to go for reliable information, it is not surprising that parents "shop" for professional services. The surprise is that they do not do so more. Matheny and Vernick (1969) drew similar conclusions after studying the parents of 40 mentally retarded children before and after a clinical experience emphasizing effective communication regarding the child's abilities and future.

> We recognize that there are parents who, in fact, do fail to receive or act upon properly given information for emotional, intellectual, or other reasons. But, more often than we would want to believe, counseling also fails because of the counselor. The counselor's difficulties – inexperience in communication techniques, hesitancy to give "bad news," protection or "sheltering" of the family, pursuit of the parents' having a positive image of him, and lack of expertise with or confidence in diagnostic information–interfere with his role as an effective communicator (or teacher).
>
> Moreover, the consequences of the counselor's difficulties are likely to be attributed to difficulties in the parents when they return to the clinic or go elsewhere. By this process, the parents' continued ignorance can easily be described as psychopathology and indeed it may become so. (p. 958)

In addition, problems have surfaced at the secondary level that are concerned with dispelling environmentally generated myths and introducing the reality of adulthood and probable future life situation. Many parents believe that their children's disabilities will disappear, contingent upon a number of years in special education. Certain areas of exceptionality, such as mental retardation and hearing impairment, operate from a given assumption that the educational program will move the child through ten or twelve years of educational services to a position of being employable within the natural environment, although not necessarily with the same skills or credentials as normal children. This assumption does not hold with the learning disabled and emotionally disturbed populations. Therefore, critical conferences may occur with parents of students in these areas at the secondary level, which frequently involves a reticent admission by educational agency personnel that the students will not receive a secondary education diploma. This information often forces the parents off on an emotional wish list of possible career choices for their sons or daughters, which generally bears little if any relationship to the capabilities of the students; it frequently appears that the parents were not listening to the information the educator was disseminating. The educator's task at the secondary level is to reinform the parents of the reality of the situation, current and probable future, perhaps over and over again.

PARENTS LEARN THE "TOOLS OF THE TRADE"

Research has accumulated supporting the contention that parental involvement assists in the educational development of the special child (Appell, Williams & Fishell, 1964; Barsch, 1968; Haring & Phillips, 1962; McCowan, 1968). The literature also began to delineate for parents methods and techniques for working with behavior problem areas in childhood (Becker, 1971; Gordon, 1971; Ginott, 1969; Hawkins, Peterson, Schweid & Bijou, 1966; Russo, 1964; Straughan, 1964). This body of literature took on a different perspective of parents, sharing with them tools for aiding development and problem solving that were formerly the parlance of professionals.

The behavioral approach for assisting parents of exceptional children with home/school related problems was also growing. By the late sixties and early seventies, researchers had demonstrated clearly that parents could use the behavioral technology to solve problems within the home (McKenzie, Clark, Wolf, Kethera & Bensen, 1968; Wahler, 1969; Zeilberger, Sampen & Sloane, 1968) and school

environment (Kroth, Whelan & Stables, 1970). The seventies have seen an expansion of the parent as therapist using behavioral technologies to deal with serious school related problems, school phobias (Tahmisian & McReynolds, 1971), behavioral problems (Hall, Axelrod, Tyler, Grief, Jones & Robertson, 1972; Herbert & Baer, 1972), transportation problems (Alexander, Jens & Center, 1975), physiological conditions (Daniels, 1973), and relatively normal behavioral occurrences.

Alexander and Clements (1975) found that actual contact by teachers of special education classes tended to be minimal and disconfirmed the assertion that significant amounts of time are spent by teachers with parents of exceptional children in any capacity. The study further indicated that frequency of contact is primarily a function of administrative mandates for progress reports to the parents. In addition, those same teachers expressed attitudes and value statements signifying the desirability and positive effects of teacher-parent cooperation. This body of knowledge continues to grow and expand.

While it is not our purpose to argue the merits of parental involvement with special education teachers, it should be noted that a difference of professional opinion does exist as to its advisability. Kelly (1974) states that

> in special education, the complexities of the teacher's task has led many authors to question the value of extensive involvement for parents of handicapped children (Bijou & Sloane, 1966; Otto & McMenemy, 1966; Wollner, 1960). Brown (1969), for example, suggests that parent-teacher interaction be limited to the standard conference and specifically warns parents against any involvement with their child's academic-remedial program. Other authors pursue such limitations one step further by suggesting the meaningful involvement for parents of the handicapped occurs only through professional counseling and psychotherapy (Cully, 1971; Meadow & Meadow, 1971; Ross, 1964). (p.10)

The preponderance of research, however, suggests that advantageous benefits can be overwhelmingly expected to accrue for the exceptional child when parental involvement is effected (Bank & Brooks, 1971; Barsch, 1968; Feldman, Byalick & Rosedale, 1975; Flint & Deloach, 1975; Haring & Phillips, 1962; O'Connell, 1975).

Concomitant with the recent proliferation of the application of learning theory or behavior modification in clinical, institutional, and classroom settings (Ayllon & Azrin, 1964; Franks, 1969; Hewett, 1968; Krasner & Ullmann, 1965; Krumboltz & Thoresen, 1969; Lindsley, 1964; O'Leary & O'Leary, 1972; Rieth & Hall, 1974), there has been an increasing interest in teaching parents to modify and manage their children's behavior through the application of behavioral techniques (Alexander, 1975; Ayllon, Smith & Rogers, 1970; Bernal, 1969; Hawkins et al., 1966; Kroth et al., 1970; McKenzie et al., 1968; Mira, 1970; O'Leary & O'Leary, 1972; Russo, 1964; Straughan, 1964; Wahler, Winkel, Peterson & Morrison, 1965; Zeilberger et al., 1968). The references cited include studies in which parent training was conducted in clinical or institutional settings to totally home based training. While the majority of studies are concerned primarily with deviant social behaviors, a number of them have as their focus improved academic performance. Training varied from modeling corrective behavior for parents and using videotape feedback for self-correction to direct instruction and signaling parents to apply specific techniques. Other methods included traditional group meetings and advisement in general application principles as well as the use of prompting, fading, reinforcement, and extinction by the parent trainer to shape corrective parent behavior. The accumulated results of these studies demonstrate the efficacy and validity of the incorporation of a learning theory approach by parents in altering their children's interpersonal, social, and academic behavior and suggests the functional viability of direct parent training by teachers through many of the same processes and principles.

Questions and concerns in relation to parent training in behavioral management have not yet been comprehensively or completely answered. Johnson and Katz (1973), after an extensive review of the literature on parent training for child management, concluded that

> evidence from numerous studies indicates that parents can be used effectively to modify their children's disruptive behavior. Nevertheless, additional controlled research is needed not only to identify critical variables in parent training, including procedures (e.g., lecture, reading assignments, group discussion, modeling, money contracts, training in observation, cuing, teaching principles of behavior change versus teaching how to modify a specific behavior), but also to determine the most efficient and productive means of maintaining adaptive behaviors after formal intervention has ceased. For this, long term follow-ups should be routinely conducted. (pp. 196)

The authors further pointed out several methodological deficiencies within the body of research they reviewed and indicated

> that behavioral improvement does not necessarily generalize across situations until environmental support is provided to maintain it. Consequently, it may be necessary to involve parents as well as teachers, siblings, and other socializing agents in order to facilitate generalization of training across diverse stimulus settings. (p. 197)

Finally, as special education has grown, a number of serious parent related problems have become apparent in the field, especially within large metropolitan areas. Cities

have evolved into massive delivery systems for social and educational services, and problems are intensified within this population concentration. Parental dissatisfaction thus became widely known due to the rapid transmission of information within this interrelated delivery network. Parental organizations, such as the National Association of Retarded Children, identified issues of parental dissatisfaction with the educational structure. In New York City in 1971, a journal entitled *The Exceptional Parent* was founded to improve communication among parents and to deal with information and issues that were relevant to the lives of parents of exceptional children. A special issue of *Exceptional Children* (May, 1975) is devoted entirely to these concerns.

Parents in the mid-seventies are no longer satisfied with the status quo supportive roles education has relegated to them, such as hall monitor, cafeteria worker, or milk server; parents are demanding a more meaningful role in the education of their children. A historic corps of frustrated parents is evolving who feel that self-training and political and legal action are the only recourse for their problems.

CONTEMPORARY TRENDS IN PARENT INVOLVEMENT

Lilly (1974) indicates that parent programs tend to follow one of three models–behavioral, psychological insight, or experiential.

Behavioral

In this model, parents are taught basic terminology, principles of reinforcement, observation, measurement, and consequation procedures. Following one or a combination of training procedures, the parent trainer usually serves as a consultant to the parents in applying what they have learned to specific behaviors they want to change. *Communicating with Parents of Exceptional Children* (Kroth, 1975) and *Behavioral Counseling* (Krumboltz & Thoresen, 1969), for example, give teacher oriented systems for approaching problem solving that uses the educator as the instructor of the parent of the exceptional child. *Parents Children Discipline – A Positive Approach* (Madsen & Madsen, 1972), *Parents Are Teachers* (Becker, 1971), and *Living with Children: New Methods for Parents and Teachers* (Patterson & Gullion, 1968) are extensively parent oriented in their approach.

Several parental delivery systems along the behavioral approach are available. For instance, *Managing Behavior: A Program for Parent Involvement* (McDowell, 1974) targets the exceptional child's parent, from a noncategorical base. It presents an audio-visual demonstration of behavioral principles in an attractive, understandable format and teaches parents to implement problem solving with the assistance of behavioral technology. The system includes slide demonstrations of key points and a workbook for monitoring feedback.

Weintraub (1973) outlined a delivery system called FIND (First Identification of Neonatal Disabilities) which is designed to assist the family and physician in planning and providing for the care of the developmentally disabled child from the day of birth. The FIND program offers weekly visits by staff members in the home, an organized Fundamental Learning Task program, information about resources available to the mentally retarded, and help in planning for optimal development of the new child.

Lance and Koch (1973) reported training parents to teach self-help skills to their young, multihandicapped children. The program assumed that parents are capable educators of their own children and further worked to keep direct professional intervention. "Eating with a spoon" and "toilet training" were the first behaviors taught, since they had been rated by parents as the most important and difficult to teach. Parental reaction has been favorable.

Technical Assistance Developmental System (TADS) of Chapel Hill, North Carolina, published a monograph, "Training Parents to Teach: Four Models," edited by Janet Grimm (1974). The first model presented by Alice H. Hayden is a center based parent training model that works on tailoring parent training toward each individual parent need. The model discussed by Fredericks, Baldwin, and Grove offers a home center based parent training model that involves the parent on three levels: (1) working in the home with materials similar to those being used at school, (2) conducting instruction at home covering material that will not be covered in school, and (3) direct classroom involvement on a volunteer basis.

A home based parent training model known as the Portage Project, discussed by Marsha S. Shearer, is a parent training service offered to parents of developmentally disabled children in rural Wisconsin. The project is completely home based, with teachers instructing the parents and the parents doing all the teaching to their own children.

In the last model, Wiegerink and Parrish describe the parent implemented Preschool Intervention Program. This program serves behaviorally and developmentally disabled preschool children from birth to age five. The functional aspects of the model are essentially carried out

by the parents with special educators serving mostly as consultants.

Psychological Insight

The psychological insight model, by contrast, focuses on developing a comprehension and understanding of why children behave as they do and emphasizes analysis of the interaction dynamics between parent and child (Auerbach, 1968). The approach

> concentrates on the mental health of the child–and the parent–and on the relationship between them, always within the context of the community. Thus parent education may be thought of as an important part of the mental health movement as a whole. . . . The goal of this educational process is the truly adequate person, fully functioning and self-actualizing both for himself and in cooperation with others. (p. 4-5)

Haim Ginott, *Between Parent and Child* (1969) and *Between Parent and Teenager* (1971), popularized this approach; Thomas Gordon's (1971) *Parent Effectiveness Training* may be the most popular parent training program in history. More than 200,000 parents have taken the eight session course, and in excess of 500,000 volumes of *Parent Effectiveness Training* have been sold. In addition, *Parents Learn Through Discussion: Principles and Practices of Parent Group Education* (Auerbach, 1969) and *Counseling Parents of Exceptional Children: Principles, Problems, and Procedures* (Stewart, 1974) are recommended reading for this approach.

Experiential

The experiential model focuses on providing direct learning experiences for parents through modeling exposure and directed structured activities and interactions between parent and child. These training sessions may target a skill such as language development, as in *Teach Your Child to Talk* (Pushaw, Collins, Czuchna, Gill, O'Betts & Stahl; 1969; Rotter, 1969), "The Exceptional Child's Early Years" (Jordan, 1971), or may target a developmental stage. Active teaching and academic instruction by parents in a classroom setting (Karnes & Zehrbach, 1972) is encouraged. As can be noted from the references above, the major thrust of the experiential approach has been within early childhood and preschool programs and programs for language deficient and hearing impaired children.

Family Involvement

A model for institutionalizing the family involvement process (FIP) regardless of the approach used by the agency was presented by Karnes and Zehrbach (1975). In effect, they have presented an administrative framework for involving parents of an exceptional child under any educational philosophy. The FIP model delineates each step in the process of deciding who can best meet the needs of the exceptional child.

Parent training in early childhood programs for normal and handicapped children exemplifies the most comprehensive and innovative systems of parent involvement currently being implemented, and teachers in all other areas of special education would do well to be cognizant of practices and procedures of parent training in such programs.

PARENT TRAINING MODEL

While it may be possible to adopt a number of the practices and procedures developed in the model programs referred to above, we are of the opinion that it is erroneous to believe these programs will be replicated to any significant degree by public school special education programs generally. The rationale for our pessimism is based primarily on the realities of funding levels and staffing patterns of public school special education teachers. Regardless of delivery system utilized and irrespective of type of handicapping condition exhibited by the children they teach, teachers *alone* are the primary change agents for the exceptional child and his family. In self-contained programs, the teacher is fortunate if she has a volunteer aide even on an aperiodic basis. Resource, consulting, and special help teachers generally provide services to children, regular class teachers, and parents–not in pairs, teams, or combinations, but by themselves. It is not unusual to have only one special teacher in an elementary school with a student population of two to six hundred. Decisions regarding program direction, class or case load, entry and exit criteria, and other variables may be shared responsibilities of the special teacher, supervisor, building principal, and special education director; but providing ongoing, day-to-day service to children is the teacher's unilateral responsibility.

How, then, can we justify asking special education teachers to take on the additional responsibility (some would say burden) of parent training? Our answer involves both ethical and moral considerations as well as a self-serving rationale for the field of special education.

The first is obvious. Parents have a right, morally and ethically if not legally, to participate in the processes and decisions that bear on their children's educational future. Education is a responsibility of the parents. This responsibility has often been usurped by agencies at the state and local levels, possibly by teachers themselves, and a refocusing of perspective is in order.

Secondly, children profit when parents are involved in the educational process. Extensive research demonstrates unequivocally that children learn more, adjust better, and progress faster when parent training is effected.

The final rationale to be offered is the potential for providing more and better services to exceptional children through parent training. By training parents as aides, tutors, observers, teachers, diagnosticians, and parent trainers, we can decrease the pupil-teacher ratio dramatically, while concurrently expanding the qualitative dimensions of special education programs. This is also an appropriate avenue to demystify special education. We must now "open up" our classrooms and programs to the parents of the exceptional children to serve. We must solicit and encourage parents to become actively involved in the process of educating children, from the initial referral process through reintegration into the mainstream of regular education. It is time to make the data public.

PARENT TRAINING PROCEDURES

While there are numerous approaches advocated for parent training, very little research on the relative efficacy of various techniques has accrued. Therefore, what follows is a synthesis of methods that have been found to be of value to both teachers and researchers in parent training. In general, these techniques are applicable by special educators in self-contained classes and resource rooms but should not be construed as limited to these environments. Psychologists, psychometrists, crisis teachers, and others should be able to modify these methods to suit their unique needs.

Instructional Coaching

This is probably the most generally utilized method in parent training programs. It is simply the procedure to specify and describe exactly what behaviors and activities the parent is to engage in. These may be verbal directions by the teacher, written lesson plans, audio-visual instructions, and/or programmed materials and texts. While a host of variables influence the success of this procedure, a number of which are beyond the control of the teacher, some general principles include clear and specific instructions to parents, relatively short and delimited task requirements and responsibilities initially, and appropriate social reinforcement from the teacher for parents' help. This technique, especially when combined with feedback procedures by the teacher to let the parent(s) know specifically what went well and what improvements or adjustments need to be made for the next time immediately subsequent to the activity, can be extremely productive and efficient both as an individual and group training procedure. The teacher should solicit input from the parents regarding their perception of the process and effect, and suggestions for modification of the activity.

Behavioral Rehearsal

As the name implies, this technique consists of having the parent(s) actually engage in the activity or task in other environments or situations than those in which they will be expected to perform. Role-playing may be utilized, in which the teacher or another parent assumes the role of the child if appropriate to the activity the parent is to engage in. This is not a prerequisite to behavioral rehearsal, however; and in numerous activities, it may be more expedient to have the parent "walk through" the activity both physically and verbally under the direction and guidance of the teacher. Behavioral rehearsal may also be covert, in which case the parent imagines the situation, task, or activity and cognitively rehearses his behavior in a sequential and systematic way.

Some advantages of this procedure include immediate feedback to the teacher and parent as to the adequacy or completeness of performance, nuances of style that may impede or enhance the activity, and confidence engendered in the parent by behavioral performance in nonthreatening and prosthetic environments.

Modeling

This method of parent training may be employed in vivo (where the teacher engages in the task or demonstrates the activity in the actual situation and environment in which the parent(s) is to perform, while the parent observes) or in individual or group training sessions with only the teacher and parents present. Modeling often occurs spontaneously when working with parents, but systematic and sequential demonstrations by the teacher followed by parents modeling the teacher's behavior while the teacher observes is probably more reliable in establishing specific responses in the parents' behavioral repertoire.

Complexity of the task, discriminative stimuli, relative status of the model, reinforcement, feedback, and other variables effect the acquisition of behavior through this training procedure, as well as others, so the teacher should be sensitive to rate and comprehensiveness of behavioral acquisition by parents as indicators of training effectiveness.

These training procedures are amenable for helping parents acquire skills for working with their own or other children within or outside educational settings and may be used by parents to train other parents and teachers. They are limited only by the resourcefulness and ingenuity of the parent trainer and the apperceived value of parent involvement in the educative process.

An example of six special education teachers who organized their own classrooms for parent training was reported by Clements and Simpson (1974). They sought to find the most efficient method of contacting parents, getting the parents to a group parent meeting, introducing a technology of behavior using Becker's (1971) *Parents Are Teachers,* and maintaining attendance at the meetings over a semester.

> Parents were most responsive to personal, handwritten notices of scheduled parent-teacher conferences that were sent through the mail. This method was approximately twice as effective as sending brochures home with the students. . . .
>
> An analysis of various techniques for maintaining parental attendance at conference sessions over a period of time indicated that parents responded most favorably to informal, informational group sessions that were conducted by the teachers as learning experiences for the parents. Specifically, these sessions consisted of using first names and sharing in a conversational rather than a lecture format, ideas and methods that had been successfully used by others to increase behavior appropriate for learning. This was found to be far more effective in maintaining attendance than establishing outside "expert" to present the material in a lecture format.
>
> In addition, it was observed that the parents readily identified with many of the problems reported by other parents. In keeping with this observation, personal examples were frequently employed. This approach appeared to allow the parents to ventilate and share the frustrations of raising an exceptional child. It also seemed that parents were encouraged to learn that others were experiencing problems as severe as their own.
>
> Parents responded most favorably to those sessions dealing specifically with child management techniques. Individual topics included defining a target behavior the parents wanted to change (in terms of frequency, rate, or duration) graphing the behavior, examining specific situations and environments in which the behavior occurred, using consequences (reinforcers and punishers), and establishing behavioral contracts. In several instances, the parents were able to gain base rates of home problems that were also interfering with school behavior and subsequently to implement procedures which aided functioning both at home and at school. (p. 6)

NOTE OF REASSURANCE

We recognize and are empathetic to the feelings of anxiety engendered by such risk-taking behavior in attempting to relate openly and freely with parents of exceptional children. Self-confidence may plummet when teachers find they do not have stock answers or pat solutions to difficult questions and complex problems presented by parents.

Vague concerns about procedures, goals, and progress of children may become acute crises of conscience when parents are incorporated in the program. This can be expected to occur, especially in initial phases of parent training programs when teachers assume unfamiliar roles and functions. Consider the following ways to reduce or ameliorate these situations.

Active preparation and planning for demonstrations, presentations, and conferences: This means gathering data, making notes, outlining procedures, and preparing materials.

Behavioral rehearsal with a peer, spouse, or colleague: This may be a structured or informal approximation and may also serve as a desensitization procedure for the parent trainer.

Beginning on familiar ground: All teachers have particular strengths and areas of expertise in their teaching repertoire. Utilize these as topics for focal points in initial parent training to establish communication and develop an interactive relationship.

Maintaining the perspective of special education: There are problems and difficulties beyond our ability to resolve and knowledge pertaining to exceptional children with which we are unfamiliar. Recognition of differing abilities, values, and priorities among teachers and parents should be viewed positively.

FUTURE DIRECTIONS – THE INFORMATIONAL MODEL

One of special education's major goals in moving into the latter part of the seventies is to formalize programs for parents of special education children, developing settings and environments where parents can receive legitimate

information, meet with a professional staff of educators, and receive functional training in regard to their children's exceptionalities. These settings could be used to get the parent and teacher on a reciprocal information basis early in the life of the exceptional child and would be immensely important in helping the parent through the early years of the exceptional child's life. One direction that could be explored would be an informational model system, with three phases, manned by special education teachers located within the school setting (see Figure 1).

With projected drops in enrollment in the latter part of the seventies and the as yet unexplained increase in certain areas of special education, schools should have space to provide the necessary information centers. Recent signals from the Washington administration indicate that money should be forthcoming for such educational purposes.

Phase I – Preschool Unit

This phase would include an evaluation and diagnostic service that would disseminate functional information to the parents in a method that could be transferred into developmental techniques. The delivery system would also provide a format where parents could organize into units for further information dissemination and technique development. It would be the responsibility of this unit to inform the medical community as well as other social agents of the availability of this type of service for parents of young handicapped children. This unit would require a special educator whose field is early childhood special education and who is well versed in parent training techniques.

Phase II – Elementary Unit

The elementary section of this model would be composed of parents whose children have moved from the preschool model up into special education placements and who have continued to use the services of evaluation and parent groups, as well as the new population of parents who will be filtered in through the elementary years as a result of their children being referred to special class placements for the first time. This section of the model would provide parents with an extension of the preschool model plus some important additional services needed by parents in the elementary years. It would include a special educator who would serve as a parent advocate for assisting the parents in a systematic method of acquiring pertinent information about the diagnosis, placement, and further services available to exceptional children. This parent advocate would be a new concept as it is introduced in the elementary years. In addition, in this phase, the parent groups would be formed around the special education classroom rather than around the delivery system model, with the teacher as a central organizer and with the parent working directly within his child's classroom.

Phase III – Junior and Senior High Unit

At the junior and senior high school level, the delivery system extends the evaluation service to include procedures for matching the student's capacities with probable methods of functional employment in the environment. An important aspect of this unit moves from working with the individual teachers back to individual conferences between the special educator and the individual parents. It is within this level that the special educator has to disseminate realistic information about the functional capacities of the child to the parent and move to dispell the myths that the parent carries about certain projected talents he thinks the child may have. Parents have a tendency to overestimate the functional ability of the handicapped child at this level. Along with remediation of basic skill deficits, the information flow in the secondary school must deal with employment and in some cases discuss with the parent the unpleasant ramifications of institutionalization in the coming years. It also contains the concept of probable avenues of employment and future living arrangements such as half-way houses for the exceptional adolescent and adult. A further service delivered by Phase III could be an extension of the advocacy concept that was introduced in the elementary model. This service would include the protection of the handicapped person's rights in the environment which would include methods for insuring free legal assistance for the handicapped person. The delivery model of this system would be generally school based in terms of information but would be welded to environmental opportunities such as employment and recreation, thus maintaining the normalization process of the exceptional person in the natural environment.

CONCLUSION

The recent interest of parents in parental training programs has signaled to the special education community that the rules governing the interaction between parents and special educators have changed. No longer can the teacher control the scheduling of conferencing and the

Figure 1
MODEL FOR SCHOOL BASED DELIVERY SYSTEM OF SERVICES FOR PARENTS OF EXCEPTIONAL CHILDREN

PHASE Age Range	INFORMATION AND SERVICES FOR PARENTS OF HANDICAPPED	COMMUNITY CONTACTS	PERSONNEL
PHASE I Birth-4,5 yrs.	1. Provide a fixed place where parents can get legitimate information on problems of young handicapped children. 2. Provide realistic evaluation services during this age frame with results presented to parents in a functional manner. 3. Provide opportunity for parents to form parent groups for emotional support as well as introduction of developmental techniques.	1. Inform the medical community of the range of services. 2. Inform social agency of services of the center.	1. Home visit by teacher for early evaluation. 2. Subsequent evaluation and services all school based.
PHASE II 5-11,12 yrs.	1. Provide a school based information center for parents whose children are referred to special education during the elementary years. 2. Continue the services for parents whose children have entered in Phase I. 3. Continue behavioral training for parent as well as scheduling classroom participation. 4. Center parent groups around the classroom. 5. Institute a citizen advocate system that instructs the parent of legal rights and provide placement information.	1. Develop contact with social organizations for handicapped children. • Boys Clubs • Boy Scouts • Girl Scouts • YMCA-YWCA • Recreational Centers	1. School based—all services except social organizations.
PHASE III 12-21 yrs.	1. Extend the evaluation service to include methods for finding future employment. 2. Work with individual parents in terms of forming a realistic view of the child's problems, future living conditions, and employment. 3. Extend the concepts of advocate to include the legal rights of the handicapped person in the environment. 4. Institute the concept of a citizen's advocate as a surrogate protector for exceptional adults.	1. Contact adult social agencies in terms of employment, recreation for handicapped adults. 2. Arrange for legal services for this position.	1. School based—phasing into employment and community based services.

issuing of information without direct negotiation with the parent. According to Kroth (1972), "They (parents) are vilified or deified by proponents of either side of the issue depending upon the performance of their children" (p. 1).

Parents are now suggesting that they want training in something other than looking at report cards; they want in on the technologies used by special educators inside the classroom. This change in the educational profile of the parent has a not-so-subtle accountability dimension that cannot be overlooked. This present movement tends to indicate that parental involvement has shifted into a demand for true partnership in the education of the exceptional child. Special educators must act affirmatively to involve parents of exceptional children in the decision making process affecting their own and their children's immediate and future well-being. Parents should provide significant input regarding program objectives, educational and social goals, both immediate and long range, for the classroom. Screening criteria, diagnostic procedures, remediation, habilitation, and educational efforts should include parents in an integral and functional role. Parents will need training to assume these responsibilities, and special education has an obligation to fullfill these needs. Reciprocally, parents of exceptional children will need to provide support and encouragement to special educators in their attempts to renew and/or facilitate parent participation within areas and processes where they have previously been excluded.

> Group headquarters was alarmed for there was no telling what people might find out once they felt free to ask whatever questions they wanted to.
>
> Joseph Heller, *Catch-22*

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