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ABSTRACT

Described is the parent involvement model at the Home for Crippled Children in Pittsburgh, a center for multiply handicapped urban preschoolers. It is explained that the model is comprised of three components: Parents as Partners (parent training), Community Liaison (home visitation), and the educational and Home Prescription Plan (individualized education programs). Outlined are 11 steps in the operation of the model, from the initial home visit to the follow-through activities after discharge. (CL)

Session 182

Parent Involvement: A Necessity In Early Intervention

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Most of the current research indicates the importance of parent involvement in their child's educational program and general development during the early years of his or her life.. It has been stated by one researcher that the most significant period in the life of a human being is the first four years (Bloom, 1964). Hunt also appears to agree with Bloom's line of thinking in the following statement. "Thus, it is the earliest experience or 'primary' learning which forms much of the pattern for later information-processing capability in the system and serves as the 'programmer of the human brain-computer'" (Hunt, 1964, p. 242).

In the past ten years there appears to have been a more concentrated effort by parents to want to participate more meaningfully in their child's preschool, day care, head start and kindergarten programs. This dramatic change has been most noticeable in the providing of services for the preschool handicapped children. In many parts of the country much of the research conducted under the National Laboratory on Early Childhood Education clearly illustrates that mothers are enthusiastic about learning ways of stimulating their child's language and cognitive growth, and being successful at it (Schaeffer, 1972).

The involvement of parents and other family members in a child's early life activities is very contemporary thought in child development and early education. One excellent source of programs for parents is the First Chance Network (programs funded by the Bureau of Education for the Handicapped located under the United States Office of Education). This network is officially referred to as the Handicapped Children's Early Education Program (HCEEP).

It is national in scope and represents a comprehensive effort to demonstrate various educational approaches for young handicapped children. It is comprised of more than one hundred and eighty demonstration programs. Each of these programs utilizes a parent participation/training component.

Parents have been found to be effective change agents in very diverse therapeutic approaches (Reisinger and Ora, 1976). Research conducted by Gray and Klaus, 1970 (a four year follow-up) with young children from low-income Black families, points out that parent education implemented in the home and a child's involvement in a structured early intervention program were key reasons for significant growth in school achievement through the second year of public school after all experimental intervention had ceased. However, the experimental group's superiority over the control group of children began to decline during the third and fourth grades until there was no significant difference. A study by Karnes, Teska, Hodgins, and Badger, 1970 concluded that the training given to low income mothers of disadvantaged children before the age of 3 enabled their children to achieve significant gains in cognitive and language development.

A review of the literature by Freeberg and Payne (1967), on how child-rearing practices effected cognitive development in early childhood indicated very inconsistent results. For example, middle class parents tended to emphasize achievement, reading of stories and encouragement of verbal stimulation at very young ages. This practice tended to make their children high achievers and better at problem solving once they entered school. Research conducted on lower class families indicated that these parents stressed cleanliness, neatness,

honesty, and projected lower expectations for their children. Many of the children raised under these practices were just as high achievers as middle class children and performed just as well in reading and problem solving. But, in both instances the research did point out the significance of the role of the parent in a child's cognitive development.

A study done with parents of mentally retarded young children regarding their expectations of their child's future and present ability stressed effective communication. The better the communication between the parent and the professional, the more realistic the expectations were for the child. Parents learned to accept the child's condition, plan more realistic goals for home, school and occupation, and deal with the limitations in their own lives (Matheny and Vernick, 1969).

The author has presented the reader with some information on the importance and effectiveness of parent involvement in a child's early life experiences. However, the very process of involvement in a child's educational or rehabilitation program creates other problems such as determining needs of parents, establishing objectives, planning strategies and intervention activities, and evaluating the program and procedures. Another important aspect and sometimes a problem area is the establishing of a trust bond between the parent, child and professionals operating the program. The remainder of this paper will attempt to deal with these areas. It will explain how one successful early intervention program at the Home For Crippled Children in Pittsburgh, Pennsylvania addressed these issues.

A Model Early Intervention Program

This model program is located at the Home For Crippled Children, the Regional Comprehensive Rehabilitation Center for Children and Youth. This early intervention program began July 1, 1971 under a grant from the Bureau of Education for the Handicapped, United States Office of Education. This program was established to service inner city multiply-handicapped children from birth to three years of age and their families. The initial population included 50 children and their parents over a three year demonstration period. The present program serves 17 children and families. This program has three major components: Parents as Partners, Community Liaison and the educational and Home Prescription Plan.

In the "Parents as Partners" component, parents and other family members are encouraged to participate in their child's activities at the institution and home. Parents are also encouraged to work closely with professionals involved in their child's program. Each parent is a member of a parent group. Educational activities at the facility occur on Monday and Tuesday of each week. Different parents and children attend on each of those days. Parents participating in their child's program on Monday belong to Monday's parent group. The same is true for Tuesday parents.

Parent training is an ongoing process and modeling is the technique utilized. This training method enables parents to develop or increase their repertoire for parenting, voiding the impositions of didactic teaching or other formal instruction types.

The second component is Community Liaison. A community liaison worker works closely with parents on the Home Prescription Plan on weekly home visits. These visits may be once every two or three weeks depending on the prescription program or ongoing progress. This decision is usually jointly made in a staffing which includes all professional staff working with a child and family. A typical staffing may include a program coordinator, speech therapist, teacher, physical therapist, community liaison worker and occupational therapist. The Community Liaison Worker informs parents of various services in the Pittsburgh community that their child or family is eligible to receive. This person also assists the family in obtaining additional needed services that the Home For Crippled Children may offer by discussing these needs with a family's program coordinator. The program coordinator is responsible for making sure that each child under her supervision receives all services needed for that child and family's improvement at the institution. This individual is responsible for admission, discharge, maintenance of ongoing progress records and referral to other therapies or direct service departments (Social Service, Psychology, Speech Therapy, Physical Therapy, etc.). A Community Liaison Worker participates in and leads each parent group during their once a week meetings. This person is also an active participant in regularly scheduled activities at the institution with children and parents.

The final component is the Educational and Home Prescription Plan. The curriculum involves individualized prescriptive teaching, as well as, socialization and stimulation for children. The curriculum is especially designed to develop basics for cognitive learning and mastery of developmental tasks in all areas. There is much emphasis placed on group play and interaction

so as to include parents in non-threatening socialization activities (Example: "Circle Time"). This activity is a fifteen or twenty minute fun experience for children and their parents. The outer circle comprises parents and the inner circle, the children. In the infant group, the children face the adults and in the toddler group, the children face each other. Games and songs are used here and parents and staff "take turns" leading the group. This "encounter" for parents has done much to eliminate shyness and fear on the part of some of the adults.

Parents and other family members are encouraged to participate in the "Home Prescription Plan" which is a condensed plan of activity for the child. The prescription comprises stilulation activities relative to goals established by the physical, occupational, and speech therapists, and the teacher. This condensed plan reflects the child's program for home and institution. This program is written by the child development specialist, who is responsible for the management of the infant and toddler groups. There is also input from the community liaison staff. Culture and life-style are respected in this design.

If the above three components were placed in an operational model, it would appear as follows:

Step 1		2		3
Initial Home Visit by Community Liaison Worker	→	Parents and child visit facility and EIP	→	Parents and child assigned to a specific children's group
4		**5**		**6**
Pre-evaluations are completed and staff meeting held	→	EIP staff finalize individualized program and implement it	→	Daily records and monthly progress reports are kept by EIP staff

7	8	9
Weekly inservice training meetings of EIP staff →	Individualized programs are evaluated monthly →	Child finishes program and mainstreaming begins

10	11
Parents who have been through the EIP model are utilized as trainers in Step One. →	Follow-through activities after discharge

Step One in the above model begins after child and family have been referred by a local agency, hospital, pediatrician, etc. and admitted to EIP by a program coordinator.

The purpose of each of the steps in this model are as follows:

Step One

A. Prepare parent for visit to the facility.

B. Explain Early Intervention Program.

C. Tell parent that the visiting Community Liaison Worker will be assigned to work with child and family while in EIP.

D. Inform parents of necessary forms that must be completed as standard admission procedures.

E. Explain possible evaluations that may be necessary to determine their child's level of functioning. That the parent will participate in these evaluations and usually give therapists valued information.

Step Two

A. Assigned Community Liaison Worker takes family on tour of the facility.

B. Parents view film on facility entitled "The Way It Is".

C. Parent, child and Community Liaison Worker visit EIP classrooms, meet teachers, other parents and children presently in program.

D. New parent and child observe other parents working with their children on stimulation activities and scheduled curriculum.

Step Three

A. Parent and child are assigned to the Infant or Toddler group depending on child's initial level of functioning.

Step Four

A. Evaluations by Child Development Specialist, Speech therapist, Physical therapist, Occupational therapist, Medical, etc. are scheduled on the day the parent and child are participating in program.

B. Parent is actively involved in evaluation process with the various therapists.

   1. Each therapist asks parents relevant questions in extremely simple non-jargon terms (Community Liaison person is always present to aid interpretation). Therapists will give specific examples if necessary to further clarify questions to parents.

C. Evaluations are completed and a staff meeting held.

   1. All evaluation reports are given at meeting and a tentative individualized program discussed and developed.

Step Five

A. EIP staff discuss and finalize individualized program at regular Friday inservice training meetings.

B. A meeting with the parents, teacher, Child Development Specialist and Community Liaison Worker is held to discuss the prescriptive program at home and institution.

   1. Changes may be made in program to accommodate activities the parents may not be able to complete at home or institution.

   2. Parent ideas and creativity is also encouraged.

Step Six

A. Daily data on attendance, positive and negative interactions or problem areas in the program of parent and child, and observed progress or non-progress on prescriptive program are recorded.

B. Monthly reports are written by the teacher and Community Liaison Worker on the child's progress in the institution and home programs.

Step Seven

A. The problems a Community Liaison Worker may be experiencing with a family are discussed. Possible solutions on dealing with this situation are explored by director and/or a regularly assigned social worker.

B. Procedures for report writing, counseling approaches, program activities and referral readiness are part of the Friday meeting agenda.

Step Eight

A. Prescriptive program for child and parent is evaluated at the end of each month.

B. Results and needed changes in program are discussed during in-service training meetings.

C. Progress toward goals and necessary changes, if any, are discussed with parent by teacher and Community Liaison Worker.

Step Nine

A. Child receives a thorough evaluation in the various appropriate therapies.

B. A staff meeting is held to report results of evaluations, progress in program and discuss possible placements in community.

C. Following staff meeting, another meeting is held with parents to review alternatives and make a final decision. The teacher, Community Liaison Worker, program coordinator and other therapist attend this meeting.

1. Usually the teacher, Community Liaison Worker and program coordinator remain in office, while therapists one at a time enter the office, give report, discuss findings then leave. This approach is utilized in an attempt not to overwhelm parent with a large number of professional staff at one time. The Community Liaison Worker, with whom the parent is most comfortable, is present and sensitive to the feelings of the parent.

Step Ten

A. Parents who appear enthusiastic, well motivated and very familiar with the model are utilized as trainers with new families entering the program.

1. These persons are able to identify and relate to new families with handicapped children very well. This immediately gives new families a sense of comfort and that someone else understands their problems and uncertainty.

Step Eleven

A. On Follow-through, a child and family are contacted periodically following discharge to keep a record of progress after leaving EIP. Usually contact is every two or three weeks immediately following discharge during the transition period. After a month or two, a contact is continued every three or four months. Follow-through continues until a child reaches four years seven months. Upon reaching this age, the children were then transferred to Follow-up. Follow-up keeps ongoing records for two years beyond Follow-through. Follow-through keeps records of only children discharged from EIP whereas Follow-up keeps track of all children or patients discharged from the Home For Crippled Children.

Conclusion

The value of parent participation in every phase of a child's early educational program and early childhood experiences is immeasureable. The particular modal utilized at the Home For Crippled Children in Pittsburgh supports this statement along with other current literature. However, a larger problem in the area of early intervention with low income inner city families is that of professional attitudes. Professionals who have worked very comfortably with middle class families must adapt new behaviors in relating to this particular population. The traditional approach of evaluating the child usually without the parent present, developing a treatment program without parent input and telling the parents to implement this program and "See you in a few weeks" is not enough. More concern and sensitivity must be forthcoming from professionals. Parent input and participation must be encouraged in order to build strong intra-family supports and foster a trusting relationship between parent, child and professional.

Bibliography

Bloom, Benjamin S., Stability and Change In Human Characteristics, New York, Wiley and Sons, 1964.

Freeberg, N.E., and Payne, D.T. "Parental Influence on Cognitive Development in Early Childhood: A review". Child Development, 1967, 38, p. 65-87.

Gray, S. and Klaus, R. "The Early Training Program: A Seventh Year". Child Development, 1970, 41, p. 909-924.

Hunt, J. McV. "The Psychological Basis for Using Preschool Enrichment as an Antidote for Cultural Deprivation", Merrill-Palmer Quarterly of Behavior and Development, 1964, 10, p. 209-248.

Karnes, Merle B., Teska, James A., Hodgins, Audrey S., and Badger, Earladeen D., "Educational Intervention at Home by Mothers of Disadvantaged Infants", Child Development, 1970, 41, p. 925-935.

Levenstein, P. "Cognitive Growth in Preschoolers Through Verbal Interaction with Mothers", American Journal of Orthopsychiatry, 1970, 40, p. 426-32.

Lillie, David L. and Trohanis, Pascal L., Teaching Parents to Teach. New York: Walker and Company, 1976.

Matheny, A.P., Jr. and Vernick, J. "Parents of the Mentally Retarded Child: Emotionally Overwhelmed or Informationally Deprived?" The Journal of Pediatrics, 1969, 74, p. 953-959.

Reisinger, James J. and Ora, John P., "Parents as Change Agents For Their Children: A Review", Journal of Community Psychology, 1976, 4, p. 103-123.

Schaeffer, Earl S., "Parents As Educators in the Young Child", Edited by Willard W. Hartup, Washington D.C., National Association for the Education of Young Children, 1972, p. 184-201.