

THE FAMILY EDUCATION CONSULTANT:  
AN INNOVATIVE, EFFICIENT, AND COST EFFECTIVE BRIDGE  
FOR THE SCHOOL-FAMILY COMMUNICATION GAP

by

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## ABSTRACT

Today, society has a greater understanding of what constitutes children at risk. Unlike years past, educators within society can no longer take the luxury of ignoring students facing emotional and social challenges. Instead, they must respond quickly and positively to the needs of students faced with many of these challenges by developing programs to address their unmet needs. In addition, with the growing understanding of the nature of both family systems and education systems, educators can target behavior patterns among identified family systems as they recognize them. This paper first examines today's school-aged students' vulnerabilities and needs, particularly those in rural areas, using Maine as an example. It then proposes the creation of a new position, the Family Education Consultant, to assist strained rural families by helping them develop support systems to address identified needs.

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Today, society has a greater understanding of what constitutes children at risk. Unlike years past, educators within society can no longer take the luxury of ignoring students facing emotional and social challenges. Instead, they must respond quickly and positively to the needs of students faced with many of these challenges by developing programs to address their unmet needs. In addition, with the growing understanding of the nature of both family systems and education systems, educators can target behavior patterns among identified family systems as they recognize them. This paper first examines today's school-aged students' vulnerabilities and needs, particularly those in rural areas. It then proposes the creation of a new position to assist strained rural families by helping them develop support systems to address identified needs.

THE IMPACT OF PARENTAL ISSUES

Parents have a large impact on whether or not their children are educationally at risk. Therefore, it becomes important before going any farther to identify a number of factors that place children at risk, particularly those that are family-related.

Family stability factors include single parenthood, divorce, multiple family relationships, stepfamilies, family location changes, and parental substance abuse. Up to 50% of marriages end in divorce. Between 70% and 83% of parents remarry to create stepfamilies. In turn, up to 60% of those couples divorce multiple times to create single families again. Although exact stepfamily and single parent family numbers fluctuate, these statistics indicate a large group of students at risk from multiple family changes. In addition, approximately 11% of white children

and 57% of black children are born outside of marriage, and so face some of these challenges inherently

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(Sheets, Sandler & West, 1996; Caspi, Henry, Moffitt & Silva, 1996; Procidano & Fisher, 1992; Senchak, Greene, Carroll & Leonard, 1996).

These incidents prove detrimental because children can feel their lives are out of control, that they have no protection from disasters, and that their parents are either no longer accessible to them or that they have no one with whom they can relate. They become vulnerable to alienation and emotional overload that can cause school phobia or school avoidance, substance abuse, and peer adjustment and identification problems. They often suffer from lessening academic performance. If the family includes a single parent, children have a greater risk of not performing to academic capacity (Kim, Sandler & Tein, 1997; Foreman, Dover & Hill, 1997; Senchak et al., 1996; Beman, 1995; Whitbeck, Hoyt, Miller & Kao, 1992; Rosenstein, 1995; Procidano & Fisher, 1992).

Still other children who experience one or several types of abuse or neglect also suffer from a lack of adequate social and emotional role modeling and empathy. Many seek peers in unhealthy ways. They develop problems performing in school situations and can develop debilitating conditions like Post Traumatic Stress Disorder (PTSD), a particular condition that creates a need for long-term therapy for the individual to eventually perform normally (Levendosky, Okun & Parker, 1995; Whitbeck et al., 1992; Rosenstein, 1995; Foreman et al., 1997; Richards & Bates, 1997).

Other children suffer from continuing emotional problems brought on by loss of loved ones to prolonged illness, sudden death, or family reconstitution, and large numbers suffer from activity-

limiting illnesses themselves. Over 1.5 million children experience the death of one or both parents by the age of 15. In addition, children with chronic illness now make up about 50% of the children followed by general pediatricians (Naierman, 1997; Brown, Richards & Wilson, 1996; Procidano & Fisher, 1992).

There are many more situations and conditions that can place children and families at risk, as well. Some children have two working parents who struggle with time constraints to meet their physical and emotional needs and can often neglect their school-related needs. Over 72% of American mothers work. Some face poverty, some have families that are new to the country or the area in which they live and as a result the area's social customs or even use of the native language. Finally, some have psychological disorders or have parents or other family members with psychological disorders. In fact, close to 40 million Americans currently evidence mental health disorders, and over 3 million of them have serious psychological problems. However, only 10% of them are being treated for their conditions (Procidano & Fisher, 1992; Adams & Adams, 1996).

Whether or not these children of stressed families receive the support and encouragement needed for their educational success depends on the nature of their parents' educational histories and experiences. Parents who are supportive and who have had positive educational experiences and parents who recognize the importance of education to their children's success actively encourage their children's pursuit of education. Parents who have had negative educational experiences often resent what they see as the educational system's intrusiveness. As a result, they

may actually instill negative perceptions of educational pursuits and of the public educational system in their children (Field, Lang, Yando & Bendell, 1995; Procidano & Fisher, 1992).

Parents' attitudes can create seemingly insurmountable physical and emotional problems for their children. Children can suffer from a form of Failure to Thrive Syndrome (FTTS) that adversely affects their school experiences (Beilke & Peoples, 1997). Where this develops and where their successful academics are not encouraged, their futures can be irrevocably harmed.

Children with poor academic support are at greater risk of both dropping out of school and spending time incarcerated. In fact, 82% of prison inmates are high school drop outs, and 25% of all illiterates become recidivists. Over the next five years, approximately 90% of the adults now incarcerated will be released only to be unemployable because they have neither a GED nor a high school diploma. Further, 60% of incarcerated youth who return to school upon release historically end up dropping out later (Winters, 1997).

There are additional reasons students have academic problems. However, these situations represent major problems that put students at risk of academic problems and their effects. They also demonstrate why many parents prove unable to effectively assist them. With this basic overview of the issues involved in many students' educational failures, an in-depth demographics analysis of the at-risk populations is the next logical step.

### THE PICTURE IN NUMBERS

Demographics vary across the country, but this overview gives a rough estimate of the picture of youth at risk in the United States. In 1992, 30% of school children nationally showed

some signs of school maladjustment, and 10% were judged to have complications so serious that they required professional assistance within their educational systems (Procidano & Fisher, 1992).

### Special Services Identification Limits and Their Functional Results

The federal government has established a 12% maximum cap for students who can be identified as needing special services. In addition, the federal government identified certain categories of special needs students must fall into in order to qualify for additional assistance. As a result, in most cases the 10% of students experiencing serious educational complications mentioned above, or even the 12% federal cap, will not include many of the children with the problems previously discussed (McCarthy, Cambron-McCabe & Thomas, 1998). Since many of those students do not receive special education service tags, practitioners must recognize the numbers of needy students in their service areas to effectively assist them.

Children and adolescents faced with serious environmental physiological and environmental stressors have had little or no time to develop coping skills. Yet, by creating this cap and limiting the categories of students eligible for special categorization, legislators assume these students will have coping skills strong enough to overcome their challenges and succeed in school despite their challenges.

One of the greatest challenges these children face is parents who cannot or do not support their educations either because of their past experiences, priorities, or overwhelmed lifestyles. As a result, some students regress from being only academically, emotionally, and socially vulnerable



to a point where their academic, emotional, or social difficulties resist reversal and overtax their available emotional coping resources. These students often not only suffer from academic failure but also from behavioral, social, and societal failure as well (Procidano & Fisher, 1992). Therefore, early identification and assistance or treatment of families with students at risk proves essential.

### Family Composition

In 1996, families looked like this:

<b>Characteristic</b>	<b>United States</b>	<b>Maine</b>
Population *	250,000,000	1,300,000
% 18 or Younger *	28%	26.7%
Mothers Working Outside Home *	72%+	73%+
Two-Parent Families *	55-60%	60%
One-Parent Families*	40% Long-term	36.5%
Hispanic Descent *	6.4%	1.2%
African-American Descent *	36.9%	0.7%
Asian Descent *	3.5%	1.0%
Native American Descent *	Unavailable	2.7%

\* Information drawn from Procidano & Fisher, 1992; Developmental Research and Programs, 1996.

As indicated, almost 30% of both America's and Maine's population is in the age group eligible to attend primary or secondary school. The remainder of the children are not yet eligible

to attend school. Out of this total number of children, approximately 73% have mothers who work. As a result, many of them spend their time while away from both school and their mothers in either a child care or latchkey setting. The demands placed on these women's time can prevent them from effectively supporting their children's educational and emotional needs. In addition, single-parent families and other unstable family factors create additional stresses as discussed above. These figures demonstrate that these concerns apply to large numbers of the population (Procidano & Fisher, 1992).

Families with different ethnic or racial backgrounds can feel misunderstood and isolated. Because of this, these parents and their children as a result can feel they are outside the educational support community. As a result, these children will also be at risk of academic, social and societal failure. The figures above demonstrate that significant numbers of the population fall into this potential estrangement category.

#### Family Income and Earning Potential

In 1996-1997, family income and earning potential looked like this:

Risk Indicators	United States	Maine
% Households Below Poverty Level *	30%	24%
% Children Below Poverty Level *	40%	17%

\*Information drawn from Procidano & Fisher, 1992; Developmental Research and Programs, 1996.

As these statistics indicate, approximately one third of the total population is below the poverty level, nearly half of the individuals under the age of 18 are below the poverty level, and unemployment normally hovers at around 5%. This places a large number of children and families at risk of academic, social, and emotional failure or challenges and severely limits their children's possibility of educational success because of the alienation and stress factors discussed above.

### Risk Factors and Dangerous Behaviors

Maine's cities and townships are 95% rural, and these areas pose particular problems because students can feel there is little worthwhile to do with their time (Quaglia & Perry, 1995). Understanding the demographic factors involved in Maine's rural schools and school population is essential to understanding how to address those needs.

A 1995 self-reporting survey of Maine students from grades six through 12 gathered data on the following risk factors: low neighborhood attachment, community disorganization, transportation and mobility problems, inconsistent or ineffective laws and norms, perceived available activities, school failure, law to school commitment, family management and/or discipline problems, family conflict and/or history of antisocial behavior, family attitudes favorable to substance abuse, rebelliousness, early initiation of antisocial behavior, antisocial behavior, attitudes favorable to antisocial behavior and/or substance use, peer antisocial behavior and/or substance use, and sensation-seeking behaviors. Maine students at large qualified for an average of 4.4 risk factors (Developmental Research and Programs, 1996). Although these risk factors vary by state and locality, this sample serves to indicate the types and extent of problem occurrences state youth experience. Students are experiences major stresses in areas of feeling



isolated from the community and lack of family nurturance, and displaying the results of these stresses in antisocial and destructive behaviors.

The self-reporting survey also contained a list of risk factor behaviors. Following are the results:

Risk Factors *	Maine *
Lifetime Alcohol Usage	69.8%
Alcohol Use in Last 30 Days	36.6%
Lifetime Cigarette Usage	52.9%
Cigarette Use in Last 30 Days	24.7%
Lifetime Chewing Tobacco Usage	23.7%
Chewing Tobacco Use in Last 30 Days	7.4%
Arrested in Past Year	5.5%
Drunk at School in Past Year	14.8%
Attacked Someone in Past Year	13.8%
Taken Handgun to School in Past Year	1.6%

\* Information drawn from Developmental Research and Programs, 1996.

Maine students' substance use constitutes a serious health problem. In addition, on average one student in every 20 has been involved in various violent activities in the past year, including stealing a car, being arrested, carrying a handgun, or selling illegal drugs. One in 10 students has gotten drunk at school, used marijuana, gotten suspended from school, or attacked someone in

the past year. Lifetime alcohol and drug use rates are even higher, with up to one in every two having used at least one substance. Based on these factors, substance use and violent crimes prove major concerns for Maine individuals, families, and schools.

A Maine Department of Education (1995) blind survey also revealed some important findings about the mental and developmental state of Maine youth. They follow:

- \* 8% of state youth attempted suicide during the previous 12 months.
- \* 28% used marijuana during the past 30 days.
- \* 49% had sexual intercourse at some time in their lives.
- \* 52% drank alcohol during the past 30 days.
- \* 3% did not go to school in the past 30 days because they felt unsafe.
- \* 5% had at least one drink of alcohol at school during the past 30 days.
- \* 7% had been threatened or injured with a weapon at school during the past 12 months.
- \* 8% used marijuana at school during the past 30 days.
- \* 10% carried a weapon at school during the past 30 days.
- \* 14% were in a physical fight at school during the past 30 days.
- \* 19% smoked cigarettes at school during the past 30 days
- \* 31% had property stolen or deliberately damaged at school during the past 12 months.
- \* 36% were offered, sold, or given an illegal drug at school during the past 12 months.

There is some variance in reported statistics between these two studies. This could have been caused by slight variance in sample groups. It could also have resulted from some students' fear

of identification whether or not they were informed the sample would be anonymous.

Whichever is the case, these results have serious implications for the mental state of Maine's youth. A large number consider suicide, and suicide is the number two cause of teen death in Maine. Teen sexual activity is high. In 1994, the teen birth rate in Maine was 18 per 1,000 teen girls aged 15 to 17. Violence continues to be a high-level concern, as well (Davis & Becene, 1997).

### Special Education Breakdown

As identified earlier, all students classified as special education students deal with acceptance issues and the stress they cause as a result of their various disorders and performance difficulties. The breakdown of such factors follows:

Special Need *	United States *	Maine *
Total Special Education Students	5,804,560 - 10%	33,050 - 10%
Learning Disabled	2,966,130 - 51.1%	12,947 - 39.17%
Speech/Language Impairment	1,207,348 - 20.8%	9,194 - 27.81%
Behavioral Impairment	504,997 - 8.7%	4,654 - 14.08%
Multiple Disabilities	95,383 - 16.4%	2,101 - 6.36%

\* Information drawn from OSEP96An1Rpt (1997) extrapolated using averaged variance increase 6.4% reported in Maine Department of Education, ED338 (1997); Developmental Research and Programs, 1996.

As mentioned, school systems and states are only allowed to identify up to 12% of their students as fitting special education categories. Sanctioned categories include mentally retarded, hard of hearing, deaf, speech or language impaired, visually impaired, blind, seriously emotionally





disturbed, orthopedically impaired, autistic, other health impaired, learning disabled, or suffering from traumatic brain injury. Maine groups its students slightly differently, but categories are essentially the same. To receive a special education classification, a student must not only possess the particular condition or disorder but must also be able to benefit from a special education program.

The 12% cap is designed to limit schools' use of the special education tag to solicit more money from the federal government. This safeguard was incorporated to prevent states from identifying students as special needs students for the sole purpose of gaining the additional federal funds made available for special education students' special learning needs. Whether or not this limitation prohibits students truly in need of special services from receiving those services or plays a role in students being identified as special education without true need is an issue that continues to be examined.

Within these basic parameters, school systems are able to tailor their special education programs to meet their specific needs and their individual state's guidelines. To illustrate the special needs of both United States and Maine students, the top four categories are listed in the table above. As the table illustrates, learning disabled, speech and language impairments, and behavioral disorders are listed as the top three concerns in many communities. Since students with other disorders or conditions can also experience behavioral disorders, these numbers prove conservative indicators of students with the special needs discussed previously. The numbers of behavioral concerns can swell quickly within an educational community.

Education systems, however, do not provide special preventive or assistive services to many students who face the eventuality of such tags as “socially maladjusted,” “truant,” “disaffected,” or “chemically dependent.” Educational systems cannot include many such students in special programs unless they can be otherwise be identified as behaviorally impaired. Often, documenting this distinction between student behavior causes proves difficult for school staff to complete with accuracy. Eventually it can become a matter of identifying whether the chicken (the behavior or learning problem) or the egg (the categorization for which the children qualify) came first. For some, the large numbers of causal factors involved can make accurate diagnosis awkward to impossible. For others, the fact that stresses cause academic performance decreases and maladjusted or deviant behaviors rather than developmental disorders makes the school staff and administration unable to effectively help (Angold, Costello, Erkani & Rutter, 1996).

#### CURRENT PROGRAMS ADDRESSING STUDENTS’ NEEDS

As illustrated above, significant numbers of parents both in the United States at large and within the state of Maine need assistance with life-pivoting stressors. Some parents of challenged youth need assistance with overcoming existing parenting challenges. Those with negative perceptions of the goals, actions, and requirements of educational systems need help overcoming those beliefs. Others need help developing healthy lifestyles or with family members with special needs. Still others need help developing scheduling skills and support systems to assist them with those needs. Some need assistance with their inappropriate parenting techniques, interactive support skills, and the development of healthy compassion and boundaries toward their children.

Finally, others who feel isolated within the community need assistance developing support systems and their place in the community.

School and health systems have employed school social workers and school psychologists to assist families with children with special needs identification when possible with both their lifestyle needs and their children's needs. Individual Evaluation Plans (IEPs) incorporate counseling for these students and their families, or IEPs can build in home family health assistance for children with needs identification. However, as indicated earlier, the majority of these children prove ineligible for special needs categorization. Instead, they appear as average children who may or may not be identified as having "problems at home" (Kellaghan, Sloane, Alvarez & Bloom, 1993).

There are a number of programs educational practitioners have used successfully to both assist children's development and involve parents in their children's educations. Such programs include parent-teacher organizations, parent education programs, mentoring, tutoring, peer counseling, conflict resolution and peer mediation training, leadership encounter programs, regional schools, and home visits and family incorporation programs. A brief analysis of the most prominent and successful programs used by education practitioners follows.

#### Parent-Teacher Organizations (PTOs)

Local parent-teacher organizations (PTOs) normally affiliate with the National Parent Teacher Association. These programs develop at specific schools to serve those individual school committees. They draw officers and volunteers from the parental pool that attends their monthly

meetings. Normally, they adopt specific school-based programs or assist with fundraising for special interests or needs, as well.

PTO s no longer command the respect and parental involvement they once did. In the state of Maine, for example, the number of PTO s has dropped by 50% over the last 20 years. As more families have two working parents and greater stresses and time crunches, the number of PTOs may continue to dwindle (Schneider & Coleman, 1993).

In addition, for families dealing with life challenges, participation in PTOs can be unrealistic. The demands of volunteering, of attempting to integrate positively within the group, and of contributing limited time and resources proves difficult to impossible. In addition, PTOs do not address the needs of either challenged students or parents.

#### Parent Education

Parent education programs have had mixed success. One obvious concern becomes that parents who need the training will not be the parents who are involved in the training. Another obvious concern is that, although exposure allows learning, learning is not guaranteed through exposure. At this time, few studies into the effects of parenting programs are available. However, the combination of the short duration of training and lack of follow-on raise questions about the ability for the programs to succeed. Further, combined with the matter of ensuring parents who need the training actually attend it with a positive attitude and then incorporate that training into their daily lives, the ability of any parenting programs to make a long-term difference, becomes questionable (Foster-Harrison & Peel, 1996; Davis, 1996).

## Mentoring

Mentoring has allowed adults with stable coping patterns, self-images, and educational attitudes to interact with special needs students for several hours at a time from one to several times a week. Mentors have the opportunity to role model healthy ethics and life choices, behavior patterns, and socialization skills and help students in need to feel their lives are less out of control.

Mentoring has made significant positive differences in students' lives, as well as in mentors' lives. One successful program is the Fresno, California project. In a school system where transiency rates range from 36% to 50% and 75% of families receive public assistance, college students enter schools in the second semester of their senior years to both role model for students and learn about raising children, with very positive results (Dondero, 1997).

However, while mentoring assists children with behavioral adjustment and support systems for a few hours a week, those children still return to the same needy family environment. Parents have received no support or training. Parents, that integral portion of the family that sets the pattern of success or failure for other family members, still remains itself unfortified.

## Tutoring

Tutoring is another program that assists youth with educational success. However, it does not necessarily assist with adjustment issues or allow role modeling. Instead, it focuses on students' needy academic arenas as determined by the school system. It also does nothing to assist parents in stressed families with those stresses. Therefore, it falls short of assisting the family or the student with long-term changes or improvement (Wasik, 1997).

This type of program can prove valuable with academic work for short periods or in specific areas for longer periods. However, it does not address either parent support or parent education needs. Therefore, it still only addresses part of the problem.

### Peer Counseling

In peer counseling programs, students counsel other students who feel they need help. Schools often do not utilize training programs, and training programs used often prove limited based on the types of situations presented. In addition, peer counseling programs appear to function as Band-Aid style programs that have the appearance of assisting when they may actually do harm. Evidence indicates, for example, that students have turned anonymously to these counselors for assistance when contemplating suicide. These counselors have proven both unable to assist these individuals and unable to report them so that they could receive trained counseling (Lewis & Lewis, 1996).

These programs also do not address empowering parents to either change their behaviors or to cope more effectively. They do not give parents support systems. They do not educate parents on how to support and encourage their children's educations. These programs have limited impact on the family that needs their help.

### Conflict Resolution and Peer Mediation

Various conflict resolution programs have evolved over the last ten years. These programs incorporate training on specific anti-violence and coping alternatives into the curriculum at

chosen grade levels within a school. Practitioners use these programs to empower students with behavior



control methods. One such successful program, the Fighting Fair Model, uses age and grade appropriate workbooks and materials to teach students to positively replace aggressive behaviors with constructive behaviors (Powell, Muir-McClain & Halasyamani, 1995).

Peer mediation programs also teach students alternative behaviors and positive leadership skills. Administrators choose and train specific students as mediators, and these students then conduct both mediation and hearings to assist other students in conflict with each other. Such programs in Maryland, Missouri, and New York City have proven very effective (Powell et al., 1995; Nor, Tait & Winfield, 1996). These programs reduced incidents, threats, harassment, personal property disputes, and more.

However, these programs also do not address the stresses and difficulties parents may be experiencing that create stressful, unstable family environments. They can assist students while in school. Once students return home, though, family stresses can both tax and undermine the learned coping mechanisms and prevent their incorporation into the home environment. These students may, therefore, become involved in problems outside school that damage their lives.

#### Leadership Encounter Programs

These programs ordinarily involve outdoor training and activities. Students go to them to both gain empowerment and learn cooperation within groups. They also allow students to develop senses of belonging and hopefulness. They give students specific skills that allow them to both pursue continued education and gain a sense of success through cooperation, teamwork,

goal setting, and decision making. They have proven very successful empowering and strengthening programs (Richardson, 1996).

These programs have less valuable impacts on students' home environments. While they allow profound changes in students' behaviors and attitudes, without changes at home that help students sustain those changes, their effects can prove short-lived. The same stresses within that environment can force them to revert to their previous behaviors.

### Regional Schools

Regional schools are another environment where students can learn modified behaviors at the same time that they study their normal educational subjects. These schools incorporate ethics and behavior modification programs to alter students' behaviors and attitudes. One of the most successful regional schools uses an extensive point system to modify students' behaviors as they earn rewards and, eventually, re-earn their way into their home school system. Once they acquire the required points, students return to home schools and special monitoring programs (Meyer, 1997).

However, this program effectively addresses students' needs within that specific educational environment and then returns them to their home schools where their peers have the same agendas that existed before their transfer. Once the structured assistance program ends, learned changes may be difficult for these students to maintain. Further, this program does not address problems within home environments.

### Home Visits and Family Incorporation-Style Programs

A number of home visit and family incorporation-style programs have met with success, in large part because they incorporate parents into their children's educational behavior change programs. Traditionally, poor families, transient families, and families facing great emotional or physical stresses prove less integrated into existing family, community, and educational systems. Children's educations suffer as a result (Foster-Harrison & Peel, 1996). However, programs like these address parents' needs and concerns and work to integrate parents. These activities work to stabilize parents who in turn help stabilize their families and, particularly, the students within their family units.

Successful home visit and incorporation programs include those with parent training, resource centers, and random teacher visits to students' homes. Unlike those parenting classes that attempt to motivate parents who need training to come to participate, these outreach programs and support resources are available to parents in their own homes. Other programs such as homework help lines, parent volunteer recognition, telephone trees, bulletins and newsletters, open door policies, and school welcome wagons have proven less successful because they do not reach out to parents with such support resources (Acosta, Keith & Patin, 1998; Foster-Harrison & Peel, 1996).

These programs encompass the majority of those in use today. This review now provides the groundwork to introduce a new position that addresses all aspects of families' needs. Details on this position follow.

## THE FAMILY EDUCATION CONSULTANT

The position proposed here is that of a family education consultant. This family education consultant position would exist within the department of education. The rationale, functional details, and purpose of this program follow.

### Rationale

The creation of the family education consultant would be the creation of an advocate for the family to the education system and for the education system to the family. As shown above, experience demonstrates that the key for success in assisting students with educational problems is assisting families, or in other words parents, with their needs. Parents' issues, as mentioned earlier, can include either previous bad experiences with education or lack positive experiences from educational efforts. They can include family parenting issues that can involve either abuse or neglect. They can involve scheduling problems that can stem from either lifestyle demands or the special needs of family members. Finally, they can involve isolation or separation from the local school population because of a lack of integration. The family education consultant would address these special needs.

The purpose of a family education consultant position would be to bridge the gap between the home and school environments in a manner less threatening to both parents and students. Presently, as illustrated above, there are few programs that effectively assist families with children facing emotional challenges. The only truly effective programs are those that address both parents' special needs -- parenting, scheduling, and acceptance issues -- and students'

special needs -- new coping methods, new learning methods, and additional emotional support mentoring.

### Consultant Background and Credentials

The family education consultant would be an individual with either a Bachelor's or a Master's degree in one of two backgrounds. The first option is a degree in psychology focused on family issues and parenting programs along with several courses in education and education administration. The second option is a degree in family development with an emphasis in parenting programs and parent support, as well as several courses in education and education administration.

This individual would need to be willing to learn a number of parenting techniques and the applicable education background required. The individual would also have to be aware of and sensitive to the types of problems the target group might suffer from, as well as the social service, support groups, and educational service agencies that could assist them in meeting those needs.

### Consultant Job Description

The family education consultant position would be maintained by the school system just as the patient advocate is maintained by a hospital. Like the patient advocate, the consultant would function unlike other educational practitioners because the consultant would not focus on developing a system "fit" for the student. Instead, the consultant would focus on identifying the family's particular needs and finding a way to meet those particular needs.

Currently, there are school officials who will provide parents with information on agencies and groups that assist families with special needs. However, they will not accompany family members to those meetings. They will not assist family members with integration into those

groups or follow their cases to aid them in acquiring the services and skills they need. They  
have

neither the time nor the training to be able to accomplish these important tasks. However, a family consultant would have both the time and, in fact, the goal of assisting family members to find success in these activities.

In addition, many of the programs being offered to assist families in need—parenting programs, support programs, and others—are not tailored to meet the special needs of these families. Parenting programs, for example, are rarely tailored for single parents, parents in families with substance abuse issues, and parents who are abusive, neglectful, or have family members with special needs. Very few address such issues as family scheduling problems and balancing acts. The family education consultant would address these types of needs by working one-on-one with the family both inside the home and in the school and support services environments. This type of support can prove key to families' success in altering their behaviors as needed.

In addition, the family education consultant would be a person who would act as a mentor, a friend, and an intermediary to students in need. The consultant's office would be open door to students when the consultant was there. The consultant would be available to teach students appropriate behaviors and to teach social integration techniques. The family education consultant could be a friend who placed them rather than the school system first.

The position would be a 40-hour-a-week position, but it would require flexible hours in order for the consultant to interact with families and groups at appropriate times. Students in need of



this type of assistance could either be identified by teachers, psychologists, or school administrators or could volunteer for the assistance.

Families would not have to take advantage of the services of family education consultants. However, the consultant would be their best opportunity to gain assistance. In addition, the consultant would be tasked with outreach to those with needs. Over time and with success, the development of a reputation for a large number of hard-to-reach families may eventually be willing to work with and through the consultant.

The family consultant would not reinvent currently existing programs or professionals. The consultant, however, would perform family advocacy and family outreach as no other official could. With knowledge of parenting programs, the consultant could assist parents with specific skills or even with tailored coaching. With knowledge of the services available, the consultant could both direct and connect families in need. With the flexibility to attend such programs, the consultant could ensure a higher rate of maximal family participation, follow-through, and success. With the ability to advocate within the school system, the consultant would bridge the gap between the family and school systems to maximize school professionals' sensitivity to the students' home environments, abilities, family expectations, and students' needs for support. Unlike any other official, the consultant could assist families to find their point of belonging and healthy functioning.

## CONCLUSIONS

Many education systems today prove unable to meet students' needs because they address only part of the problems occurring within family systems. As a result, although these programs assist children in the family system, they leave the leadership portion of the family system -- the parents -- without change. A number of successful programs mentioned above have demonstrated just such partial successes. However, true change cannot take place without engaging the entire family in positive learning and support activities. Current educators tend to be overworked or unable to accomplish this type of in-depth time and knowledge commitment to the specific needs of such families.

A family education consultant, however, would focus on family needs -- the needs of each individual member. The consultant would be empowered to assist with family instability, inaccessible parents, abuse and neglect, trauma, illness, working parent, parent education perception, and isolation issues. These problems constitute a large part of Maine students' lives, and the essential ability to address those needs could be addressed by the family education consultant.

By focusing on the family as a system and both the needs of the family as a whole and the needs of its individual members, the consultant would be able to support change at all levels of family system dynamics. In addition, a family education consultant could advocate for family needs within the school system. By doing this, the advocate can create an environment that minimizes stresses that can impede maximal family and family member change. For the small relative price of a salary, the family education consultant could make a large relative change in

families' potentials for success and their members' potentials for educational and social stability and advancement.

## REFERENCES

- Acosta, D., Keith, J. & Patin, D. (1998). Home visits: Shortening the path between home and school. *Schools in the Middle*, 7, 24-25.
- Adams, J. & Adams, M. (1996). The association among negative life events, perceived problem solving alternatives, depression, and suicidal ideation in adolescent psychiatric patients. *Journal of Child Psychology/Psychiatry*, 37, 715-720.
- Angold, A., Costello, E., Erkani, A. & Rutter, M. (1996). Precision, reliability and accuracy in the dating of symptom onsets in child and adolescent psychopathology. *Journal of Child Psychology/Psychiatry*, 37, 657-664.
- Beilke, J. & Peoples, G. (1997). Failure to thrive syndrome (FTTS): Predicting educational failure at the middle school level. *Education*, 117, 512-518.
- Beman, D. (1995). Risk factors leading to adolescent substance abuse. *Adolescence*, 30, 201-208.
- Brown, J., Dunn, J. & Maguire, M. (1995). The development of children's moral sensibility: Individual differences and emotion understanding. *Developmental Psychology*, 31, 649-659.
- Caspi, A., Henry, B., Moffitt, T. & Silva, P. (1996). Temperamental and familial predictors of violent and nonviolent criminal convictions: Age 3 to age 18. *Developmental Psychology*, 32, 614-623.
- Davis, W. (1996). *School-linked and school-based mental health programs: Current status and analysis*. Institute for the Study of Students at Risk. Orono, ME: University of Maine Press.
- Davis, W. & Becene, S. (1997). *Maine children, youth and their families at risk: Selected demographics and statistics*. Institute for the Study of Students at Risk. Orono, ME: University of Maine Press.
- Developmental Research and Programs. (1996). *The river coalition: Old Town student survey*. Seattle, WA: Developmental Research and Programs.
- Dondero, G. (1997). Mentors: Beacons of hope. *Adolescence*, 32, 881-887.
- Field, T., Lang, C., Yando, R. & Bendell, D. (1995). Adolescents' intimacy with parents and friends. *Adolescence*, 30, 135-140.

- Foreman, D., Dover, S. & Hill, A. (1997). Emotional and semantic priming as a measure of information processing in young people with school refusal: A research note. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 38, 855-860.
- Foster-Harrison, E. & Peel, H. (1996). Parents in the middle: Initiatives for success. *Schools in the Middle*, 5,45-47.
- Kellaghan, T., Sloane, K., Alvarez, B. & Bloom, B. (1993). *The home environment and social learning*. San Francisco, CA: Jossey-Bass, Inc.
- Kim, L., Sandler, I. & Tein, J. (1997). Locus of control as a stress moderator and mediator in children of divorce. *Journal of Abnormal Child Psychology*, 25, 145-155.
- Levendosky, A, Okun, A. & Parker, J. (1995). Depression and maltreatment as predictors of social competence and social problem-solving skills in school-age children. *Child Abuse & Neglect*, 19, 1183-1195.
- Lewis, M. & Lewis, A. (1996). Peer helping programs: Helper role, supervisor training, and suicidal behavior. *Journal of Counseling and Development*, 74, 74-76.
- Maine Department of Education. (1997). *OSEP96An1: 1996-97 Enrollment of exceptional pupils*. Augusta, ME: Maine Government Publications.
- Maine Department of Education. (1997). *ED338: 1996-1997 Breakdown of exceptional pupils*. Augusta, Maine: Maine Government Publications.
- Maine Department of Education. (1995). *Special education regulations: Chapter 101*. Augusta, ME: Maine Government Publications.
- McCarthy, M., Cambron-McCabe, N. & Thomas, S. (1998). *Public school law: Teachers' and students' rights*. Boston: Allyn & Bacon.
- Meyer, W. (1997). A turn down the harbor with at-risk children. *Phi Delta Kappan*,78, 312-316.
- Naeirman, N. (1997). Reaching out to grieving students. *Educational Leadership*, 55, 62-66.
- Nor, L, Tait, D. & Winfield, C. (1996). One school's quest to create a safe harbor. *Schools in the Middle*, 5, 14-18.
- Powell, K., Muir-McClain, L & Halasyamani, L. (1995). A review of selected school-based conflict resolution and peer mediation projects. *Journal of School Health*, 65, 426-431.
- Procidano, M. & Fisher, C. (ed.) (1992). *Contemporary families: A handbook for school professionals*. New York: Teachers College Press.
- Quaglia, R & Perry, C. (1995). A study of underlying variables affecting aspirations of rural adolescents. *Adolescence*, 30, 233-243.
- Richards, T. & Bates, C. (1997). Recognizing posttraumatic stress in children. *Journal of School Health*, 67, 441-443.

- Richardson, A. (1996). Teaching tolerance to middle school students. *Schools in the Middle*, 5, 39-40.
- Rosenstein, P. (1995). Parental levels of empathy as related to risk assessment in child protective services. *Child Abuse & Neglect*, 19, 1349-1360.
- Schneider, B. & Coleman, J. (1993). *Parents, their children, and schools*. San Francisco: Westview Press.
- Senchak, M., Greene, B., Carroll, A. & Leonard, K. (1996). Global, behavioral and self ratings of interpersonal skills among adult children of alcoholic, divorced and control parents. *Journal of Studies on Alcohol*, 57, 638-645.
- Sheets, V., Sandler, I. & West, S. (1996). Appraisals of negative events by preadolescent children of divorce. *Child Development*, 67, 2166-2183.
- Wasik, B. (1997). Volunteer tutoring programs: Do we know what works? *Phi Delta Kappan*, 78, 282-287.
- Whitbeck, L., Hoyt, D., Miller, M. & Kao, M. (1992). Parental support, depressed affect, and sexual experience among adolescents. *Youth & Society*, 24, 166-177.
- Winters, C. (1997). Learning disabilities, crime, delinquency, and special education placement. *Adolescence*, 32, 451-462.