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Review and analytical study of parent training programs used with the parents of learning disabled children in the primary grades

Patricia A. Hawig

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REVIEW AND ANALYTICAL STUDY OF PARENT TRAINING PROGRAMS
USED WITH THE PARENTS OF LEARNING DISABLED CHILDREN
IN THE PRIMARY GRADES

by

Patricia A. Havig

A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE
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This research paper has been approved for the Graduate Committee of the Cardinal Stritch College by

Sister Joseph Marie Prisca
(Advisor)

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGMENTS</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAPTER</strong></td>
<td></td>
</tr>
<tr>
<td>I THE PROBLEM</td>
<td>1</td>
</tr>
<tr>
<td>Statement of Problem</td>
<td></td>
</tr>
<tr>
<td>Objectives of the Study</td>
<td></td>
</tr>
<tr>
<td>Significance and Justification</td>
<td></td>
</tr>
<tr>
<td>Scope and Limitations</td>
<td></td>
</tr>
<tr>
<td>II REVIEW OF THE LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td></td>
</tr>
<tr>
<td>Observational Studies of Parents</td>
<td></td>
</tr>
<tr>
<td>as Teachers</td>
<td></td>
</tr>
<tr>
<td>Laboratory Studies</td>
<td></td>
</tr>
<tr>
<td>Need for Parent Training Programs</td>
<td></td>
</tr>
<tr>
<td>Models of Parent Training Programs</td>
<td></td>
</tr>
<tr>
<td>Behavioral Model</td>
<td></td>
</tr>
<tr>
<td>Psychological Insight</td>
<td></td>
</tr>
<tr>
<td>The Experiential Model</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>III REVIEW AND ANALYTICAL STUDY OF PARENT TEACHING PROGRAMS</td>
<td>21</td>
</tr>
<tr>
<td>Behavioral Model</td>
<td></td>
</tr>
<tr>
<td>Psychological Insight Model</td>
<td></td>
</tr>
<tr>
<td>Experiential Model</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>IV SUMMARY AND CONCLUSIONS</td>
<td>65</td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>Findings of the Study</td>
<td></td>
</tr>
<tr>
<td>Implications of the Study</td>
<td></td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>68</td>
</tr>
</tbody>
</table>
CHAPTER I

THE PROBLEM

Within the past two decades, the relationship between parent and teacher as educator has had a major transformation. Formerly, teachers had been considered the primary educators of the child, but in recent years the parents' role as educators has emerged as a vital contributor to the child's academic success.

Clements and Alexander in stressing the importance of training parents state:

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.1

Worley believes "most concerned parents, to the best of their ability, try to help their children

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as students. Teachers should utilize these parents as valuable members of the teaching team by providing them with the necessary assistance and counsel for helping their children.¹

Statement of Problem

"Educational research indicates that when parents of school children are involved in the process of education, the children are likely to achieve better."² Working with a child to help him or her develop academic skills is not a skill which comes naturally to many parents and, consequently, parents must be taught how to teach.

The purpose of this study was two-fold. First, this paper was intended to review research on the importance of the training of parents of learning disabled children to foster understanding and acceptance of their children's handicaps and to aid in the remediation of their children's deficits and the strengthening of their children's assets.

Secondly, this paper was intended to analyze and evaluate existing parent training programs in light of


their potential to meet the needs of the parents of learning disabled children in the primary grades.

**Objectives of the Study**

Specific objectives that formed the basis of this study were:

1. To review research on the importance of parent involvement in the education of their children.
2. To analyze and evaluate existing programs of parent training to determine feasibility in working with parents of primary learning disability students.

**Significance and Justification**

Authorities in the field of education believe that parental involvement in the educational process is vital for the child's success. Many parents are willing to accept this responsibility but lack the necessary skills to do so. Thus it becomes the responsibility of the professional educator to teach parents the necessary skills.

It is the opinion of the writer that an analytical evaluation of existing parent training programs would aid teachers in setting up programs appropriate to the needs of students and parents.

**Scope and Limitations**

This study was limited to parent education programs which could be classified according to these three
models: (a) behavioral; (b) psychological; and (c) experiential.

It was further limited to programs applicable to parents of primary aged learning disabled children or those programs which could be modified to meet their needs.
CHAPTER II

REVIEW OF THE LITERATURE

The value of parental involvement in the education of learning disabled children has been recognized by many within the teaching profession. Parent involvement includes more than the traditional participation in school meetings, conferences, and social activities; it also includes parents acting as teachers, advisors, and advocates for their children. Those latter duties encompass a rather complex issue and often require parent training. Many parents need to be taught how to relate to their children, how to determine what problems their children are experiencing, how to help their children accept and cope with their problems, and how to ameliorate their children's deficits.

The intent of this review of literature was: (1) to determine the influence parent involvement can have on a child's self-esteem and academic success; and (2) to determine what types of programs are available to train parents to be involved with the education of their children—to train parents to teach their children.
The recent history of parent education, especially in the last ten years under the impetus of the poverty program, has been based upon global assumptions, often untested, of what parents know and can do. These were: (1) that, at least, in early childhood, what parents did influenced the development of children, (2) low-income parents lacked knowledge of skills in teaching, and (3) one could intervene in the home to change parents' behavior and therefore improve the development and achievement of children.1

Gordon states that:

The issue of parents as teachers can be approached in two ways: first, by an examination of natural field observations which have been made in homes and in other settings, in which the main analytic technique was correlation. Numerous investigators have examined relationships between classes of parent behavior or even specific parent behavior and classes of child behavior and sometimes even specific items of child behavior. Although these are correlational studies, they are often cast in antecedent-consequent form; that is, data on parent behavior at one point in time are correlated with data on child performance at a later point in time.

The second approach is through experimental and quasi-experimental studies. Investigators have used laboratory and field situations to test, under somewhat standard conditions, what parents actually do when they behave as "teachers". . . .2

Observational Studies of Parents as Teachers

In dealing with the natural observation materials which follow, Gordon defines teaching as "Setting the stage

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1Ira J. Gordon, "What Do We Know About Parents As Teachers?" Theory Into Practice 11 (1972):146.

2Ibid., pp. 146-147.
for learning, as modeling, as managing the environment, as
giving information, as well as engaging in direct inter-
action."¹ Using this definition of teaching, there are
a number of natural observation studies about the relationship between the parent as teacher and his effect on his
child as a learner.

In his review, Gordon listed the following nine
cognitive and ten emotional parental factors which had been
reported as related to child performance: academic guidance;
cognitive operational level and style; cultural activities
planned; direct instruction of child; educational aspirations;
use of external resources; intellectuality of home;
verbal facility; verbal frequency; consistency of manage-
ment; differentiation of self; disciplinary pattern; emo-
tional security; self-esteem; impulsivity; belief in inter-
nal control; protectiveness; trusting attitude; willingness
to devote time to child; and work habits.²

In his review, Hess suggests that the following
categories of parent behavior influence child development:
independence training; warmth and high emotional involvement;
consistency of discipline; explanatory control;

¹Ibid., p. 147.
²Ira J. Gordon, Parent Involvement in Compensatory
Education (Urbana, Illinois: University of Illinois Press,
1970).
expectations for success; parents' sense of control; the verbalness in the home; parents' direct teaching; and parental self-esteem.¹

In Miller's review of the research on the relationships between family variables and scholastic performance in the English schools, he lists the following as positively related to school performance: homes where independent thinking and freedom of discussion occur; homes where there are values conducive to intellectual effort; homes where children's curiosity and academic aspirations are supported; and homes in which there is harmony between home and school values.²

In his effort to determine the relationship between school performance of early adolescents and the home environment, Keeves conducted an extensive multivariate study of children in the Australian capital territory.³ He reported that "the importance of the mothers' attitudes

and ambitions stands out quite clearly, but these are exceeded in importance by the provision made in the home for stimulation to learn and to promote intellectual development."1

Rupp conducted a study in Utrecht, Holland, in which he discovered that when high achievers were compared with low achievers within the lowest socio-economic class, the high achiever came from homes in which parents concerned themselves as educators.2 They demonstrated this attitude by "reading to the child, playing table games and word games with him, providing educational toys and books, reading and possessing books themselves, telling their children informative things of their own accord, teaching their children preschool skills, going to places of interest."3

The concept that what parents do in the early years in acting as teachers of their children, as defined by

1Ibid., p. 29.
3Ibid., p. 176.
Gordon, influences the child's development is supported by the Wachs, Uzgiris, and Hunt study of infants in Illinois and the longitudinal work of Escalona.  

Laboratory Studies

A number of experiments and quasi-experimental studies have been conducted to evaluate the effects of parent involvement on student achievement.

In 1964, Gallup studied 1,045 mothers and found that 70 percent of high achieving first graders were read to regularly in their early years, while only 49 percent of low achievers were read to by their mothers. Thus Gallup concluded that children who were read to regularly at an early age did better than those who were not.

Irwin studied fifty-five one-year-old children whose mothers read to them for at least ten minutes daily.

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At twenty months, their speech development was advanced beyond that of a comparison group which had not been read to by their mothers.¹

A study conducted by Regal and Elliott supported the concept related to the powerful influence of parental tutoring on their children's school achievement. The research concluded that:

... while both Experimental and Control, ED and Normal groups from Depressed areas ranked approximately in the lower 10 percent of the national population of students before parent tutoring, those who received parent-tutoring gained sufficiently to be performing above average. Those not receiving parent-tutoring did not appear to make any gains. The ED Affluent group ranked substantially below the Normal Affluent groups prior to intervention. Following parent-tutoring, both experimental groups performed at the same relative rank. In the Control Affluent groups the differential in performance persisted.²

The Ypsilante Home Teaching Project was set up to investigate (1) the acceptability by mother's of home teaching only as an alternative to both home teaching and preschool class attendance, and (2) the impact of


home teaching only on the intellectual development on a
sampling of four-year olds with limited economic oppor-
tunities.\textsuperscript{1} Outcomes indicated mothers would accept home
teaching. Ninety-one percent of all home visits were
completed as planned. Cognitive test data revealed that
experimental children significantly outperformed the
control children on general intellectual ability.

In studies conducted at the University of Florida,
Gordon examined correlational patterns between presage
and process variables and child performance. These studies
were confined almost exclusively to infants and preschool
children of poverty or near poverty level population. In
infant research conducted by Gordon, Bradshaw, Jester and
Barley, and Resnice, it has been discovered that the
amount of conversation in the home, especially that directed
toward the child, relates significantly to child perfor-
mance.\textsuperscript{2} Parents' self-esteem was also an important variable
in child performance in the Florida studies.

\textsuperscript{1}David P. Weikart, "Parent Involvement: Process and
Results of the High/Scope Foundation's Projects," paper
presented at the Biennial Meeting of the Society for
Research in Child Development, Denver, Colorado, April
10 - 13, 1975.

\textsuperscript{2}Ira J. Gordon, Early Childhood Stimulation Through
Parent Education (Gainesville, Florida: Institute for
Development of Human Resources, 1969); C. E. Bradshaw,
"Relationships Between Maternal Behavior and Infant Per-
formance in Environmentally Disadvantaged Homes," in
Relationships Between Selected Family Variables and Maternal
and Infant Behavior in a Disadvantaged Population, ed. I. J.
Gordon (Gainesville, Florida: Institute For Development
of Human Resources, 1969): 5-22; 52-62;
Need for Parent Training Programs

O'Connell states that "the failure of college graduates as well as welfare clients to be effective parents clearly illustrates that 'parenting' procedures need to be taught."\(^1\)

O'Connell further states that:

Parents often act unwittingly. However, when they are informed of the need for parental discipline based on established goals for individual children, parents can create open, trusting relationships with their children. Discipline based on the parents' most valued concerns is effective since it allows children to participate in many decision making processes while at the same time firmly establishing the parents' expectations . . .

Educators should be aware of the impact of parental decisions on child growth and development and try to provide parents with alternative modes of interaction based on concrete knowledge.

In order to be effective, parents must be able to anticipate potential problems and decide on a course

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of action. They need to understand how crucial it is to be consistent: From consistent consequences a child learns what to expect from his environment.¹

McDonald believes that:

... parents are always amateurs. They expect to have to learn to drive a car, or to sew, for example, but they usually don't realize that they must also learn how to direct the growth and development of their children ... Learning that emotional and intellectual development, as well as physical development, follow certain patterns, will not only make child rearing a more pleasant experience but will help prevent the development of many psychological problems in both the child and the parents ... ²

Valett believes most parents are interested in helping their children learn how to solve problems.³ He further believes that:

... many parents can become effective teachers of special learning tasks if they receive the proper professional guidance as to what and how to teach. Many children with significant learning problems require additional help outside of the classroom. In most cases, concerned parents are in an excellent position to provide this help.⁴

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¹Ibid., p. 554.

²Eugene T. McDonald, Understanding Parent's Feelings (Chicago: The National Easter Seal Society for Crippled Children and Adults, no date given.)


⁴Ibid.
McDowell states that:

Our society trains people for every role except that of parenting. We do not assume that telephone repairmen, welders, doctors, or teachers will acquire the necessary skills to perform their jobs by incidental learning. Yet, we assume biological capacity as the primary prerequisite to parenthood. We have just begun to recognize that education for parents is a critical factor in the school success of many children. Raising children and caring for their needs are tremendous responsibilities. Attending to and resolving various conflicts and problems are standard procedures for all parents. These often lead to deep concern and at times, loss of sleep. If this is the situation facing parents of normal, healthy children, what then of the severity of problems confronting parents of handicapped children? We live in a society geared to the average—a society which recognizes differences but is organized to deal with similarities. . . .

Cedoline believes that working with their children is not a skill that comes naturally to most parents. He further reports that studies have revealed that two-thirds of the efforts of parents to help their children with school work are useless or worse. But he believes parents can learn the skill of teaching their children.

In the introduction to the Devereux Forum (Spring/Summer 1976) is contained another justification for parent training programs.

All parents have frustrations, problems, and needs. And at the same time, parents generally want to do a good job of parenting. Parents want their children to be happy, to be successful, to live useful lives. They are most concerned about unmet needs of their children. Given appropriate knowledge, skill, and

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support, most parents can make effective changes in their relationship with their children which will lead to increased competence and improved self-esteem. In a similar way, parents of learning disabled and emotionally disturbed children are frustrated, some are frightened, and most are eager to help their children grow into effective adults. In short, the parents of emotionally disturbed and/or learning disabled children have the same difficulties as parents of "normal" children but the difficulties are compounded by and contribute to the special problems of their children. Much of the frustration and fear of parents of learning disabled and emotionally disturbed children stems either from a lack of knowledge about what to do with and for their child or from inappropriate or over-intense emotional reactions to their child and/or his problems.

The underlying thrust of an effective parent program is to design the program in such a way as to aid the parents in resolving the conflicts and frustrations they experience . . . .

Models of Parent Training Programs

Lilly indicates that parent programs tend to follow one of three models--behavioral, psychological insight, or experiential.

Behavioral Model

In this model, parents are taught basic terminology, principles of reinforcement, observation, measurement, and consequence 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.

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Several parental delivery systems are available using the behavioral model. Living With Children: New Methods for Parents and Teachers utilizes the programmed instruction format in conjunction with professional assistance when needed.\(^1\) Managing Behavior: A Parent Involvement presents the behavior principles to parents through an audio-visual approach using a workshop format.\(^2\) Latham and Hofmeister in their program developed for parents of mentally retarded children also use the audio-visual approach and suggest that the program be monitored by someone outside the field of education.\(^3\) The Portage Project is a home-based approach to teaching parents who in turn teach their children.\(^4\)


Psychological Insight

The psychological insight model . . . 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.¹

Auerbach states that this 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.²

This approach has been popularized by Ginott in his book Between Parent and Child.³ One of the most popular parent training programs using this model is the Parent Effectiveness Training course which has been attended by thousands of parents.⁴ Another program which is intended for study groups is the Systematic Training for Effective Parenting Program.⁵

²Ibid., pp. 4-5.
The Experiential Model

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 or may target a developmental stage.1

There are several delivery systems for implementing the experiential models—workshops, books, training modules. Workshops can be conducted to teach parents how to tutor their children and how to record their progress. Benson and Ross describe how the workshop format was used to train parents to be teacher aides in the classroom.2 Rubin describes how evening workshops were used to help parents construct games which would be used at home to help remediate their children's deficits.3

McKinney developed training modules to teach parents how to teach their children reading and math skills at home.4

2Jo Benson and Linda Ross, "Teaching Parents to Teach Their Children," Teaching Exceptional Children (Fall 1972):30-35.  
The Natural Way to Reading contains a complete reading tutorial program which can be conducted without professional assistance.¹ Other books as Workjobs . . . For Parents, though not a total program contain many detailed learning tasks which the parents can use with their children at home.²

Summary

Authorities in the field of education believe that parental involvement in the educational process is vital for the child's success. Teaching their children is not a skill that comes naturally to many parents. Consequently, these parents need to be taught how to teach.

This chapter reviewed the observational and laboratory studies which report the influence of parental involvement on a child's academic success; reviewed the need for parent training programs to facilitate involvement; and described three models used to implement parent training programs.


CHAPTER III

REVIEW AND ANALYTICAL STUDY OF PARENT TEACHING PROGRAMS

The purpose of the present chapter is to describe the various parent training programs and to evaluate them in light of their potential to meet the needs of parents of learning disabled children in the primary grades. In the description of each program, the writer attempted to include as much of the following information as was available: (1) the purpose of the program; (2) the procedures utilized to accomplish the stated purpose; (3) the topics covered; (4) the materials used; (5) the approximate date of origin; (6) the position of the person conducting the program; and (7) any informal or formal evaluation which may be available.

The programs have been grouped according to the three models they tend to follow—behavioral, psychological insight and experiential.
Behavioral Model

Managing Behavior: A Parent Involvement Program

Managing Behavior: A Parent Involvement Program follows a workshop format and uses filmstrips and tapes to help present the behavior management techniques. The kit for this program consists of three filmstrips, three tapes, and a manual, and parent log book.

The workshop consists of three primary meetings and a minimum of one follow-up meeting. The meetings last about an hour and thirty minutes. They include an audio-visual presentation, completion of parent log activities, and discussion. The parent log is a workbook for the parent in which he has an opportunity to list behavioral objectives, to read a discussion of the concept, to fill in blanks as a self-check activity on material he has read, to work on a case study, to complete activities surrounding his/her project, and to complete an assignment. The log also contains a list of consequences and reinforcers and a list of books that might be helpful for parents. This program stresses parental involvement. To help parents receive optimal assistance in pinpointing target behaviors and in establishing procedures for data

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1Richard L. McDowell, Managing Behavior: A Parent Involvement Program (Torrance, Calif.: B. L. Winch & Associates, 1974).
collection a ratio of no less than one staff member to four sets of parents is recommended.

Evaluation

In this program, the parent must be an active participant. He/she must choose a behavior to be managed, select a method of recording this behavior, and use consequences in an effort to alter this behavior. The parent is able to self-check his progress. These are all very important techniques in working with learning disabled children.

Although this is programmed material, it would seem to be more personal and would definitely allow for more feedback than the programmed instruction contained in a book.

Living With Children: New Methods for Parents and Teachers

Living with Children: New Methods for Parents and Teachers is written in the form of programmed instruction. The main ideas have been broken down into small units. The reader is asked to actively respond to each unit by filling in the missing word. Suggested responses are found at the bottom of the page for immediate checking.

The authors have attempted "to develop a method of showing parents how to encourage desirable behavior in their children and gradually eliminate undesirable behavior."\(^1\)

This method is based on a social learning approach. In other words, it takes advantage of the fact that people learn most of their behavior patterns from other people.\(^2\)

**Evaluation**

It is suggested that parents who have problem children use this book in conjunction with professional guidance. This book can serve as a basis for observing children's behavior and discussing these behaviors with a professional.

**Target Behavior**\(^3\)

Target Behavior was originally developed by Kroth to assist in screening poorly adjusted children. It uses a Q-sort procedure.

The material consists of the following items:
1. Target Behavior Board (twenty-five squares divided

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\(^1\)Ibid., p. viii.

\(^2\)Ibid.

into nine columns); (2) a classroom set and a home set of twenty-five referent cards, listing twenty-five observable and measureable behaviors; (3) several blank cards; (4) manual; and (5) record sheet.

The administrator places the twenty-five referent squares around the board. The child first arranges them as he sees himself from "most like me" to "least like me." Secondly, he sorts the cards as he would like to be. "The assumption behind the process is that the children who are poorly adjusted will show a great deal of discrepancy between how they see themselves and how they would like to be."¹

Evaluation

This technique of Q-sorting could be a useful tool in working with parents in conferences or counseling sessions. It could help parents sort out their ideal child from their real child and thereby help determine the goals for their child. It could be a promoter of discussion between parent and teacher.

This cannot be considered a comprehensive program for parent counseling, but it could be considered as a single technique in a larger parent counseling program.

The Portage Project: A Model for Early Childhood Education

The Portage Project is a home teaching program which attempts to directly involve parents in the education of their children by teaching the parents what and how to teach, what to reinforce and how to observe and record behavior.

There are several advantages in teaching parents in their homes to be effective agents of behavioral change. First, learning is occurring in the parent and child's natural environment, therefore, the problem of transferring to the home what has been learned in the classroom or clinic does not occur. Second, there is direct and constant access to behavior as it occurs naturally. Third, the maintenance of desired behavior will likely be enhanced if the behaviors have been learned in the natural environment. Fourth, the training of parents, who already are natural reinforcing agents, will provide them with the skill necessary to deal with new behaviors when they occur.²

This program serviced preschool multihandicapped children (ages: birth to six) living in rural Wisconsin. All instruction took place in the child's home. A home teacher assessed each child, prescribed an individualized curriculum, and visited each parent and child to demonstrate the curricular procedures one day per week for one and one-half hours. During the week the parents taught the prescribed curriculum and recorded the child's resultant behavior on a daily basis.


The assessment instruments used included the Developmental Skill Age Inventory, experimental edition,¹ the Stanford-Binet Intelligence Scale L-M,² the Cattell Infant Scale,³ the Peabody Picture Vocabulary Test⁴ and the Slosson Intelligence Test for Children and Adults.⁵

To facilitate curriculum planning, an Early Childhood Curriculum Guide⁶ was devised. This guide provided a developmental sequential checklist of behaviors for children from birth to five years old in the cognitive, language self-help, motor, and socialization area and a set of curriculum cards to match the behaviors stated on the checklist. The curriculum cards used behavioral

¹G. Alpern and T. Boll, "Developmental Skill Age Inventory," unpublished manuscript, Indiana Medical Center, 1969.


³P. Cattell, Cattell Infant Scale (New York: The Psychological Corporation, 1940).


⁵R. Slosson, Slosson Intelligence Test for Children and Adults (New York: Slosson Educational Corporation, 1963).

objects to describe the skill and suggested material and curriculum ideas to teach each behavior.

The home teacher brought three or four prescriptions to the child's home each week. After taking post-baseline data on the previous week's activities, the home teacher either altered or introduced new activities. Baseline data was collected on each new prescription. Then the task was demonstrated by the home teacher and conversely, the teacher observed as the parent worked on the prescription with the child.

An activity chart for each prescription was given to the parent. This chart described the goal, how often to practice, what behavior to reinforce, and how to reinforce the behavior. The parent kept a record of the child's behavior each day on each prescription. This information provided the post-baseline data for the home teacher.

In addition to the parent's daily record of her child's performance on the prescription, and the teacher's weekly comparison of baseline and post-baseline data, a complete evaluation was undertaken twice a year using the IQ and developmental scales mentioned earlier.

A log was kept listing each behavior prescribed, data of initiation of curriculum, date of achievement, and developmental area of behavior. Peniston reported that
students involved in the Portage Home Visit Parent Involvement Program showed significant gains in IQ, adaptive behavior, language development, and personal-social skills, but that the program was not effective in enhancing mature coordination skills.¹

There is a growing concern for more parental involvement in education and in the provision of good educational services to handicapped children in rural areas. This model indicates that parents can effectively teach their children and that their children can, indeed, learn. All parents have the major responsibility for decision making, rearing, and teaching their children. Parents of handicapped children often have this responsibility for a much longer period of time and are in greater need of parenting skills and knowledge concerning methods of teaching and child development.

Educators have been guilty of relieving the parents of the responsibility of education. Yet, a child's poor classroom performance is often blamed on the "inadequate parent syndrome." Parents of handicapped children need guidance, but more importantly, they need the experience, satisfaction, and the pleasure of working with their children and seeing them succeed as a result of their own efforts. Most parents of handicapped children want to be able to be at least partially responsible for the progress of their child and do not want to be told that the teaching can only be done by somebody else. Home based programs involving individualized instruction through precision teaching is the catalyst which can provide this service to parents and their children.²


Evaluation

Though this model is intended for preschool handicapped children, it is feasible that it could be used with primary-aged learning disabled children. Prescriptions in process or product areas could be developed by the child's teacher and then taken to the home. However, the element of time may cause some difficulty. Several solutions may be workable.

1. If the visits must be scheduled after school, the length of time might be reduced to forty-five minutes or an hour.

2. Visits may have to be scheduled on a bi-weekly or tri-weekly basis rather than a weekly basis to allow the teacher to visit each home.

A Mediated Training Program for Parents of the Preschool Mentally Retarded

As an alternative to programs requiring the presence and leadership of professionally trained personnel, Hofmeister proposed the development of a multimedia training package by which parents could receive training under the direction of persons who were not professionally trained educators.

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In his study, Hofmeister used a training package which consisted of a four part slide-sound presentation and a workbook and other related materials\(^1\) which were used as directed by the taped instruction. This program was monitored by a public health nurse and it was administered over a two week period. Two presentations were given each week. The areas of instruction that were covered were behaviors, cues, reinforcement, and programming and record keeping. The instructional materials stressed general behavioral control and self-care skills.

Forty sets of parents with preschool-aged mentally retarded and multiply handicapped children, ages two years to six years, took part in this research project. The couples were randomly assigned to the control and experimental groups. Though twenty couples were randomly assigned to each group, ten of the couples in the experimental group were unable to complete the program.

The children in both groups were pre-tested once and post-tested three times over a two month period. The Student Progress Record\(^2\) was used as a measure of ability in

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\(^1\) G. Latham, Parent Training Program (Department of Special Education, Utah State University, 1971).

\(^2\) Student Progress Record (Salem: Community Mental Retardation Section, Mental Health Division, 1970).
the skill areas of self feeding, toileting, hand washing, toothbrushing, removing coat, putting on coat, putting on stockings, and putting on shoes.

The results of this study tend to support the proposition that parents of preschool mentally retarded and multiply handicapped children can, in the absence of professionally trained special educators, be taught via a mediated training program to effectively teach their children self-help skills.

**Evaluation**

To use this program intact to teach self-care skills to the primary-aged learning disabled child would probably not be appropriate, since these children have generally mastered many of these skills. However, this format could be modified to use behavior management techniques to teach academic, motor, visual, or auditory skills. It might be beneficial to have the guidance counselor monitor the first set of programs since he/she is generally quite familiar with behavior management techniques and often with the school curriculum. In succeeding programs, teams of parents who had completed the course could act as facilitators.

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Parent Effectiveness Training

Parent Effectiveness Training is a seminar or workshop type of course designed to facilitate a change in parents' philosophy about child-rearing. Parent Effectiveness Training also gives parents training in the specific human skills and methods for implementing this new philosophy.

It was designed by Gordon in the early 1960's.

This course consists of twenty-four hours of classroom instruction, including participation experiences of role-playing, buzz sessions, and general group discussion. Each participant is given the textbook Parent Effectiveness Training and a workbook which contains supplementary reading, self-instructional skill-practice materials, self-administering diagnostic inventories, and at-home activities in which the parent can apply the methods learned in class.

Parents are neither expected nor encouraged to talk about their own children or to expose themselves in any way, inasmuch as the focus is on skills, methods and procedures for improving the parent-child relationship and for resolving problems in that relationship.

4Ibid., p. 3.
Classes generally meet one night a week for eight consecutive weeks. Each session lasts approximately three hours. Class size is limited to thirty parents. Parents pay a fee.

Instructors are either parents who have taken the course and have completed a training program or professionals who have taken the course and have co-taught a class with an experienced instructor.

P.E.T. has been referred to as a "no lose" method by its creator Dr. Gordon. It has three major objectives: (1) to teach parents to do active listening in which they allow their children to express their real feeling without lecturing or judging their children; (2) to teach parents to send "I - messages" which means telling the child how his behavior makes the parent feel and then giving the child the option to change his behavior; and (3) to teach parents how to engage in mutual problem-solving when conflicts arise between parent and child.

Several interesting reactions to the effectiveness of P.E.T. were encountered:

Stapleton commented:

Parent Effectiveness Training can have its not-so-glorious after-effects. The most difficult results to deal with is when one parent takes the course, believes and practices its teachings, and the other parent doesn't. The nonparticipant feels left out, even threatened by the increased communication between other members of the family.

Aside from this, some men in particular feel threatened by a loss of absolute control over the family. It's not always easy to convert a benevolent despotism into a democracy. Not all of us are willing to trade in power for love and sharing.
Some women inevitably take the course thinking they have problems with their children only to discover the problem lies with themselves . . . or their marriage. Many discover they have slipped into a second level management role instead of the partnership they anticipated. Taking orders from their husbands and enforcing them on the children leaves them bitter, frustrated and guilt ridden.1

Kramer gave her views:

While some child psychiatrists and others who work with children, as well as many parents, may feel that Dr. Gordon goes too far in the direction of abdicating adult responsibility to take positions and set limits for children, especially in as permissive a culture as ours has become, it is not necessary to buy the whole package in order to recognize what's valuable in P.E.T. The message can be put quite simply: Encourage honest recognition of feelings, since only the child who is in touch with his real feelings can learn to cope with those feelings and to appreciate those of others. And draw children into the decision-making process, since only those decisions which they have participated in making will be accepted without hostility.

It may well be that the most valuable aspect of P.E.T. for parents is the group experience itself. It seems to be one answer to the loss of the extended family, of the sense of continuity in life, of a stable community in which everyone knew the right way to do everything, including how to bring up children, and transmitted that knowledge from generation to generation. In the P.E.T. group, parents find mutual support of the kind that families used to provide for their members. They even trade anecdotes, telling each other about their children's contretemps and achievements and their cute sayings, as they would great-uncles or grandmothers. The perspective, relief and reassurance they offer each other makes parenthood pleasanter—and thus—easier in a time when raising children too often seems to have become a confusing, lonely task.2


In evaluating this program, the writer concurs with McDowell's opinion:

... the strength of this program lies in its training parents to be active listeners, not just to hear, but to respond, with interest in an appropriate way. The major weakness of the strategy is the concept of the "no lose" interactions. When problem solving with a young child, the parent must constantly redefine his position and eventually the parent is put in a "lose" position. It has a tendency to create a "child-directed" home rather than a "parent-directed" home.¹

Systematic Training for Effective Parenting²

The Systematic Training for Effective Parenting (STEP) program which was developed in the mid-1970's uses the study group approach to help parents learn effective ways to relate to their children. It was intended to deal "with normal challenges of typical parents not with psychological problems of troubled children."³

The objectives of the program are:

1. To help parents understand a practical theory of human behavior and its implications for parent child relationships.

2. To help parents learn new procedures for establishing democratic relationships with their children.


³Ibid., p. 15.
To help parents improve communications between themselves and their children so all concerned feel they are being heard.

To help parents develop skills of listening, resolving conflicts, and exploring alternatives with their children.

To help parents learn how to use encouragement and logical consequences to modify their children's self-defeating motives and behavior.

To help parents learn how to conduct family meetings.

To help parents learn how to use encouragement and logical consequences to modify their children's self-defeating motives and behavior.

To help parents become aware of their own self-defeating patterns and faulty convictions which keep them from being effective parents who enjoy their children.¹

The **STEP** study group generally meets once a week for nine weeks. The size of the group is usually ten to twelve parents and all members are expected to participate fully in all activities in and outside of class.

Each meeting follows the same specific format:

1. A statement of objectives for the class.

2. Discussion of the previous week's activity assignment, having all parents describe their experiences.

3. Discussion of assigned reading in handbook.

4. Presentation of tapes and exercises which simulate parent-child instruction, allowing parent to practice **STEP** skills and discuss recordings.

5. Read a problem situation from the handbook and discuss how each would solve problem using **STEP** principles.

6. Summarize statement what parent is learning by each member.

7. Assignment of activity for coming week.

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¹Ibid., p. 14.
8. Writing of parents' plan for improving parent-child relationship.
9. Assignment of reading for coming week.

No research data were available.

Evaluation

This program would seem to be of value to parents of primary-aged learning disabled children because it is designed to improve communication skills within the family. It would also seem to have a personal value for each parent since he/she is asked to participate fully in all the discussions and activities. Parents can share their concerns and realize their problems are not unique. They can encourage one another.

Experiential Model

Sounder

Sounder is a comprehensive tutoring system in reading which provides individual instruction within the classroom. This program is designed to supplement a regular reading program and can be used by beginning and remedial readers, in preschool through high school, to learn to sound out phonetically regular words, to read sight words, to spell words, and to read for speed and comprehension.

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Tutors

...are trained in approximately six hours to pronounce the ninety-nine sound patterns, to interact with and motivate their students, to set up proficiency levels, to measure and record student progress, and to correctly teach the lessons... Tutors must pass eight tests before they are issued a "Diploma" and can begin tutoring.1

The student completes the following activities daily:

1. **Sight Word Program** (five minutes) Student reads and spells words.
2. **Warm-up Exercise** (five minutes) Student reads letters and writes letters of sounds dictated by tutor.
3. **Lessons** (twenty to thirty minutes) Student learns new sounds, blends sounds, reads words and spells words or he reads stories and answers comprehensive questions.

**Evaluation**

Though this program was not specifically set up for parents to teach their children, parents could make very effective tutors of their learning disabled children. However, the parent must be willing to devote one half hour daily to working with his child at school. This program is very complete so no additional time would be required for preparation of material.

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1Ibid., p. 52.
This program supplements many of the approaches used in the classroom. It has visual, auditory, memory, and comprehension components. Its constant repetition or overlearn technique would be beneficial to many children with learning problems.

Classroom Parent Volunteer Program

Parent volunteers can be trained to be teacher aides. Such a project took place in a primary classroom for thirteen trainable mentally retarded children at the West Suburban Special Education Center in Cicero, Illinois during 1970-71.

The goals of the parent volunteer program were:
(a) to provide the children with more individualized instruction;
(b) to promote parental interest and involvement in their children's educational growth and development so that they would be better able to work with their own children at home; and
(c) to encourage and develop community interest and support.

To train the parent volunteer, two three hour workshops were conducted in the afternoon. During the first workshop parents were familiarized with the primary purpose of the program to provide individualized instruction in self-

1Jo Benson and Linda Ross, "Teaching Parents to Teach Their Children," Teaching Exceptional Children (Fall 1972):30-35.

2Ibid., p. 30.
care skills, academic skills, and fine motor skills. They also developed a directory of volunteers to facilitate communication and transportation and they worked out a daily schedule.

At the second workshop each parent was assigned to one child, usually her own and was given a behavioral objectives sheet for that student. Materials and equipment which the volunteers might use in working with the student were demonstrated during this session. Each student has his/her own "tote tray" which contained the materials suitable for each skill on the student behavioral objectives sheet.

At this second workshop, parents were also taught how to work on a one-to-one basis, how to identify a single skill area and select appropriate material to develop or strengthen it, how to use reinforcement techniques to refine or accelerate desired skill behavior, and guideline on how to enter and leave the classroom. "By demonstrating her teaching techniques, the teacher had, in essence, shown parents how to be teachers, how to use the materials, and what materials and aids would be available."

The parent volunteer worked with the student for one hour morning sessions twice a week. While the parent using the material in the tote tray worked in a designated area of the classroom, the teacher was free to move throughout the class answering questions.

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1 Ibid., pp. 31-32.
In addition to the bi-weekly teaching sessions, parents and teacher met once a month to view films on child development, to discuss improvements in children, and to discuss upcoming projects and materials to be utilized.

This program was considered by parents and teachers to be a productive and enlightening experience. Parents had nearly a one hundred percent attendance record and provided substitutes when they were unable to attend. It was obvious that parents were working with their children at home, building the same behavioral skills they were developing at school. "All students progressed in language development and self-care skills and developed a better understanding of color and number concepts, making gains they could not have possibly made without the individual attention." ¹

Evaluation

This parent volunteer program would appear to be adaptable to a primary self-contained learning disabilities classroom. Only a few minor revisions would be suggested:

1. Parents and teacher cooperatively determine the behavioral objectives;

2. They cooperatively plan the activities and the materials to be used to accomplish their goals; and

3. Parents prepare some teaching materials at home.

¹Ibid., p. 32.
Two very strong points for this program are the record keeping procedures and the training sessions, both the preliminary and updating sessions.

**Tutorial Program for Parents to Improve the Reading and Mathematics Achievement of Their Children**

This program was submitted in June, 1975, by McKinney as partial fulfillment of the requirements for the degree of Doctor of Education, Nova University. The purpose of the program was "to teach parents tutoring skills so that they could raise their children's academic achievement in reading and mathematics." The practicum was conducted in Florida with parents in three inner-city schools. The parents and pupils represented a tri-ethnic population of blacks, whites, and Spanish surnamed.

In this practicum, a series of training modules was developed to teach parents to tutor their children. Each module consisted of the objective of the lesson, material needed, parent activities for the session and assignments to complete with the child at home. Fifty parents were trained via these modules to tutor their children in

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2. Ibid., p. i.
mathematics and reading. A handbook was also developed to help parents tutor their children.

The training sessions were conducted over an eighteen-week period, for two hours per week.

The first three weeks of the training program were devoted to helping parents to get a mental set about the process of tutoring; providing an opportunity for the parents to examine and utilize their natural abilities to teach and create materials; and establishing an atmosphere in which the parents could freely exchange thoughts about tutoring.¹

The second phase of the training program consisted of two parts: the first hour was devoted to the development of skills in reading and mathematics using the modules developed by McKinney; the second hour was reserved for the discussion of problems encountered while tutoring or constructing materials at home. The sessions included the following activities: workshops; role playing; presentation of materials development and planning and log keeping. The fifteen math and reading teaching modules are contained in McKinney's paper.

In addition to the training session, the home trainer made home visitations to observe the parents working with their children. Telephone conferences were used to determine parents' success and to resolve problems.

The relevant data gathered during the study tends to support the two major hypotheses that:

¹Ibid., p.3.
1) given the training program for parents, the students in the experimental group would show a significant increase in achievement over the students in the control group; and

2) given the training program for parents, the parents in the experimental group would evidence a more positive attitude toward the school.

Both hypotheses were accepted with significance at the .001 level.1

Evaluation

The format of this program would seem ideal for teaching parents to teach math and reading skills to their children. This writer feels, however, that several revisions would need to be made to make this program profitable for primary-aged learning disabled children.

First, the program progresses too rapidly. In fifteen weeks a child is expected to progress from math readiness skills to multiplication. In reading, generally only one week is allowed per skill. For instance, the c/v/c pattern with all short vowels is reviewed in one lesson. These time limits would not be realistic when working with primary-aged learning disabled children.

It would be suggested that each skill be broken down into much smaller, sequential steps and more time be allotted to the development of each skill. The modules might have to be extended for more than fifteen weeks to provide enough comprehensive instruction.

1Ibid., p. 18.
It would also be recommended that more home activities be provided for parents to try with their children. Generally only one broad idea is presented and left to parents to develop.

It appears that both the math and reading modules are used concurrently with the same parents. If this is in fact true, it would seem that this could be too overpowering for both parent and child. This writer would suggest participation in just one tutorial program at a time.

In summary, the format is good, but the materials must be broken down into smaller, sequential steps; the material must be more comprehensive; more home activities must be provided, and parents should participate in only one program at a time.

Evening Workshops

In the spring of 1974, the learning disabilities teachers of South Orangetown Central School District Number One, in Rockland County, New York, developed and conducted three evening workshops for parents and their children with special needs. The workshops were conducted to demonstrate to parents of children from kindergarten through grade six that they could reinforce academic skills through the use of games.

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The four major areas that were covered were visual perception, auditory perception, language development, and motor development. Each category was subdivided into three topics, providing twelve topics in all. Five games to be demonstrated and then constructed by the parents were planned for each of the twelve topics. Ten additional home activities for each topic were prepared.

Three two-hour evening workshops were held at three week intervals. At each workshop four stations were set up, one for each major category.

Each station was conducted by a learning disabilities teacher. Prior to the workshops, parents were advised which station could be most applicable to their child's needs.

At the beginning of each session an explanation was given of each area and how it affects the child's acquisition of academic skills. Then the five games planned for the particular topic were demonstrated and a packet of information was distributed.

For each of the five activities demonstrated, the following information was listed:

1) the materials needed;
2) the procedures for making and playing the games;
3) variations for adapting the games at different levels; and
4) criteria for evaluating each child's performance.\(^1\)

Parents were supplied with daily evaluation forms for recording the activities played and the results. These were

\(^1\)Ibid., p. 496.
to be returned at the following workshop. At the end of each workshop, an evaluation form was distributed to enlist an overall evaluation of the evening.

The workshops proved to be a constructive group experience for parents and teachers.

As a result of involvement in the project:

1) parents gained a better understanding of their child's difficulty;
2) parents raised questions and received immediate feedback;
3) parents were able to discuss their child's difficulties with others whose children had similar problems; and
4) both husbands and wives—and sometimes older siblings—worked together on activities, enabling them to gain a similar perspective of the child.\footnote{Ibid., p. 497.}

The only negative aspect of the program was the lack of sufficient differentiation between activities for primary and intermediate aged children.

Evaluation

The format of this program would need revision to be used with parents of primary-aged learning disability children. The major concern would be to have the games appropriate for the children's area and degree of deficit.
The concept of combining the process and product approach by providing an explanation of how a process area affects the product area seems very valuable. One might want to use some of McWhirter's material to demonstrate the various deficit areas.

Since it would be most effective to limit this program to parents of primary-aged children, it might be wise to make this an interschool program within the district. This would allow for more input among teachers and help parents meet other parents outside their neighborhood whose children are experiencing academic problems.

A Model for an Evening L.D. Clinic

This Evening Clinic was developed in the Logansport Community School Corporation, Logansport, Indiana, where there were insufficient staff members to service the overwhelming number of children identified as having school-related learning problems.

The Evening Clinic was an experiment in an alternative way of expanding services. Each clinic consisted of a series of five weekly training sessions to teach


methods by which parents may help their children with learning problems.

The parents and children who participated were those not directly served by school programs. The ages of the children varied from six to thirteen. However, most children were in the fifth through seventh grades. The professionals involved in the program included the teachers from the learning disability and emotionally disturbed self-contained classes, resource teachers in these areas, psychometrists; speech, hearing and language clinician; and an elementary teacher with a reading background.

The clinic was structured in five successive weekly sessions as follows:

**Session I:** The children were given brief diagnostic tests for two hours. Parents met separately to discuss the kind of tests that were being given for the first hour, during the second hour, parents were guided by the group leader in exploring alternatives in motivation and disciplining their children.

**Session II:** The staff met and jointly discussed test results. During the first clinic this was not done, and the results of the testing were reported directly to the parents without the benefit of discussing the results with the other staff members. The decision to add the night for staffing was unanimous.

**Session III:** The parents attended the third session without their children. The parents discussed the diagnostic test results with each clinician who had administered the test.

**Session IV:** Demonstrations were made in the area of developing gross-motor skills, and parents had the opportunity to practice with their own children with the individual help of a clinician. This was found to be a good time to invite other parents and children not

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1 Ibid., p. 211.
involved with other aspects of the diagnostics, but who were in need of help with their gross-motor development.

Session V: Parents and children practiced remediation techniques in academic areas with the aid of clinicians. Methods of motivation were integrated into the session so that the parents practiced both the techniques of improving skill, and the technique of successfully guiding the child into the activity so that both enjoyed themselves.¹

Sessions I, III, and V were structured by having five stations in which the child (Session I), parent (Session III), and parent and child (Session V) rotated. The stations set up for specific evaluation (Session I) on the first evening were gross-motor evaluation; psycholinguistic evaluation; reading evaluation; speech, hearing, and language assessment, and screening for special learning disabilities. Each child attended each station for twenty to twenty-five minutes with the exception of reading, where he had two visits.

The Evening Clinic was evaluated through a questionnaire sent to the parents at the conclusion of each clinic.

The parents reported that the children enjoyed the activities and the new opportunities to succeed at their own level. The relationships between parent and child were strengthened, especially in the area concerning the child's progress at school.² Parents also reported that they had gained additional competence and insights.

¹Ibid., pp. 212-213.
²Ibid., p. 217.
The team approach helped the professionals realize how they contributed to a total program for a child and it helped shorten communication time by eliminating reports between professionals.

Evaluation

This program was implemented prior to 1975 for parents not directly served by school programs. In using this program in Wisconsin at this time, Sessions I, II, and III would have to follow federal and state guidelines and they would probably be eliminated as part of the Evening Clinic. This would allow for more time to provide sessions of remediation and enrichment techniques, especially in the academic areas of reading, math, writing, language, science, and social studies.

It might be beneficial to set aside one clinic for each of the following areas: gross-motor; fine motor; auditory; visual; and language. It would be beneficial too to relate the process and product areas, as how improvement in visual skills can produce improvement in math, reading and writing. Seeing these relationships would probably prove fascinating to parents. The idea of having the teacher demonstrate a skill and the parent try it with his child could still be used. It might also be good to include more professionals other than the learning disabilities teachers. The physical education, art, music, math and reading teachers could be included. They could help provide more insight into the relationship of process and product.
Another alternative would be to have a five-week session in one area and invite mainly the parents whose children need this type of help. More activities could be suggested and more opportunity for parents to try activities and seek advice on problems would be provided by this approach. It would also seem that setting up stations would provide for many varied experiences and opportunities for individual help. A brief written summary of the evening activities ("the how and why of the activities") would help parents when they work with their children at home.

A Parent Education Group in Learning Disabilities

The parent education group which was established at the Devereux Day School in Scottsdale, Arizona, was intended to provide parents with a basic understanding of learning disabilities in the specific areas of laterality, directionality, visual perception difficulties, auditory perception and discrimination problems, and perceptual motor issues.

The underlying premise of the learning disabilities group was that increased factual knowledge tends to decrease anxiety and decreased anxiety permits parents to more effectively respond to their children, to the teacher, and to the child's educational experience.2


2Ibid., p. 17.
The parent group met for an hour and a half once a week for six weeks. They had the option to have additional meetings.

The format for each meeting consisted of at least one half hour for a concise mini-lecture on one of specific areas of learning disabilities and its relation to academic areas and a discussion period. Visual aids were utilized during the lectures to emphasize an idea being presented. Parents were given challenging tasks to illustrate a particular learning problem and to emphasize the frustration and emotional pressure L.D. children experience when trying to accomplish this task. One activity which showed that L.D. children can be successful was to provide three case studies for parents to read and then to rate each child as to how he would turn out. Though these three children appeared to be doomed for failure, on paper; in reality, they were quite successful. The case studies were of Eleanor Roosevelt, Winston Churchill, and Albert Einstein.

Another activity was intended to emphasize the frustration children with visual perceptual problems experience when attempting to read a page of print and then to answer questions about what they had read. The page of print simulated some of the visual perception problems which face L.D. children—words running together, dis-jointed words, and words running diagonally across the page.
Handouts of summarization and relevant information were also provided.

Feedback from parents indicated a very positive response to this program.

Evaluation

This program not only provides parents with factual information on specific disabilities and their influence on academic disabilities, it also provides some excellent first hand experiences which help parents to understand their child's problems and their concomitant frustrations. This program would appear to be quite amenable for use with parents of primary-aged learning disabled children. As a sequel to, or maybe in combination with this program, a demonstration of games and other learning activities which help remediate the problem area might be included. It would appear that this program and the Evening Workshop program, which emphasizes the use of games to remediate deficits, might provide a very complete program of information and concrete remedial techniques. The hand-out materials used in the program are available from the author.

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Helping Children Learn

Helping Children Learn is intended as a guide for tutors, parents and teachers in their efforts to help children who have learning problems. In it, the author describes how to enlist volunteers and how to prepare a lesson plan for the tutor.

The teaching method advocated is the Multi-Modality Approach. Lesson plans are presented for teaching the alphabet, and vocabulary and word recognition. These plans include a statement of the problem, materials needed, preparation of the materials, and a step-by-step presentation.

Also included are activities for improving reading skills, knowledge of word meaning, oral and silent reading comprehension, and listening comprehension.

Evaluation

This multi-modality teaching approach can be adapted to use with a visual or auditory learner. This would allow for flexibility in working with the learning disabled child.

The program is quite complete in the areas of teaching the alphabet and word recognition and vocabulary building. The parent or tutor is encouraged to experiment

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to discover which of the series of activities will best facilitate learning in the child.

Workjobs . . . For Parents

Workjobs . . . For Parents is a practical resource book containing learning tasks or "workjobs" which can be prepared and used by parents with their children, ages three to seven. Each workjob contains manipulative activities and is built around a single concept. These learning tasks were designed to help children develop language and number skills, hand-eye coordination, and skills in observing, seeing relationships, and making judgments.

Workjobs . . . For Parents is based on the philosophy that children learn most naturally and effectively by "exploring and discovering through play."  

Baratta-Lorton states:

Through observing children at every stage in the learning process, I have found that children learn best when they work with ideas concretely, by handling familiar objects through which they can discover concepts and ideas themselves. Too often children are asked to substitute someone else's experience for their own. The activities in this book are designed with this understanding of the importance of direct experience in mind. Through these activities you can help your child learn to think for himself, to trust his own judgments and thoughts,

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2Ibid., p. 12.
and to try things "his way" as an expression of his personal creativity and individuality.¹

This book contains forty-three workjobs. Each workjob includes: skills to be learned; a description of the activity; a suggestion on how to start the activity; ideas for follow-up activities which stresses language development; a picture to illustrate the activity; and a list of materials needed.

Evaluation

This book is not a complete parent training program in itself, but it can be used as a resource book to help parents provide learning experiences for their children at home. Once the parent is aware of his child's disability, he/she can choose an appropriate activity to help remediate it. The activities are designed so both parent and child will have fun. Materials for the activities can be found at home or can be inexpensively purchased.

Another excellent resource book is Helping Your LD Child at Home.² This book was written as a guide for parents of preschool children and parents of children with learning problems, especially in reading. The activities

¹Ibid.

²Julano Miller, Helping Your L.D. Child at Home (San Rafael, Calif.: Academic Therapy Publications, 1975.)
in this book are based on everyday activities in the home. Household tasks and activities are used to develop listening skills, visual perceptual skills, eye-motor control, visual and auditory memory, self-image, and vocabulary development.

In this book an attempt is made to show the correlation between process and product. This is all accomplished in laymen's terms and would probably be considered fascinating reading by parents.

Toy Library

Several years ago the staff at Far West Regional Laboratory for Educational Research and Development was searching for a way to prepare nonhandicapped preschoolers for school entrance. These preschoolers came from families that were too affluent for Headstart, but not affluent enough for a private nursery school. The solution was to establish a library where parents could borrow educational toys. A short training session was provided for the parents which taught them how to select an appropriate toy for their child, how to use the toy properly and what behaviors to expect of their children when using the toy.

The library was reported to be a great success. It helped preschoolers acquire needed skills for school entrance.

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it contributed to changes in parent-child relationships and in parents' attitudes toward education.

Parents began to see their children differently. Parents often reported that they were amazed to discover how much their children could learn. As parents change and raise their expectations for their child, the child usually alters the expectations he sets for himself. A positive self-concept is one key to later academic success.  

Evaluation

The concept of the toy library could be expanded for children with learning disabilities. In addition to educational toys, it could be stocked with more advanced educational games which could strengthen both process and product areas. It could also contain visual and auditory aids as tape recorders, filmstrip viewers, language masters, records for auditory or motor learning, cassette tapes containing auditory or motor activities or tapes providing material to reinforce math and reading concepts, filmstrips accompanied by tapes for gathering information in the science and social studies areas or for recreation, and books with accompanying records or tapes for recreational reading. Manipulative devices such as parquetry block and peg boards could be included also for aid in visual motor development. The possibilities of materials that could be loaned are numerous. The point that must be remembered is that each parent be aided in finding materials that meet his child's

Ibid., p.81.
needs and that the parent understand how to use the materials effectively. Consequently, a well-informed librarian is very important for a successful program.


Prescriptions for Teaching is a program presented in book form to guide parents in developing learning prescriptions for their children which they will carry out.

The main intent of Prescription for Learning is "... to provide a series of sequential programs that will help parents identify, understand, and do something about specific learning problems."  

It will be useful in parent education classes, study groups organized by concerned parent groups, and in adult education programs. It is most effective when used in conjunction with the appropriate professional persons, such as teachers and psychologists. This book is a sequel to, and should be used in conjunction with, Modifying Children's Behavior.  

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2 Ibid., p. iii.

In this book, Valett enumerates four basic steps for parents to follow in setting up a prescription and each step is accompanied by appropriate forms to guide parents.

First, parents are to understand what specific learning difficulties their child may have by examining the history of what he has learned in the past (developmental, health, educational and psychological) and what has been expected of him and by observing what he is actually doing at this time. This observation is conducted through "An Inventory of Basic Learning Skills"\(^1\) and a "Developmental Task Analysis."\(^2\)

After evaluating what basic educational skills the child has or has not acquired, the parent then selects several educational objectives to work toward achieving. Third, the parent chooses specific tasks that are consistent with the educational objectives and are appropriate for parents to teach at home. Fourth, in conjunction with the psychoeducational consultant the parent develops the prescription for learning. This prescription includes the target behavior, the specific learning objective, the actual learning task required, the material required, a rating scale of performance, and a reinforcement schedule.

\(^1\)Ibid., pp. 14-27.
\(^2\)Ibid., pp. 28-33.
In addition to the four step approach and its accompanying forms, a section for construction material and another for purchasing material to be used in programs is included.

Evaluation

This program of prescriptive teaching appears to be a highly complex and time-consuming project and most parents would definitely need professional guidance in implementing it. It seems, too, that the individual education plan which is required for each child in special education would probably include steps two, three and four. Step one, which is intended to determine the child's strengths and weakness, would be included in the observation, and in psychological, achievement, and diagnostic testing conducted by the multidisciplinary team before a child is placed in a special education class.

While this may have been a vital program when it was originated in 1969, it would seem to be a duplication of effort for a parent to go through the same procedures being carried out simultaneously at school. However, the opportunity for both parent and school to cooperate using the format of this program could prove highly beneficial in setting up an educational plan for the child.
Summary

This chapter contained a description of programs which have been used in parent training. The programs have been evaluated in light of their appropriateness in being used with parents of learning disabled children in the primary grades.
CHAPTER IV

SUMMARY AND CONCLUSIONS

Summary
Formerly, teachers were considered the primary educators of the child, but in recent years the role of parents as vital contributors to the child's academic success has been recognized.

The purpose of this study was two-fold:
1. To review research on the influence of parental involvement on his child's academic success; and
2. To analyze and evaluate existing parent training programs in light of their potential to meet the needs of the parents of learning disabled children in the primary grades.

Findings of the Study
The preponderance of observational and experimental research indicates that parental involvement has a positive effect on the child's academic success.

In evaluating existing parent training programs using the behavioral, experimental, and psychological insight models, the following was noted:
1. The majority of programs following the behavioral and psychological insight models tend to be developed for all parents, not just for parents with special children and a heterogeneous group would attend these programs.

2. Many programs using the behavioral and psychological insight models are commercially produced and marketed.

3. Many programs using the behavioral and psychological insight models tend to be self-contained and require no extra preparation of material. Although some experiential programs also are self-contained, some locally planned to meet a specific need.

4. The programs evaluated used a variety of delivery systems including programmed instruction, study groups, workshops or clinics, training modules, audiovisual demonstrations, and/or home training.

5. Few programs were able to provide experimental research data to record the degree of success the programs had. Many provided observational evaluations.

**Implications of the Study**

Implications which follow from this study are:

1. Parents are vital contributors to their children's academic success. However, many parents do not possess the skills to teach their children. Consequently,
professionals must provide programs to teach parents "what" and "how" to teach their children.

2. In setting up parent programs, special care must be taken to tailor the program to meet parents' needs. This will include the proper model, delivery system, and information. It would also seem mandatory that parents be provided with assistance even after a program ends.
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