Training Parents as Functional Professionals in a Community Setting

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A major factor contributing to the present plethora of parent effectiveness material involves the process of the parents effectively managing the emotional and social development of their children. Recently, data supporting the utility of Adlerian Mothers' Study Groups has been reported (Freeman, 1975; Berrett, 1975) and questionnaires returned by clients who have been counseled in Adlerian Family Education Centers indicate changes in parents' attitudes toward child rearing and changes in the children's behavior (personal communication from Manford Sonstegard). Rapp, Arnheim, and Lavine (1975) further demonstrated how a group leader can involve parents as an integral part of the counseling process without fostering feelings of inadequacy or dependency. Further, Taylor and Hoedt (1974) reported on the effectiveness of parent and teacher

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groups compared to eclectic group counseling with elementary school children in effecting changes in children's behavior. Additional writings (Guerney, 1969; Stabler, Gibson, & Cutting, 1973; Zimpfer, 1974; Bartels & Tyler, 1975) describe the use of paraprofessionals within the field of community mental health, and more specifically, the role of parents as counselors with children exhibiting personal, social, emotional, and/or intellectual concerns.

The purpose of this article is to describe a model for teaching the skills and competencies necessary for aiding interested volunteer helpers in contributing a useful service to the community. This paper is based on personal experience in training functional professionals at the Rudolf Dreikurs Center for the Education of Parents and Children in Charleston, West Virginia. The term "functional professional" is borrowed from current counseling literature. It replaces the term "paraprofessional," eliminating some of the negative meanings of the prefix "para." Functional professionals include community aides and community developers.

Philosophically, the training program is based upon the following set of propositions (Ansbacher & Ansbacher, 1956): (a) the socioteleo-analytic approach to understanding man's psychological development; (b) the importance and subsequent influence upon behavior of the family constellation; (c) the nurturing of one's social interest as a means of increasing responsibility, cooperation, and creativity within the family; and finally (d) an approach based upon social equality, a system in which all values become social values and other people are helped through an educative and preventative model.

While a variety of training procedures have been developed (Delworth, 1974; and Guerney, 1969) the goals of the program at the Charleston Family Education Center comprise a combination of didactic-experiential learning experiences. The goals in this functional professional program were the following: (a) to educate parents on basic principles related to child rearing and behavior; (b) to train parents in human relationships and basic counseling skills; (c) to provide the experience of applying these skills and techniques in a family counseling session; and (d) to utilize follow-up contacts for evaluating the effectiveness and appropriateness of the intervention.

The trainees are selected on the basis of qualities and characteristics frequently reported as desirable elements by other professional workers (Carkhuff & Truax, 1966; Bartels & Tyler, 1975). Emphasis is placed upon the trainees' warmth and sensitivity, ability to listen and communicate, maturity, responsibility, interest in community service, and knowledge of an ability to work with other parents and children.

However, it should be noted that being a parent is not a prerequisite for selection into the program.

The program is organized into four distinct operations: (a) participation in a parent study group based upon the teachings of Adler (1957) and Dreikurs and Soltz (1964); (b) observation and counseling skill development; (c) practical application of methods in role-play situation; and (d) demonstration with volunteer family. The trainees initially attend counseling sessions at the Center during which time they observe a trained counselor interviewing parents and children in the presence of other parents who also attend these sessions. The most significant aspect of this early observation enables the trainees to understand the general philosophy and theory behind a method of establishing desirable interpersonal relationships in the family (Reed. 1959). Sessions are usually held weekly and are two hours in duration. In conjunction with the counseling observation, the trainees also attend a weekly parent study group. These groups introduce the participants to the methods of child rearing advocated by Adlerians and a specific text is used as the basis for the discussion. The text usually adopted is Children. The Challenge by Dreikurs and Soltz (1964) although more recently The Practical Parent by Corsini and Painter (1975) has been used successfully. The groups are usually composed of 8-10 parents who agree to meet weekly (about 2 hours) for a period of ten weeks to discuss the material, comment on the readings based on their own experience, and engage a group leader to help clarify the views presented in the readings.

It is important to note that the purpose of the study group is not advising each parent regarding specific suggestions for correcting the child's behavior, but rather to assist adults in recognizing the principles which may be considered for the readjustment of these concerns (Reed, 1959). This phase of the training operates on the basic premise that it is necessary for involved adults to identify appropriate behavior in a child and utilize his awareness of it as a means of facilitating positive self-acceptance and growth in academic and social competence (Dinkmeyer & Dreikurs, 1963; Lecky, 1945; and Glasser, 1969). Taylor and Hoedt's (1974) findings also support the theoretical importance of significant others in influencing the behavior of young children by indirect intervention.

Counseling Skills

Training in the counseling process begins with participating in a human relationships skills workshop (20 hours) followed by instruction in the dynamics of the Adlerian counseling process. Skill development emphasizes the development of expertise in listening and communicating in order to make problem-solving easier for those seeking

assistance (Gazda, 1974). The model at this stage in the process attempts to develop most completely training exercises for listening and communicating (facilitative) dimensions. Emphasis is placed upon developing communication skills which enable the counselor to move successfully through the dimensions of exploring the parents' concerns, understanding the purposes of the child's misbehavior, and suggesting several appropriate interventions.

By applying video-tape feedback procedures and role-play situations, the trainee receives immediate feedback on personal style and appropriateness of responses. We utilize a modified form of Ivey's (1971) micro-counseling format to develop the basic counseling skills. Once the trainee demonstrates the ability to respond in a facilitative manner (3.0 level), we conduct a weekend workshop outlining the process of Adlerian Family Counseling. Briefly, the workshop consists of an introduction emphasizing the basic premises of Individual Psychology, how to diagnose a family problem, testing the validity of the diagnosis, and suggesting solutions to the parents' concerns. Throughout the counseling session, the goal is to establish cooperation between parents and children. This kind of cooperation requires respect for self and others, shared responsibility, and a commitment to the task at hand.

Workshop trainees make use of "A Guide for Adlerian Family Counseling Interviews," developed by Sonstegard and Bitter. (See following section.) During the diagnosis phase, the trainee begins to establish the family constellation by talking with the parents and also helps to focus upon a single concern that the parents may be having with just one child. It is important to establish the example at the most recent specific time and in the most recent specific place. The counselor inquires about the parent-child interactions in the midst of the problem, concentrating attention upon the verbal interaction. Finally, the counselor establishes what the reactions/feelings of the involved parent(s) were in the midst of the problem. To identify the goals of the child prior to suggesting corrective action, Sweeney (1975) recommends asking four questions: (a) what did the youngster do? (b) what did you do? (c) how did he respond to your action? (d) how did you feel? In order to look for other areas in daily living where the concern might manifest itself, the counselor will ask the parents to describe a typical day in their household. The counselor's main purpose is to check out daily interactions for discovering another area where the problem of concern is being manifest. At the conclusion of the parent interview, the counselor communicates to the parents a preliminary diagnosis and informs them that this finding will now be checked out by talking with the child(ren).

In testing the validity of the diagnosis, counselors are trained to observe the interaction among the children, noting who leads, who speaks first, whether one child attempts to answer for the others, etc. While the counselor approaches the children in an adult-like manner (not engaging in baby talk or talking down), it is also important to establish a friendly accepting atmosphere so they will feel comfortable discussing their roles in the family system.

Initially, trainees are taught to use a fairly structured approach to interviewing children. After an introduction and a brief explanation of purpose, the children are asked a set of four questions, leading to a recognition reflex. Using an adaptation of the confrontation techniques proposed by Dreikurs and Cassel (1972), the trainee asks: (a) "Do you do... (whatever the identified misbehavior is)? or "How often do you do . . . (whatever the identified misbehavior is)?" or "When was the last time you did ... (whatever the identified misbehavior is)?" (b) "Do you know why you do ... (whatever the identified misbehavior is)?" (c) If the child says, "I don't know," the trainee asks, "Would you like to know what I think? I have an idea." Or if the child gives a "reason" for the misbehavior, the trainee says, "I have a different idea. Would you like to know what I think?" (d) "Could it be that you want ... (suggesting the child's goal based upon the earlier diagnosis)?" Trainees are taught to recognize their own reaction to the children as a significant aspect in testing the validity of the diagnosis. In addition, all four goals are often suggested tentatively since the child may seek more than one goal at a time.

During the final stage of the counseling process, the trainee develops a repertoire of possible recommendations which will be suggested to the parents depending upon the uniqueness of the family system and the willingness of the parents to begin a training period with their own children.

Once the trainee has acquired a firm understanding of the principles involved in family education, the most crucial phase becomes working with a family in our center, an experience which other community volunteers have also encountered with some difficulty (Magoon, Galann, & Freeman, 1969). At this point the trainee works with a family under the supervision of a consultant, who functions in a supportive role. The consultant (a) aids in providing direction for the trainee, (b) elicits information which the trainee may neglect to secure for an adequate diagnosis and (c) helps the trainee to use the resources of the audience in understanding the family dynamics.

A Guide for Adlerian Family Counseling Interviews*

An Adlerian Family Counseling Interview is organized to provide both effective problem-solving/reeducation and general family education based upon the identified dynamics of the family. While a rather tight structure is provided for the counseling aspects of the interview, the trainee must provide educational principles whenever the opportunity arises. The interviewer should, therefore, make the various principles of Adlerian Psychology a part of his or her thinking and daily living.

Supervisors and trainees will avoid many training difficulties by reaching an agreement in advance about points of supervisor intervention. Personal experience indicates that useful check points occur after (a) the establishment of the family constellation, (b) the identification of the parents' concern (complete with interaction and parent reaction), (c) the description of the typical day, (d) the playroom report, if there is one (leading into the children's interview), and (e) just before recommendations are suggested for the family. These check points provide sufficient intervention for identifying and directing the developing hypothesis of the trainee.

An outline for the counseling process follows:

- I. Introduction
 - A. Give a brief statement about the purpose of the Family Education Center
 - B. Introduce the members of the family by name and the names of the counselors for the session
 - C. If the session is to be taped, explain that the tapes will be used by the staff for educational purposes and obtain the permission of the family
- II. Developing a Hypothesis about the Family's Concerns
 - A. Establish the family constellation through the parents
 - B. Limit the problem (while this is generally not part of the counseling interview, it is permissible and often advisable for the trainee)
 - 1. Find a single concern that the parents may be having with just one child; this part of the session should be limited as nearly as possible to one concern and one child

^{*}Presented by Sonstegard and Bitter in a program entitled, "Paraprofessional Training: How to Do It" at the Annual North American Society of Adlerian Psychology Convention, held in Vancouver, B.C., Canada in May 1976.

- 2. Ask for a specific example of the parent's concern
 - (a) Establish the most recent occurrence by asking: "when was the last time that this happened?"
 - (b) Establish the parent-child interaction by asking:
 - (1) What did the youngster do?
 - (2) What did you do (about it)?
 - (3) How did he respond to your action?
 - (c) Reminder: the two most important questions you can ask during this part of the session are:
 - (1) What do you mean by (a word, phrase, or statement the parents use?): make sure you understand what is meant
 - (2) What did you do about it? Make sure you get the full unit of interaction
 - (d) Establish the parent(s)' reaction/feeling when in the midst of the concern by asking: "how did you feel?" or "what was your reaction?"
- C. Establish a general and broader view
 - 1. Ask: "how does a typical day go in your home?"
 - (a) Look for other areas in daily living where the identified concern manifests itself
 - (b) Check other problem interactions, using the methods above
 - (c) Check the parent(s)' reaction to other problem interactions, using the methods above
 - 2. Start from a general question about the typical day (how does it go?) and move to specific questions after the parents start
 - (a) Use your knowledge of common family concerns to check specific parts of the typical day (how does eating go, any fighting, room cleaning and chores, going to bed, etc.)
 - (b) This is the best time to focus upon general family education
- D. Communicate to the parents a preliminary hypothesis/ diagnosis (about the purpose of the child's behavior) and tell them that the guess will be checked with the children's interview
- E. Get a report from the playroom if there is one: the report should be an objective account of the children's behavior and interaction
- III. Testing the Hypothesis/Diagnosis Through the Children's Interview
 - A. Briefly explain to the children that we are all here to learn about families and that we hope that they will help us

B. Ask:

- 1. "Do you do... (whatever the identified misbehavior is)?" or "How often do you do... (whatever the misbehavior is)?" or "When was the last time you did... (whatever the misbehavior is)?"
- 2. "Do you know why you do... (whatever the misbehavior is)?"
- 3. If the child says, "I don't know," the trainee asks, "would you like to know what I think? I have an idea," or if the child gives a "reason" for the misbehavior, the trainee says, "I have a different idea. Would you like to know what I think?"
- 4. "Could it be that you want... (suggesting the child's goal based upon the earlier diagnosis)?"
- C. Look for confirmation through a recognition reflex; it may be necessary to check all four goals of a child's misbehavior since a child can operate for more than one goal at a time
- D. Pay attention to your own reaction to the children as a means of confirming the desired goal; the children's actions and interactions with you will indicate their goals as well

IV. Suggesting Recommendations

- A. Report the findings from the children's interview to the parents: do *not* discuss what the children said or did—only the purposes of their behavior
- B. Suggest recommendations for redirecting the children's motivation and for reeducation
 - 1. Start with the main concern of the family
 - 2. Provide recommendations for other concerns that were established
 - 3. Check the recommendations to make sure they relate to the identified goals of the children
 - 4. Include recommendations that will provide encouragement for both the parents and children
- C. Ask the parents if they will use the recommendations for two weeks; get a commitment since "trying" indicates that they will probably not follow through

V. Conclusion

- A. Thank the family for their participation
- B. Ask if anything is unclear or needs further explanation
- C. Establish a specific time and place for a follow up interview

Summary

Adlerians have long recognized the need to train community leaders in the processes of family education and family counseling.

Functional professionals fulfill this need, providing a community service through the application of competent skills. They differ from professionals generally in years and variety of experience. They are trained in the application of one theoretical approach, often lacking the knowledge and practice of many different counseling approaches. The emphasis of their training is on the functional activities for service; research, testing and measurement, and applications of skills outside the community setting are not taught—nor generally learned. Most importantly, functional professionals tend to be established in the communities they serve; they do not relocate as often as academics or therapeutic professionals, insuring the continuation of service after financial support and professional consultation has terminated.

The present training program requires about 60-80 hours of intensive experience in developing a theoretical base for understanding family goals and interreactions, human relations, counseling skills, and meeting community needs. It is one of many which exist with similar purpose but slightly differing approaches—and which needs to be shared with other Adlerians and counselors in general. Eight functional professionals have been trained throughout the past year. A research project is planned to test the effectiveness of functional professionals in comparison with academically trained (MA, PhD) professionals.

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