

## Involving Parents in Counseling

(<http://smhp.psych.ucla.edu/pdfdocs/practicenotes/involvingparents.pdf>)

Those who work regularly with youngsters know the impact of a lack of parental commitment. For instance, when youngsters are referred for counseling, parent follow-through is estimated at less than 50%, and premature termination occurs in 40-60% of child cases (Kazdin, 1997). Clearly, not all parents feel that such counseling is worth pursuing. Even if they do enroll their child, dropping out in short order is likely if the family experiences the process as burdensome, unpleasant, or of little value. Conversely, children seem to do better when parents perceive few negatives related to the intervention and its potential outcomes (Kazdin & Wassell, 1999).

In addition to reducing dropouts, there are many reasons to involve parents. For example, it seems essential to do so when they are the cause of or an ongoing contributor to a youngster's problems. Moreover, in more cases than not, we want the family's cooperation in facilitating, nurturing, and supporting desired changes in the youngster. Equally important, what parents learn in the process may generalize to other venues, such as home involvement in school and parent advocacy.

All this underscores the importance of attending to motivation for involvement. A variety of psychological, socioeconomic, language, racial, and ethnic factors affect a parent's motivation to enroll and maintain a youngster and be active participants themselves. Based on theories of intrinsic motivation (e.g., see Ryan & Deci, 2000), we suggest ideas for: (1) using initial contacts to assess and address parent motivation for involvement and (2) maintaining their motivated involvement over time.

### Accounting for and Enhancing Motivational Readiness

Think in terms of a range of motivational differences. With respect to their youngster's participation and their own role in the intervention process, parents range from those who are:

- C highly involved (e.g., motivated and active participants who advocate for their children and seek out resources)
- C marginally involved (e.g., minimally motivated and cooperative)
- C reluctant to highly resistant (e.g., not at all motivated, uncooperative, avoidant, reactive).

Those in the last group often have been pushed to pursue assistance by the school or the justice system. Working to establish appropriate family cooperation and involvement often is a critical process objective at all points along the continuum. An intervener must, from first contact, assess parents' motivation for enrolling their youngster and for their own possible involvement. And, assessment processes must be designed to enhance the motivation of family members, or at least to minimize conditions that can reduce their motivation. As Ed Deci and his colleagues well articulate, this means using practices that can enhance (or at least reduce threats) to:

- C feelings of competence
- C feelings of self-determination
- C feelings of relatedness to others.

As an intervener first encounters the family, multiple opportunities arise to assess their motivation and engender parent involvement. In doing so, it also is important to minimize perceptions of coercion and enhance feelings of control and competence by involving parents in decisions.

Following are four aspects of initial contact that require practices that account for motivational concerns:

1) *Using the consent process to assess and enhance motivation.* Informed consent presumes that participation is voluntary and that clients can terminate with no penalty or prejudice. By approaching consent as an intervention step, an intervener provides a natural opportunity for parents to express their questions, concerns, doubts, and fears. If they agree to proceed, the family has made an essential, formal commitment. That is, properly implemented, the process not only protects client rights, it can help reduce feelings of coercion and promote feelings of self-determination, enhance feelings of competence, and foster feelings of positive relatedness between the family and intervener.

At this stage, it is especially important to counter feelings of coercion and intimidation among mandated referrals. This requires reframing the referral as an opportunity for a family to explore all *their* options for improving the situation. A useful place to begin is by sharing available assessment information as a basis for discussing the problem and what to do and ways to work together. Suggesting a short time frame (e.g., 3 sessions) can help reduce the feeling of coercion, and so can choices about who the intervener will be (e.g., with respect to age, sex, ethnicity, language). Families not ready or willing to engage may need the option of a

“cooling-off” period (e.g., so they can view the need in a less reactive manner).

In many settings, a youngster’s consent also must be elicited. Modeling for parents how to explain the nature of the intervention and elicit consent not only can help enhance the youngster’s participation, it helps parents further understand the importance of their involvement.

The above practices can help establish a perspective from which parents see the need for intervention and for their involvement. The ensuing decision to consent can enhance their feelings of self-determination, competence, and relatedness to the intervener.

2) *Contracting for involvement.* Negotiating a “contract” should include mutual expectations about involvement. At the outset, the focus with parents who are not highly motivated may just be on scheduling (e.g., regular appointments, arriving on time) and sharing relevant information. Over time, such initial agreements may be renegotiated to encompass greater degrees of family involvement.

To elicit appropriate involvement, an intervener must demonstrate respect for parent roles and efforts related to the youngster’s day to day experiences. This involves validating those aspects of what they are doing right. Then, discussion of what they might want to change can be initiated as one basis for clarifying why their inclusion in the process is necessary.

A special problem arises with youngsters whose parents are divorced and/or remarried. The dynamics of such families require clarifying the respective roles and involvements of each member, with particular reference to family communication and problem-solving abilities to serve intervention’s aims (Lew & Bettner, 1999).

3) *Handling privacy and confidentiality.* Concerns about privacy and confidentiality influence the nature and scope of involvement. Families vary in how much info they want interveners to share with others. One parent may want discussions kept confidential from the youngster, the other parent, and other staff at a school. Some parents are uncomfortable with the intervener holding conversations which are not shared with them.

For many, assurances of privacy and confidentiality are sufficient to enlist cooperation and participation. For others, discussion of these matters must go further (e.g., pronouncements of reporting requirements are unlikely to enhance the involvement of abusive parents). There is no easy solution to the confidentiality dilemma. One strategy that can pay dividends is to reframe the topic in ways that clarify that the intent isn't to play a game of "keeping secrets" or to elicit info to report to authorities. To the contrary, what must be conveyed is: (a) the intent is to encourage a flow of info that is essential to solving problems and (b) when mutual sharing is necessary, the intent is to find ways to facilitate such sharing (Taylor & Adelman, 1998).

4) *Handling parent reactions to initial contacts and assessment.* Enrollment procedures may require families to complete extensive paperwork, including lengthy questionnaires asking about psychological problems. Completing such forms requires literacy and candor that may exceed a family’s skills and/or motivational readiness and may reinforce negative feelings about participation. If this appears likely, an intervener must make these processes more consumer friendly by ensuring the level of discourse is a good match for the family's level of skills and motivation.

Initial assessments are a major opportunity to demonstrate and validate the importance of parent involvement. Because causal attributions for problems often play a major role in shaping behavior, data about such attributions require special attention. If parents blame themselves or each other for the child’s problems, an intervener must be ready to explore these perceptions quickly and nonjudgmentally. Extra efforts may be required to convince parents that such feelings are natural and that the intervener is not assigning blame and is only seeking to correct problems.

Toward the other end of the continuum, some families are overly or inappropriately involved. This may not be evident at first. Such parents may be reluctant to allow the youngster to meet alone with the intervener; they may want more frequent appointments than is common practice or may call frequently between appointments; they may self-generate lists or logs of problem behaviors. Such behavior often calls for separate sessions with the parents to clarify their underlying motivation and elicit changes that will facilitate rather than hinder the youngster’s progress.

In sum, concern about parent involvement begins at first contact. Strategies to address this concern can help move parents to perceive an intervener as a potential ally rather than an enforcer or an agent of social control.

### **Maintaining Motivation and Involvement During the Process**

Good practice calls for processes that both assess and enhance motivation not only initially, but throughout the period of intervention. Extrapolating from the literature on intrinsic motivation (e.g., Ryan & Deci, 2000), three considerations seem basic for maintaining involvement:

- ensuring parents feel a growing sense of relatedness to the intervener
- enhancing valuing by providing many desirable ways for parents to participate and, then, facilitating their decision making (including their ongoing decisions to change how they are involved)
- providing continuing support for learning, growth, and success (including feedback about the benefits of their involvement).

Such considerations play out especially in relation to intervention alliances and assignments. For example, use of “homework” provides opportunities to involve parents and develop alliances. Other occasions arise around the family’s role in facilitating, supporting, and nurturing the youngster’s progress.

In forming alliances with youngsters, special concerns arise. For instance, many teens are trying to develop separate identities from their families and don’t want counselors having any contact with a parent. Parents, however, are likely to feel excluded and alienated from the process if the counselor avoids them. They also may feel threatened by the growing bond between their child and the intervener. Conversely, if a bond is established with one of the parents, the youngster and/or the other parent may feel threatened or jealous. Any of this may lead to abrupt and premature withdrawal of a youngster from counseling.

Counselors must (a) help all concerned parties appreciate the appropriateness and value of various alliances and (b) listen to and validate the feelings

that accompany each’s perceptions. The danger in not doing so is to be seen by one or more of the parties as a biased and untrustworthy person. In general, when parents understand the process and feel heard and validated, an intervener is more likely to be perceived as an ally. Such an alliance can prevent premature termination and enhance parent involvement.

There are, of course, parents who want the intervener to take over and are satisfied not to form a close alliance. The need here is to move them to middle ground as soon as feasible. This requires frequently clarifying and demonstrating that specific forms of contact are beneficial (e.g., in terms of progress and for anticipating and preventing problems).

### **Concluding Comments**

Interveners who want to enlist parent involvement must be clear about the value and forms of and barriers to such involvement. From initial contact, they must include a focus on the family’s motivation and incorporate processes that avoid lowering motivational readiness and, when necessary, enhance such motivation. Clearly, this is an area where the full implications for research, theory, practice, and professional training are just beginning to be appreciated.

### **References**

- Adelman, H.S., & Taylor, L. (1994). *On understanding intervention in psychology and education*. Westport, CT: Praeger.
- Kazdin, A. E. (1997). A model for developing effective treatments: Progression and interplay of theory, research, and practice. *Journal of Clinical Child Psychology, 26*, 114-129.
- Kazdin, A. E. & Wassell, G. (1999). Barriers to treatment participation and therapeutic change among children referred for conduct disorder. *Journal of Clinical Child Psychology, 28*, 160-172.
- Lew, A. & Bettner, B. L. (1999). Establishing a family goal. *Journal of Individual Psychology, 55*, 105-108.
- Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*, 68-78.
- Taylor, L. & Adelman, H. S. (1998). Confidentiality: competing principles, inevitable dilemmas. *Journal of Educational and Psychological Consultation, 9* 267-275.