To the Graduate Council:

I am submitting herewith a thesis written by Janice H. Barton entitled "Parental Preferences for Viewing a Video-Formatted Parent Education Program." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Special Education.

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PARENTAL PREFERENCES FOR VIEWING A VIDEO-FORMATTED PARENT EDUCATION PROGRAM

A Thesis

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Degree

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ABSTRACT

Parents of handicapped children have needs that are similar to but more extensive than the needs of other parents. These needs can be met by a variety of programs. One type of program for parents presents information on child development, as it applies to young handicapped children, on video tapes. To ensure that the maximum use is made of these tapes, they should be presented in a way that is preferable to parents. What these preference might be was investigated in a study involving fourteen families who have children attending two centers for young developmentally delayed or at risk children in a rural area of East Tennessee. The parents were asked to indicate a preference for viewing the tapes in their own homes, at the center during the time when their children were being seen, or at evening meetings with other parents. Data was collected concerning parent's stated preferences, their actual viewing behavior and ten familial demographic variables.

The results indicate a clear preference for home viewing of the tapes. There were no differences in the demographic variables between parents who preferred viewing the tapes at home, at the center or in the evening. There were differences found in the demographic parameters of those parents who viewed a few tapes and those parents who

viewed many tapes. It was concluded that although information on parental preferences may be helpful in designing a successful parent program, there is a need for flexibility in that programming to accommodate not only individual needs but changing needs of parents.

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CHAPTER I

INTRODUCTION

Background

The passage of PL 99-457 is both a result of policy changes concerning appropriate intervention for young special-needs children and a mandate to implement those policy changes (Public Law 99-457, 1986). Many of these children who would have been cared for in institutions or who would have had to reach age four to be eligible for public education will now be cared for at home and receive a free appropriate public education from birth. Parents of young special-needs children will be filling new roles as partners with the developmental interventionists who work with their children, and as child advocates in interactions between children, parents and schools (Cunningham, 1985). These new roles will require that parents have some knowledge of child development sequences, skills in applying this knowledge, and the vocabulary with which to communicate to professionals in the field.

A few parents may have had training in early childhood special education, but the vast majority will not have had such training. Therefore, there is a need to upgrade their

existing parenting skills, and their knowledge of normal and abnormal child development. This upgrading of skills and knowledge should raise their level of competence in parenting, enabling them to provide an atmosphere conducive to the achievement of the highest levels of development for their children. For example, parents should have knowledge of the concept of object permanence and how it relates to other aspects of cognitive and social development, and should play with the child in a manner directed toward developing object permanence. Parents can influence the development of their child's language by understanding the importance of contingent responses. In practice, the parent who is using contingent responses will base his response to the child on the communication attempts the child is making. If the infant cries the parent will make an attempt to comfort the child. If the child asks for water even though the parent is certain that milk is what is wanted, the child would be given water. Parents should know how to correctly position the child in order to maximize the child's ability to function independently. Many special children have problems associated with feeding. Parent's skills in positioning the child and presenting the food can effect the oral-motor and social development of the child as well as contribute to adequate nutrition.

Parents of young handicapped children have needs that are separate from the need to help their children's

development. The parents of special-needs children can be thought of as special-needs parents. These special needs are in the areas of information, emotional support, community services, financial help and family functioning. (Bailey, Simeonsson, Winton, Huntington, Comfort, Isbell, O'Donnell & Helm, 1986). These parents have stresses associated with parenting their handicapped children. The care-giving responsibilities are more time consuming and more stressful than for other parents (Lucca & Settles, 1981). Emotional needs, resulting from anxiety over high medical bills or depression over the loss of the normal child who was anticipated may also be present (Moses, 1985). The extent to which these and other personal needs of the parents are met can directly influence the quality of caregiving a child receives. Having a special child does not exempt parents from the stresses that other parents experience. They have financial obligations, needs for close, loving relationships and sinks that back up just like all parents.

Programming for parents has taken several different forms, including parent education group meetings and parent support group meetings (DeBerry, Ristau, & Galland, 1984). Typically, each of these types of meetings focuses on only one type of parental need. Effective parental programs will consider both personal emotional needs of parents and the need for skills and knowledge.

It must be recognized that to be effective in meeting the needs of parents, any program must first be attended. There is evidence that special-needs parents do not attend parent meetings as frequently as the planners of the meetings feel they need to (DeBerry, Ristau, & Galland, 1984). In the past, the failure of families to participate in family programs has been seen as evidence that the family is somehow dysfunctional or has an even greater need for the service than was anticipated (Rosenberg, Reppucci, & Linney, 1983). Perhaps a more realistic viewpoint is that some characteristics of the planned program did not meet the needs of the parents.

Parents can have perceived needs that are not the same as their actual needs. For example, the parent who wants to toilet train his child might perceive that he lacks knowledge concerning toilet training techniques when, in fact, he has the requisite skills and knowledge for toilet training but lacks information on proper positioning for effective toilet training. This parent probably would not participate in a program designed to teach proper positioning, since the course would not meet the perceived need of the parent. Program planners may also have a perceived idea of parental need that does not coincide with the real needs. An example would be the planners' perception that a parent needs information on behavior management based on the observation of the parent with the

child, when the actual need might be for psychological therapy for the parent that would enable the parent to effectively use existing behavior management skills.

Three types of needs have been discussed, including the actual needs of the parents, the parents' perception of their own needs and the professionals' perception of the parent's needs. These three types of needs may or may not overlap, resulting in a mismatch between the parent's expectations and the actual program that is presented. This mismatch between the program planner's assumption of needs and actual parental needs could be solved by achieving a better understanding of the actual and perceived needs of the parents and/or changing the characteristics of the program (Turnbull, 1983).

Three variable program characteristics which can be adjusted are content, availability and method of presentation (Kotler & Fox, 1985). If the parents perceive that there is a good match between the program content and their needs, then the mode of delivery, including availability and method of presentation, may be responsible for low attendance.

Delivery mode is one aspect of programming for parents that has received little attention from researchers. If the delivery mode can influence parent participation by making the program more accessible or attractive, then program planners should be using the most favorable mode of

delivery. Finding the most effective technique of delivery to foster parent participation and attendance is the focus of this research.

Statement of the Problem

The purpose of the study is to determine if one mode of delivery of a program designed to meet a need of families of handicapped children is preferable to another as evidenced by the parents choosing this method more frequently than another.

Definition of Terms

For the purpose of this study it is necessary to have specific definitions for several terms. These are presented below.

Demographic data:

Data retrieved from case history reports concerning families of the children in the studies included in files located in the centers attended by the children.

Marital status of the parents:

The marital status of the parents at the time of the study.

Married:

Parents married to each other.

Single:

Parents never married, child resides with mother.

Divorced:

Parents divorced, not re-married, child resides with mother.

Age of parents:

Expressed in years at the time of the study.

Ages of siblings:

Expressed in years for each sibling at the time of the study.

Highest level of education of the parents:

Expressed in grade completed and including any courses currently being studied. A 12 indicates high school graduation, 13 indicates one year of school beyond high school, and 18 indicates master's degree level of education.

Number of months in an intervention program:

Includes only educational model programs, not medical model programs or therapy sessions that are not an integral part of an educational program.

Distance to center:

The distance from home to center in miles.

ETIPS Tapes:

"Stepping Stones: Pathways to Early Development" developed as part of Educational Television Intervention Programs at Tennessee Technological University.

The center:

The center-based intervention program that is part of Little Tennessee Valley Educational Cooperative's Birth through Three Program.

Participation:

An agreement to take part in a program or study.

Attendance:

Being present at sessions of a program or study.

Assumptions

The assumption is made that the content of the ETIPS tapes is valid and sound, and that viewing the tapes will help parents. It is also assumed that if parents choose to view the tapes one way over another it is for the reasons given.

Null Hypotheses

The three null hypotheses to be addressed in this study are presented below.

Hypothesis #1:

Parents of handicapped children do not show a preference for viewing ETIPS tapes at home, at the center or at evening meetings.

Based on the available literature, the researcher anticipates that, in fact parents will choose to view the tapes at the center more often than at home and at home more often than at a group meeting. DeBerry, Ristau and Galland (1984) report less than 50% participation in parent support group meetings. There is some evidence that parents express an interest in parent support group meetings more than in home based programs (Joyce, 1987), but there is also evidence that expressing an interest in attending a group meeting does not always lead to actual attendance (Goetaski, 1983; Rodriguez, 1985). Since personal contact with teachers is frequently cited by parents as the preferred method of receiving information (Joyce, 1987), it is anticipated that viewing the tapes at the center will be preferred since that method would result in more personal contact with teachers.

Hypothesis #2:

There are no differences between the preferred methods of viewing the ETIPS tapes in terms of the ten parameters of demographic data.

There is evidence that the greatest single predictor of attendance at parent group meetings is the marital state of the parents (Baker, 1986). Single parents and parents of one or more than two children do not participate in group meetings as often as married parents and the parents of two children (Eisenstadt & Powell, 1984). It is expected that there will be a correlation between certain of the parameters of demographic data and the choices that parents make in viewing the tapes. A more complete discussion of the ten demographic variables can be found in the review of the literature.

Hypothesis #3:

There is no difference in the total number of persons watching the films for each child when the viewing site is the home, the center or a group meeting.

It is expected by the researcher that more persons will view the tapes when the parent chooses to take the tapes home than when the parent chooses to view the tapes either at the center or at a group meeting. It is expected that the tapes will be shared with other family members and

friends at home but that few other family members or friends would come to the center or to an evening meeting.

Limitations

The study is limited by the small number of subjects. Although all parents at the two centers agreed to participate, only fourteen children are currently enrolled at the centers and the study is limited to the parents of those children. Because of the sample size, the study is limited to describing what actually was found and inferential statistical methods would be inappropriate.

Summary

There is generally a consensus among professionals that early intervention is beneficial for handicapped children and that it is important for parents to be considered in that intervention. Programs are planned for the parents but attendance is low. There is little research available on the best method for providing these programs for parents. If there is a method that is preferred by one group of parents as defined by a set of demographic variables then knowledge of that method would benefit planners of parent

programs. The program used in this study is a series of parent education tapes developed by the Educational Television Intervention Programs at Tennessee Technological University. Parents are given a choice of methods or sites for viewing the tapes and data are collected on that viewing and demographic variables specific to each family.

CHAPTER II

RELATED LITERATURE

A review of literature covering the topic under study was done through a data based search and through a manual search of the journals and texts in the field. While no studies were found which covered the preferred method of distribution of video material as a parent training program, many studies were found which covered such topics as parent attendance at parent training programs and parent variables that predict success at training programs.

Participation

The issue of parent involvement in parent training programs can be separated into two areas of concern: participation and attendance. Participation has been used in this study to mean the agreement to take part in a study or activity. Attendance has been used to indicate the actual involvement in the stated activity. Rosenberg, Reppucci and Linney (1983) address the issue of participation and how program implementation effects participation. A parent training project was studied because the number of clients who participated was smaller than anticipated by the program planners. A pattern was

found where the professional staff of both the planning agency and the referring agencies had a high expectation of client need for the program, but when contacted a limited number of these clients actually desired the service and promised to participate. There was also a low attendance rate among those who did agree to participate. Rodriguez (1985) reports that in a program designed for the parents of children in special education only 10 of 50 parents contacted participated. The Rodriguez study with low income families in New Mexico reflects the finding of other research that parent participation is generally low (DeBerry, Ristau & Galland, 1984).

In programs that include parent education and parent support group meetings as components of the total program, 50% of the programs report that fewer than 20% of the expected number of parents participate and the remaining 50% report less than 50% participation (DeBerry, Ristau & Galland, 1984). Three problem areas were found that were thought to effect participation: 1) a discrepancy between professional and client perception of client needs; 2) the tendency of professionals to plan group rather than individual programs; and 3) the lack of good communication between agencies (Rosenberg, Repucci & Linney, 1983).

Professionals may focus on parent needs that directly effect the development of the child, while parents may have more basic needs that take precedence. The parent's need to

deal with matters such as food and shelter may have been more urgent than long term needs that would have been addressed by the program. Rundall and Smith (1985) list several factors such as unemployment, poverty and living in a bad area of town that indicate parents may need help in being involved with the programming efforts for their handicapped children. This would seem to support Rosenberg, Reppucci and Linney's (1983) findings that parents who are involved with day to day survival may have little time for or interest in the solutions to less acute problems.

The preponderance of group treatment and educational programs has been identified as a major problem area (Rosenberg, Repucci & Linney, 1983). As with the issue of the perception of client needs, this problem may reflect a tendency to serve professional rather than client needs. Groups are in vogue because they are more economical in both time and money. Many clients can be served at one time and a licensed professional is not necessarily needed. Brightman, Baker, Clark and Ambrose (1982) compared group and individual training for families of retarded children. They reported that 87% completed the training in both group and individual format sessions and that the group training was more cost effective because half the staff time was needed. Clark and Baker (1983) found that some families could benefit from a lower cost group program, but that single parents were better served by a more individualized

program. Hyman and Wright (1971) found that individuals in lower socio-economic status (SES) groups were less likely to join community organizations than were individuals in higher SES groups. This tendency not to join may be a factor in the non-participation of some parents in parent training groups. Eisenstadt and Powell (1984) found that high life stress levels were associated with decreased participation at group meetings and increased use of individualized staff services. The results from this study of 42 low income mothers seems to indicate that for some families some of the time, group meetings are not the preferred format for receiving information.

Another factor that has been considered in the discussion of participation in group training is the degree of development of social networks. Social support/networks are important to parents of handicapped children and affect their willingness or ability to attend and participate in organized parent support or information groups. "A service will be most utilized when its organization is complimentary to the established help-seeking and information seeking patterns of a target group" (Birkell & Reppucci, 1983, p. 202). Five aspects of social networks for families have been described by Powell (1984). These include: 1) the amount of help with the baby, 2) the number of local friends and relatives, 3) the number of relationships that involve receiving and giving help, 4) the amount of

participation in community events and organizations, and 5) the percentage of help such as child care and money that comes from parents. Social networks provide three types of aid: instrumental support such as food or money, emotional support, and referral/information support (Unger & Powell, 1980).

Eisenstadt and Powell (1984) found that parents who had limited familial and nonfamilial peer social network ties tended to participate more in group programs. Birkell and Reppucci (1983) found similar results. Women with dense networks attended fewer parent group sessions than did those whose networks were less dense and who had less frequent kin contact. It would seem reasonable to expect that persons with dense networks and effective social support systems would be less likely to seek formal sources of support such as group programs, and that persons with little support would seek formal support when offered, and would remain in those supportive situations. However, Powell (1984) reported that nonusers of a group program had more restricted social network ties, were less involved in community organizations, had fewer local friends and relatives and were characterized as being more giving in informal help relationships. There are several possible explanations of this discrepant behavior. The parents in the study might not have recognized that their support network was deficient or that the program could correct or

aid any deficiency they had. There could also exist very qualitatively effective social networks that are not quantitatively significant, but do provide needed support. Another factor to consider is that persons with extensive social networks may have a skill in seeking help that is not shown by those who have more restricted social networks and who do not seek professional help as often. Eisenstadt and Powell (1984) found that although parents with more dense networks did tend to join less, the role of the target parent in the helping relationship was a factor. When the parents of a handicapped child tended to provide help and support to other members of the network, they were more apt to seek formal support to meet their own needs. The direction, as well as the quality and quantity of social support needs to be considered when assessing the depth of existing social networks when attempting to predict parent participation in group meetings.

Effects of increased social support include a positive influence on personal well-being and a negative influence on over protectiveness (Dunst, Trivette & Cross, 1986). A correlation between locus of control and mobilization of support was found by Eckenrode (1983). It was found that persons with an internal locus of control were better able to mobilize support when necessary. Other correlations were also found between support mobilization and the belief in

the benefits of help-seeking and the educational level of the persons concerned.

An interesting note is that the facility for mobilizing support may weaken the existing support system due to overuse. Highly educated, upper SES persons with an internal locus of control could overload the helping networks already in place, making these networks ineffective in support, and resulting in more reliance on parent training programs and other professional help. The support system of the family was found by Gray and Wandersman (1980) to be as important to the success of a program as other demographic variables or program curriculum.

Also addressed in the literature is the discrepancy between parents' stated reasons for not participating and professionals' perceptions of the reasons for parental non-participation. McConkey and McEvoy (1984) describe an evening course for parents that was designed to encourage parents to play at home with their children in effective and appropriate ways. There was no difference between those who participated in the program and those who did not when the variables considered were socio-economic status, parent age, family size, or child characteristics such as age, etiology of handicap, or degree of handicap. The most frequently given reasons for non-participation were: no baby sitter (14%), too far to travel (14%), and mother working in the evening (6%). Of those who did participate, 37% hired a

baby sitter and 52% reported that no special arrangements were made in order to be present. Through parent interview the author concluded that the critical factor in participation or non-participation was parents' perception that the course met an existing need. The lack of child care and the distance to travel issues might not have been the actual reasons for non-participation even if they were the ones stated by the parents. However, until some specific and reliable measures are used that would discern stated reasons from actual reasons for non-participation, the stated reasons must be accepted as actual reasons.

DeBerry, Ristau and Galland (1984) report that the availability of transportation and parent work schedules had the greatest effect on non-participation, and that the greatest positive influence was good communication between program staff and parents and an accurate perception of the staff of the parent's level of interest and of the parent's priorities. These findings would support those reported by McConkey and McEvoy (1984), and the Early Childhood Model Parenting Program (1983) that suggest that the most frequently given reasons for non-participation and non-attendance were illness and lack of transportation.

The necessity for open communication and non-competitive relationships between agencies was another area of concern in the Rosenberg, Reppucci and Linney (1983) study. When agencies that are serving the same or similar

groups of people feel that they must compete for clients then something must be wrong. The best interest of the clients cannot be served under these circumstances.

An effort must be made to sell a new program in order to increase participation. There is a need to ensure that the staff of referring agencies has a realistic picture of the new program and that the contact that is made with the staff results in a positive view of the program. The staff involved in the development and presentation of the program must also be convinced of its need and worth if the staff is to successfully recommend it to clients and other agencies.

Before the program is to be sold to staff or clients however, two marketing issues must be addressed. The first is market analysis. "Understanding the needs, wants and buying behavior of target clients and patients allows more effective marketing programs to be formulated" (Kotler & Bloom, 1984, p. 89). Levant (1987) reported on the use of a marketing survey done to increase enrollment in a group preventive seminar designed to alleviate stress in family life. The survey resulted in changes in the wording of brochures and in the method of distribution. Family needs surveys as well as surveys designed for specific programs can be used to analyze a specific market.

The second marketing issue concerns the availability and accessibility of the proposed program (Kotler & Fox, 1985). Location, scheduling and distribution are critical

to accessibility. The issue of accessibility is a central one to the present study since the lack of accessibility may prevent participation. An issue that Kotler and Fox (1985) present is that an institution must decide what level of convenience it will offer. In other words, how far can the institution go to ensure an efficient distribution or delivery system of the programs it is presenting to its clients?

Kurz-Riemer (1981) compiled a study of policy issues related to early childhood and family education in Minnesota. The average salary costs per participant hour for center based parent education programs was $3.90. The figure for similar home based programs was $8.53. Assuming some budget and staff limitations and a comparable current cost differential, planners of parent education programs need to consider the issue of cost versus worth. Baer (1981), however, discusses the "sociological incredibility" (p. 572) of assessing the cost versus the worth of an intervention. The dilemma of providing the best programs at any cost is not necessarily in opposition to providing the most worthwhile programming at the least cost. Information that leads to the best match between client needs, both real and perceived, and program offerings will be well utilized as will the programs themselves, if they are accessible to the clients. In other words, the best, most worthwhile programs may be those that are planned with much thought to

cost rather than those that are planned and promoted without regard to expense.

Attendance

The attendance aspect of involvement, that is how many of the sessions of the program or training the participating parents actually attended, was addressed by several studies. Goetaski (1983) reported that 75% of parents attending a parent effectiveness training program attended 6 of the 8 sessions that were offered. The attendance varied from 100% at the first session to 63% at the last session.

Some attempts have been made to increase attendance by offering various incentives for attendance or completion of the entire program. Attendance was increased from 10% to 75% in one group training when the parents who attended were required to deposit $10 which was returned when all ten sessions were attended (Aitchison & Liberman 1973). Since only information concerning attendance was reported, an interesting follow-up or companion study could reveal the effect of this type of incentive program on participation rates. Another study, which considered the effect of monetary and other incentives on attendance, found that attendance did increase when parents were given $5 when they attended each session (Boger, Kuipers, Cunningham & Andrews, 1974). The change in self-concept that was used as a

criteria for program success was greater when the incentive offered was child care and transportation to the meeting than it was when monetary payments were made. A more recent study found that $5.00 payments made to adolescent mothers increased their participation rates in a home based intervention (Baskin, Umansky & Sanders, 1987). However, it would seem that incentives for attendance should be evaluated carefully to be certain that other program goals are still being met.

Studies that looked at parent and family variables as predictors of program attendance and completion found that the clearest predictor was the marital status of the parents (Baker, 1986; Clark & Baker, 1983). The latter study defined program completion as attendance at four of ten two-hour sessions plus a follow-up session six months after training. Even with this liberal criteria for completion, 56% of single parents dropped out while only 3% of married parents dropped out. The difference in the drop-out rates of single and married parents supports Baker's (1986) use of marital status as a predictor of program completion. Single parents are more apt to drop out of group programs than are married parents. Baker concludes that group training is not the method of choice for unmarried parents. The focus of the Clark and Baker (1983) study was to predict which kinds of parents would benefit from a group program rather than a more expensive individual program to teach parents self-help

and behavior management techniques. Since more single parents than married parents dropped out of the sessions, it was determined that group sessions can be effective for married parents and should be used since they are more cost effective.

Single parents have been identified by Rundall and Smith (1985) as a group which has special needs. Other signs of special needs listed by Rundall and Smith are parents younger than twenty, parents with low levels of education, parents with a large number of children in the family and children close in age, parents living in a home in an isolated rural area and parents who lack transportation or access to public transportation.

Program Format

Program format is another variable that could effect either parent attendance or parent participation. In one study, no differences in effectiveness were noted in information presented in both a participatory drama format and in a lecture/discussion format although attendance was greater at the participatory drama group (Wint & Brown, 1987). The difference may reflect a cultural preference for or acceptance of a less traditional style of instruction in Jamaica.

Baker, Prieto-Bayard and McCurry (1984) report that there is little research or data concerning media based training for parents of retarded children. This researcher would agree that there are few studies that deal with media directed training for any parents. Kashima, Landen and Baker (1986) reported that in a group of well educated parents with above average incomes in Los Angeles, no difference was noted in attendance between media directed and typical leader directed group parent training sessions. Eighty-seven percent of the families completed the study and there were no preferences shown for either method by parents. No information was reported on the marital status of the parents.

The efficacy of video training for a group of parents with a wide variety of characteristics, especially varying levels of socio-economic status, was found to be high when compared to several other instructional formats (O'Dell, O'Quinn, Alford, O'Brient, Bradlyn & Giebenhain, 1982). Similar programs and scripts were developed for groups experiencing written, audio, video, and rehearsal variations of a parent training program. While video programming was found to effectively train many different kinds of parents, the authors concluded that parents who are satisfactorily educated and highly motivated can respond well to the more efficient training methods. Of the four approaches mentioned in the study, written and audio presentations

would seem to be more efficient in time and money than video or rehearsed groups. This efficiency would be realized in both preparation time and in participation time. The important factor to consider, however, is that the most efficient approach that is effective for people with widely varying characteristics is a video approach. McConkey (1982) reported that a program was developed in Ireland to present information to parents using video tapes. The parents were invited to participate in weekly group meetings during which a 30 minute video tape was shown and follow up activities were suggested to be used at home during the following week. The courses were found to be effective in terms of child change (the intervention was focused on language enhancement), program participation, program attendance, and cost.

The effectiveness of instruction for other groups using a video mode has been ascertained (Ritchey, 1980). In pre- and post-tests college students were found to perform equally well in a health class presented on video cassette as in one presented in a traditional lecture format.

Parental Stress

The issue of parental stress from general life events and its effect on parents ability or willingness to participate has already been discussed (Rosenberg, Repucci &

Linney, 1983; Rundall & Smith, 1985). Some stressors are unique to the parents of handicapped children. The disparity between parent's attitudes toward their handicapped children and professional's perceptions of what those attitudes should be is well illustrated by Kaiser and Hayden's (1984) analogy of the house.

We are asked to imagine two people who plan for years to buy their dream house. After closing they discover that the house is not only not perfect, but has serious flaws in the electrical and plumbing systems and, indeed, in the basic structure. Despite these problems, the couple are informed that they must live in the house the rest of their lives, and although they will have to hire professionals to work on the house, they are expected to obtain needed skills and work on the house on a daily basis. Regardless of the fact that she has no interest in these pursuits, has another career, and two children to care for, the wife is expected to do the most of the work on the house while the husband earns money to pay the professionals. "There is a flaw in the theory that inside every mother is an enthusiastic therapist with time on her hands" (Kaiser & Hayden, 1984, p. 304).

Parents are under stress from professionals who assume they are willing and able to provide therapeutic experiences for their children, as well as from the child and his circumstances. Beckman-Bell (1981) described two components

of child related stress on the family. The first is unalterable characteristics such as the size, sex, age, diagnosis and physical appearance of the child. The second component, alterable characteristics, include social responsiveness, temperament, behavior problems and care-giving demands. The impact of the child on the parents must be recognized and the sources of difficulty identified before the stress can be alleviated.

To measure family response to a handicapped family member, Holroyd (1974) developed the Questionnaire on Resources and Stress, a 258 item questionnaire in 15 scales. The QRS showed that unmarried mothers had more stress from such things as excess time demands, family dysfunction and financial issues than did married mothers and that fathers had less stress than married mothers. These findings are in accordance with those of Baker (1986) and Kaiser and Hayden (1984) who found that unmarried mothers had more difficulty responding to family life with a handicapped child than did married mothers. Both married and unmarried mothers experienced more problems coping with family life with a handicapped child than did fathers.

Parents of handicapped children have varying degrees of cognitive ability. The difficulties encountered by developmentally disabled parents when coping with the demands and stress of a handicapped child were addressed by Johnson and Clark (1984). The critical issues were the

cognitive development and emotional functioning of the parent and the social environmental conditions of the family. As in other situations, cognitive problems are related to limited communication and learning skills. Special needs for the parent are for support, therapy, and assistance with advocacy issues for the child.

The concept of varying degrees and intensity of stress and changing needs of parents coincides with a concept of a progression of parent's ability or readiness to engage in therapy or training or to be involved with their handicapped children. Altman and Mira (1983) addressed these parent readiness issues and suggest that assessment of family strengths and weaknesses can be helpful in assessing the parent's ability to participate. Mink (1986) commented on the need for classification of families as an interim step between description and the formulation of theory. Rundall and Smith (1985) discussed parent readiness as a developmental approach to parent intervention. Six stages in accepting and working with the child's handicap are: 1) attendance, 2) observation, 3) assistance, 4) participation, 5) planning, and 6) leadership. Rundall and Smith (1985) have used the term attendance to describe the first stage of readiness at which the parent is able to get the child to the intervention program. Participation, stage four, is used to describe parents who are able to actively take part in the intervention program for the child. A

parent whose readiness to be involved with his child's intervention program is at the first level, managing to get the child to the program for therapy, would probably not be the best candidate for leading a discussion at a parents' meeting. In fact, attendance at the meeting might be impossible for parents at this level.

A knowledge of how ready parents might be to be involved in their child's program would be of benefit to those trying to encourage parents to be comfortable with their role in their handicapped child's life. Cone, Delawyer and Wolfe (1985) have also classified families according to participation in the child's education program. They have developed the Parent/Family Involvement Index which is completed by teachers or aides on each parent. When the index was used with 230 parents it was found that involvement was positively correlated with parental education and the amount of time in a special education setting by the child, but negatively correlated with the grade level of the child. The negative correlation with the grade level of the child could reflect burn-out on the part of the parents or an appropriate developmental adjustment as the child matures.

Mothers were also found to be more involved, a result which is in agreement with Kaiser and Hayden (1984). Dickie and Gerber (1980) report a reciprocal relationship between increases in father-child interactions following parent

training and decreases in mother-child interactions. The effect seemed to be related to a willingness of the mother to step back and allow the father more opportunities for interaction following training that illustrated the benefits of interaction by both parents with the child.

Family Centered Programming

The assumption has been made that early intervention for handicapped infants and the involvement of parents and other family members in that intervention process is desirable and beneficial. The involvement of families has developed to the point where intervention is now focused on the family rather than on the child (Bailey, Simeonson, Winton, Huntington, Comfort, Isbell, O'Donell, & Helm, 1986). While it is beyond the scope of this paper to address the efficacy of early intervention, it should be noted that this shift from child-centered intervention to family centered intervention is a result of the ineffectiveness of programs that do not address family needs (Bronfenbrenner, 1974). Indeed, one of the goals for early intervention mentioned by Bailey, et al (1986) is the preservation and reinforcement of the integrity of the family by respecting its need for service and responding to that need. Benson and Turnbull (1986) suggested that the primary goal of an intervention oriented toward the family

is the successful integration of young handicapped children into the family unit. That this must be done "...in a manner consistent with their style and preferences" (p. 148) is a corner stone of the family systems approach. McConkey (1987) proposes that "Professionals still predominantly do things for or to families rather than guide them towards helping themselves" (p. 450). Kessen and Fein (1975) studied children and mothers interacting with professionals in various combinations and concluded that the family system is important both as a support of continuity and of change. Bronfenbrenner (1977) advocates an ecological approach that goes beyond the immediate setting to include larger contexts that may be effecting the immediate situation. This could include the reciprocal effects of interventions on the family.

Parent involvement frequently is equated with parent education. One definition of parent education is "...the set of experiences which lead to 1) a base of knowledge and understanding, 2) a set of skills and alternatives, and 3) a state of sensitivity, all of which serve to enhance and make the parenting role more effective and rewarding" (Longtrain, Melvin, Stallworth, & Williams, 1979-1980, p. 120). It is interesting to note that the primary goal is not changes in the child's behavior or status but changes in the parent.

Powell (1983) advises that program designers acknowledge that the parent, not the staff, is the primary

influence on the intervention setting. This need to consider what the parent is bringing to the intervention can be seen as justification for individualizing the program and tailoring it to the needs of the parents (Turnbull, 1983). Policy that insists that all parents be equally involved and receive identical training does not respect the individuality and differing capabilities of parents (MacMillan & Turnbull, 1983; Turnbull & Turnbull, 1982).

Joyce (1987) interviewed 34 parents of handicapped preschool children concerning their interest in programs. The least amount of interest was in a home-based parent training program and the greatest interest was in personal contact by teachers on a daily basis. This interest on the part of parents in personal contact by the teachers is reflected by the findings of a study by Huang and Heifetz (1984) that rated the most important attributes of helpful teachers. The most important factor was the ability to maintain a personal, affective relationship with the parent.

The concept of congruence or goodness-of-fit, first introduced by Thomas, Chess and Birch (1968) was used by Sprunger, Boyce, and Gaines (1985) to describe the relationship between the style of routines or rhythms of the child and of the family. The concept is that if there is greater concordance between the infant's and the family's rhythmicity then the parent's perceptions of the baby and the parent's sense of competence will be increased. This

same concept can be used to describe the relationship between the learning, participation and joining style of parents and the demands made on that style by a training program. If the goodness-of-fit is high then parents will have the perception that they have done well and that the program is worthwhile, and the staff will have the perception that the parents are interested and appropriately involved with the program and with their children. Eisenstadt and Powell (1984) advocate a broad style of programming that encompasses many features so that parents can take what they need from the program. Rosenberg, Repucci, and Linney (1983) cautioned that "In establishing a new service it is critically important to recognize that although the service has not existed, something (however ineffective or inappropriate) has been happening to the population targeted" (p. 224).

CHAPTER III

METHOD

Subjects

Fourteen families of the children aged birth to 4 years who attend center-based comprehensive educational programs in Blount and Loudon counties in Tennessee were studied. Children qualify for the program because of:

1) developmental delays in at least two of the five developmental areas (cognition, fine motor, gross motor, speech/language, and social/emotional),or

2) the risk for developmental delay due to a medical diagnosis, or

3) the diagnosis of a condition associated with mental retardation.

The families are from two rural counties in East Tennessee. There is no public transportation available and, with the exception of two families, all families are expected to provide transportation for their children to and from the center. Special arrangements have been made with the Department of Human Services to provide transportation for two of the children. The program, funded through both

public and private monies, is provided at no cost to the families.

Presentation of the Tapes

A series of tapes, in video cassette recording format, has been developed at Tennessee Technological University through a grant funded by the U.S. Department of Education's Handicapped Children's Early Education Program. The series, " Stepping Stones: Pathways to Early Development," was developed as part of the Educational Television Intervention Programs (ETIPs) for Handicapped Infants, Toddlers and Families in Rural Communities Project. These films demonstrate parents working with normally developing, at risk, and special needs children in specific skill areas at developmental levels corresponding to chronological ages from birth through three years.

Field testing of the films by the developers resulted in data concerning changes in the children themselves, parent confidence, parent skills and parent knowledge as well as product quality. Parent confidence was measured through the use of a questionnaire. Parent skills and knowledge were assessed through observations done in the home by trained observers. Product quality was assessed through the use of a checklist distributed both to parents as the primary intervention target and to secondary target

groups such as workers with special needs children in various settings. Results of this data collection were reported and conclusions were made, based on the data, that levels of parent confidence, skill, and knowledge did increase and the materials were found to be of a high quality (Folio, Richey, & Walker, 1987). Based on these findings and on personal review the ETIPs films were judged to be a valid intervention to be used in the proposed study.

A script was used to present the project and the tapes to the parents. Reasonable adherence to the script was attempted, by the researcher, to avoid influencing the choice of viewing site through inadvertently seeming to prefer one method over another. The parents were approached as they brought their children to the center and told that we had available some very good tapes for them to watch. They were told that the tapes had been well researched, that they showed parents and other family members working with young children, and that they would probably enjoy watching the tapes. It was also explained that we needed the parent's help in further research on the tapes and that we hoped that they could help us. The details of the research were explained, that the best distribution method had not been found and that to help with the research the parents had only to fill out a form that indicated details of when and where they had viewed the tapes. Examples of all forms used in the research are found in the Appendix, page 75

If they agreed to view the tapes as part of the study they were asked to choose one method of viewing the tapes and their comments were recorded. The three methods available were: 1) to check out the tapes and view them at home; 2) to view them at the center during the time that their child was attending; or 3) to come to evening meetings held weekly for four weeks at the center and view as part of a group.

Two parents were unable to come to the center because of ill children at the time of the initiation of the study, so these parents were contacted at home by telephone. Two other parents, whose children are transported to the center by the staff, were visited at home where they agreed to participate in the study. The comments of the parents were recorded as they chose the way that they would view the tapes and the parents signed an informed consent statement indicating that they would participate in the study.

Those who chose to come to evening meetings were reminded of the date and time and the others were told when the tapes would be available to check out. Since there were only two parents at one center who chose to come to evening meetings, these parents were reminded of the meetings in person when they were at the center, or by telephone when the children were absent. The parents who chose to check out the tapes were asked when they came in or when they left with their children if they needed to check out another

tape. Parents who failed to return the tape to the center at the next opportunity were asked if they had a chance to view the tape. This was meant to serve as a reminder to the parents to watch the tape, and an acknowledgment of the parents as active people.

The data collection phase of the project lasted four weeks. The tapes were available at each center and the tapes were shown at four evening meetings at one center. At the end of the four weeks the parents were told that the research project was completed but that the tapes were available to borrow at any time.

This researcher was present daily at the center in Blount County during the four weeks. At the Loudon County center a staff person was designated to monitor the tape check-out system and to offer any help to the parents that they might need in selecting the tapes to be watched. A poster was designed to accompany the check-out materials in Loudon County and to serve as a repository for the blank forms as well as the completed forms as they were returned by the parents. This system was reviewed with the staff person in charge who could then explain the system to the parents. Each tape cartridge had an index card with the name of the tape, number of the programs found on the particular cassette and space to record the date and parents's name when the tape was borrowed. The card was removed from the slip case of the tape and kept at the

center until the tape was returned. The card was then returned to the slip case and made available to other parents.

The demographic data was collected from information on file at the center and recorded for each family. Data was recorded concerning ages of the family members, marital status of the parents, number of children in the family, education levels of the parents, length of time the target child had been in an intervention program, and the distance between the center and the home.

CHAPTER IV

RESULTS

Parents from the two Birth-Through-Three centers, in Loudon and Blount Counties, were contacted as described in the methods section. Fourteen parents agreed to participate in the study and indicated their preferences. Several parents indicated that one site was preferable, but that they would be unable to make use of that site so they committed to another site. Two parents indicated that work schedules would prevent attendance at the evening group meetings. Three parents indicated that they would like to come in the evening but that they chose not to because they had young children. The reminder that child care would be provided at the evening meetings was noted by one of these three parents, who then decided to attend the meetings.

One parent at the Loudon center (case #10) chose to view the tapes at the evening meetings, indicating a clear preference for that site so that she could share ideas with other parents. When other parents at that center were contacted and no other parent chose to come to the evening meetings, the parent who did chose that site (case #10) was told about the situation and given several options for viewing. She was assured that the tapes would be shown for her, as planned, at the evening meeting if she decided to

attend. A second option was to join the two sets of parents at the Blount center who had chosen to view the tapes in the evening. Another suggestion was to come to the center during the day when other parents would be there, and a fourth option was to check out the tapes to view at home. The parent selected this fourth option, remarking that although she did want the interaction with other parents, the 25 mile drive to the Blount County center was too long and she was unable to stay at the center during the day.

Table 1 illustrates the data that was collected concerning parental preferences of viewing site, parental viewing behavior and demographic variables. Ten parents chose to view the tapes at home, three chose to view at the evening group meetings and one chose the center viewing option. The parent in case #4 preferred the evening viewing but predicted that she might not be able to attend all four sessions. She asked if she could also check out tapes to view at home and was encouraged to do whatever fit her schedule best. The other parent (case #5) who chose the evening viewing commented that she would invite other relatives to view the tapes with her. The parent who chose to come to the center for viewing (case #9) lacked her own transportation and did not have a video cassette player. Center staff who were providing transportation for her child to the center offered to bring her in with the child so that she could view the tapes at that time. The parent agreed to

Table 1
Participant Demographics and Viewing Behavior

Case Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14
# Tapes Viewed														
Home	12	13	9	12	--	8	12	--	--	4	4	8	4	4
Center	--	5	--	--	--	--	--	--	--	--	--	--	--	--
Evening	--	--	--	7	--	--	--	--	--	--	--	--	--	--
Site Prefered	H	H	H	E	E	H	H	H	C	E	H	H	H	H
Center Location	B	B	B	B	B	B	B	L	L	L	L	L	B	B
Marital Status	M	M	S	M	M	M	M	S	S	M	M	M	D	D
Mother's Age-Yr	36	35	22	37	28	18	28	21	21	33	22	29	31	21
Father's Age-Yr	40	34	--	41	28	23	27	--	--	32	24	29	36	--
Child's Age-Mo	36	5	22	27	30	33	36	44	24	45	38	17	39	8
Sibs' Age-Yr	--	--	--	5	3	1	4	7	4	--	6	4	8	--
	--	--	--	8	--	--	--	5	3	--	1	--	8	--
	--	--	--	--	--	--	--	.4	.2	--	--	--	--	--
Mother's Ed	12	18	12	12	11	8	12	12	9	12	10	12	12	7
Father's Ed	12	13	--	18	12	9	10	--	--	12	14	12	12	--
Enrolled-Mo	18	2	9	18	2	2	2	2	2	18	2	9	2	2
Miles to Center	4	3	6	5	3	5	7	4	4	2	3	14	7	1
Notes				*				*	*	*			*	*

* # 4 - Preferred evening, viewed some at home when couldn't attend two evenings.
* # 8 - No transportation.
* # 9 - No transportation, no video cassette player.
* #10 - Only parent who chose evening at this center, decided to view at home.
* #13 - Child hospitalized during entire research period.
* #14 - No video cassette player.

Key: H = Home E = Evening Group Meeting C = Center
B = Blount County Center L = Loudon County Center
M = Married S = Single D = Divorced

this plan although she did not view any tapes. One other parent (case #14) did not have a video cassette player at home and she indicated that she would view the tapes at her sister's house. The parent in case #8 arranged to have the tapes brought to her house by the person who took her child to the center since she did not have her own transportation but did have a VCR.

There were four cases (#4, #5, #9, and #10) in which the preference indicated was for either evening or center viewing. A total of 23 tapes were viewed by these parents, 16 tapes at home, 7 in the evening and none at the center. Two of these parents viewed no tapes (cases #5 & #9). One parent (case #4), who preferred evening viewing, viewed a total of 19 tapes, 3.7% at the evening meeting and 96.3% at home.

The children in cases #8, #9, #10, #11, and #12 attend the center in Loudon County. The parents of these five children viewed a total of 16 tapes or 16% of the total number of tapes viewed. The average number of tapes viewed in Loudon county was 3.20. In Blount county the average number of tapes viewed was 9.56.

The demographics varied somewhat between the two centers. The average age of the mothers at the Loudon center was 25.2 years. The average age of the mothers at the Blount center was 28.4 years. At the Loudon center 60%

of the parents were married while at the Blount center 66% of the parents were married. The Loudon parents had an average of 3.8 children. The Blount parents had an average of 1.8 children. The mothers at the Loudon center had spent an average of 11 years in school; the Blount mothers had an average of 11.6 years of education. The Loudon parents lived an average of 5.4 miles from the center. The Blount parents lived an average of 4.6 miles from the center. In summary, fewer parents at the Loudon center were married, and they had more children than the Blount parents. The mothers were younger and had less education than the Blount mothers and the families lived farther from the center than did the Blount families. This last piece of data was skewed by one family in Loudon county who lived 14 miles from the center. When this figure is not included, the average number of miles the remaining parents had to travel from home to the center in Loudon county was 3.3 miles, or a shorter average distance than that traveled by the parents in Blount county.

The differences in the demographic parameters between those who indicated a preference for evening, center and home viewing were small. There was a noticeable difference in the number of months the child had been enrolled in a program for each site. The average number of months enrolled (Table 2) was more than twice as long for those children whose parents preferred evening viewing.

Table 2
Demographics Grouped by Viewing Site Preference

Site	Home	Center	Evening
N=	10	1	3
Marital Status			
Married	60%	0%	100%
Single	20%	100%	0%
Divorced	20%	0%	0%
Mother's Age-Yr ($\bar{X}$)	26.30	21.00	32.67
Father's Age-Yr ($\bar{X}$)	30.42 (N=7)	---	33.60
Child's Age-Mo ($\bar{X}$)	27.80	24.00	27.00
Sib's Age-Yr ($\bar{X}$)	4.44 (N=10)	2.40 (N=3)	5.33 (N=3)
Mother's Ed ($\bar{X}$)	11.50	9.00	11.60
Father's Ed ($\bar{X}$)	11.70 (N=7)	---	14.00
Months enrolled ($\bar{X}$)	5.00	2.00	13.70
Miles to Center ($\bar{X}$)	5.40	4.00	3.30

Of the parents who indicated at the initial contact that they preferred home viewing, 60% were married, 20% were single, and 20% were divorced. The parent who indicated a preference for center viewing was single and the three parents who preferred evening viewing were married. The mother who preferred center viewing was younger than the average age of the mothers who preferred home viewing, while the mothers who preferred evening viewing were the oldest. The ages of the fathers in the two groups that included fathers followed the same pattern as the mother's ages. The average number of children in the home group (Table 2) was 2, the center family had 4 children and the three families who preferred evening viewing had an average of 2 children. The average number of years of education of mothers in the home and evening preference groups was the same (11.5 and 11.6 years) but the mother preferring center viewing attended school 9 years.

Since all the children who attend the center are younger than four, it was not surprising to find that there was little variation in the ages of the children of the three viewing preference groups as shown in Table 2. The average ages ranged from 24 months for the one child in the center preference group, to 27 months in the evening preference group, to 27.8 months in the home preference group. There was also little variation in the ages of the

siblings of the three groups. The range of ages of siblings in the study was .2 years to 8 years. The mean value was 4.2 years. The average age of the siblings in the home preference group was 4.44, in the center preference case 2.4 and in the families in which the parents preferred evening viewing the average ages of the siblings was 5.33.

Actual viewing behavior was varied. Three parents viewed no tapes, and the remaining eleven parents viewed a total of 102 tapes. The average number of tapes viewed by those parents who viewed tapes was 9.27. This value was used to discriminate between those who were infrequent viewers (<9.27) and frequent viewers (>9.27) on Table 3. The three parents who viewed no tapes were contacted to see why they were unable to view the tapes. The parents in cases #8 and #9 had no transportation and their viewing was dependent on arranging transportation or delivery of the tapes with a staff person at the center. At the outset of the study it was suggested to the staff that they not take the initiative in finalizing these arrangements, but let the parents suggest viewing dates to fit their schedules. The staff person who went to the homes to get the children did remind the parents each week that they were available to help whenever the parents were ready. When asked at the conclusion of the study, both parents responded that they were too busy during the time of the study to view the tapes. The parents in case #5 were reminded each week of

Table 3
Viewing Data and Demographics, Grouped by Viewing Behavior

Group* Viewing Behavior	A Non-viewers	B Infrequent Viewers	C Frequent Viewers	B+C All Viewers
N=	3	7	4	11
Viewing Data				
Total Viewing	0	41	61	102
Viewing Site**				
Home	0%	100%	80%	88%
Center	0%	0%	8%	5%
Evening	0%	0%	11%	7%
Site Preferred***				
Home	33%	86%	75%	82%
Center	33%	0%	0%	0%
Evening	33%	14%	25%	18%
Demographic Data				
Marital Status				
Married	33%	57%	100%	73%
Single	66%	14%	0%	9%
Divorced	0%	29%	0%	18%
Mother's Age-Yr ($\bar{X}$)	23	25	34	29
Father's Age-Yr ($\bar{X}$)	28 (N=1)	29 (N=5)	36	32
Child's Age-Mo ($\bar{X}$)	33	29	26	28
Sib's Age-Yr ($\bar{X}$)	3.2	4.7	5.7	5
Number of Sibs ($\bar{X}$)	2.33	.86	.75	.82
Mother's Ed ($\bar{X}$)	10.7	10.4	13.5	11.5
Father's Ed ($\bar{X}$)	12 (N=1)	11.8 (N=5)	13.25	12.44
Enrolled-Mo ($\bar{X}$)	2	6.2	10	7.6
Miles to Center ($\bar{X}$)	3.67	5.42	4.75	5.18

* Group A = Cases 5,8,9; Group B = Cases 3,6,10,11,12,13,14; Group C = Cases 1,2,4,7.
** Viewing Site = % based on total number of viewings.
*** Site Preferred = % based on number of cases preferring that site.

the evening meeting. An ill child and other commitments were given as the reasons for not coming to the meetings.

Since the literature indicated that single parents may be less involved in parent programs than married parents, Table 4 was developed to illustrate the viewing behavior of single, married, and divorced parents in this study. Nine married parents viewed 85 tapes, an average of 9.4 tapes. The three single parents viewed nine tapes, an average of three. The two divorced parents viewed eight tapes, or an average of four tapes each. The average number of tapes viewed by all unmarried parents was 3.4 tapes. None of the unmarried parents in either the single or divorced group viewed tapes at the center or evening group viewing sites.

The demographic comparisons between the married, single and divorced groups were also listed on Table 4. The married mothers were older than the mothers in either of the other two groups. The average number of children (target child plus siblings) of the married group was 1.89. The single parent families had an average of 1.50 children and the divorced parents had an average of 2.00 children. The education level of the mothers in the married group and the single group were similar. The married mothers had attended an average of 11.84 years of school, the single mothers education level averaged 11 years. The two divorced mothers had attended school an average of 9.5 years. The data on

Table 4
Viewing Data and Participant Demographics, Grouped by Marital State of Parents

Marital State	Married	Single	Divorced
N=	9	3	2
Total Viewing	85	9	8
Viewing Site*			
Home	86%	100%	100%
Center	6%	0%	0%
Evening	8%	0%	0%
Site Preferred**			
Home	66%	66%	100%
Center	0%	33%	0%
Evening	33%	0%	0%
Mother's Age-Yr ($\bar{X}$)	29.56	21.33	26.00
Father's Age-Yr ($\bar{X}$)	30.89	-----	36.00 (N=1)
Child's Age-Mo ($\bar{X}$)	29.67	30.00	23.50
Sibs Age-Yr ($\bar{X}$)	4.00 (N=8)	3.27 (N=6)	8.00 (N=2)
Mother's Ed ($\bar{X}$)	11.84	11.00	9.50
Father's Ed ($\bar{X}$)	12.44	-----	12 (N=1)
Enrolled-Mo ($\bar{X}$)	8.1	4.3	2
Miles to Center ($\bar{X}$)	5.11	4.67	4.0

* Viewing Site = % based on total number of viewings.
** Site Preferred = % based on number of cases preferring that site.

Married = Cases 1,2,4,5,6,7,10,11,12. Single = Cases 3,8,9. Divorced = Cases 13, 14.

the ages and education level of the fathers was collected but since data was available for only one father in the two unmarried groups comparisons with the ages and education levels of the fathers in the married group are not meaningful. The target children of the married parents were enrolled an average of 8.1 months. The children of the unmarried parents were enrolled an average of 4.3 and 4.0 months.

The average number of tapes viewed by mothers in three different age groups is shown in Table 5. The actual ages of the mothers in the three groups are shown in Table 1, page 44. The age groupings were made by arranging the ages in numerical order and observing that the six youngest mothers were all in their early 20's (except the youngest who was 18). There was a break in the ages between these youngest mothers and the next group of mothers in their late 20's. The oldest group was made up of mothers in their 30's. A preference was shown for viewing tapes in all three sites by some mothers in each group, but the majority of mothers in each group preferred to view the tapes at home. The older mothers viewed more tapes than the younger mothers. The oldest group of mothers was the only group to view tapes outside the home.

The number of persons viewing tapes in each of the three sites is shown on Table 6. When the tapes were viewed

Table 5
Viewing Data and Participant Demographics, Grouped by Mother's Age

Mother's Age in Years	18-22	23-29	30-37
N=	6	3	5
Total Viewing	25	20	57
Viewing Site*			
Home	100%	100%	79%
Center	0%	0%	9%
Evening	0%	0%	12%
Site Preferred**			
Home	83%	67%	60%
Center	17%	0%	0%
Evening	0%	33%	40%
Father's Age-Yr ($\bar{X}$)	23.50 (N=2)	28.00	36.70
Child's Age-Mo ($\bar{X}$)	28.10	27.70	30.40
Sib's Ages-Yr ($\bar{X}$)	3.10 (N=9)	3.70 (N=3)	7.30 (N=4)
Mother's Ed ($\bar{X}$)	9.70	11.70	13.20
Father's Ed ($\bar{X}$)	11.5 (N=2)	11.3	13.4
Enrolled-Mo ($\bar{X}$)	3.1	4.3	11.6

* Viewing Site = % based on total number of viewings.
** Site Preferred = % based on number of cases preferring that site.

Table 6
Numbers of Persons Viewing Tapes in Three Locations

Location	Home	Center	Evening
Number of Tapes	85	5	7
Number of Persons	152	5	7
Persons/Tape	1.79	1.00	1.00

at home, an average of 1.79 persons viewed each tape compared to one viewer per tape at the center and evening meetings. The additional people who viewed the tapes at home were spouses and children. When four of the tapes were viewed by the family in case #6, the mother's sister was present. This sister also had a child in the program and was included in the study (case #14). The parent in case #14 had no VCR at her home and agreed to view the tapes at her sister's home. Both sisters checked out tapes independently and were included as additional viewers in the viewing behavior data for each other.

The data from this project may be used to support the following conclusions concerning the three hypotheses originally stated in the Introduction:

Hypothesis #1: Parents of handicapped children do not show a preference for viewing ETIPS tapes at home, at the center or at evening meetings.

The parents of handicapped children in this study clearly preferred to view the ETIPS tapes at home rather than at the center or in the evening. When asked at the onset of the study, 71% of the parents indicated a preference for home viewing, 21% of the parents indicated a preference for evening viewing, and 7% of the parents indicated a preference for viewing the tapes at the center. The actual viewing behavior of the parents also supports the

conclusion that parents prefer to view the tapes at home. Parents viewed 88% of the tapes at home, 5% of the tapes at the center and 7% of the tapes at the evening group meetings.

Two parents who chose one site for viewing actually viewed some tapes at another site. The parent in case #2, who had indicated a preference for home viewing, actually viewed 28% of the tapes she viewed at the center. The only parent who actually viewed any tapes at the evening meeting also viewed tapes at home. Despite the fact that she had indicated a preference for evening viewing, 63% of her viewing was done at home and only 37% of her viewing was done in the evening. Therefore, it is concluded that parents do show a preference for viewing the ETIPS tapes at home rather than at the center or in the evening.

Hypothesis #2: There are no differences between the preferred methods of viewing the ETIPS tapes in terms of the ten parameters of demographic data.

There were no differences in the preferred methods of viewing the tapes in terms of any of the demographic variables. The preferences were shown for all parents on Table 1, page 44; and Tables 4 and 5 highlighted the data in terms of marital status and mother's age. All groups preferred to view the tapes at home rather than at the center or in the evening.

Hypothesis #3: There is no difference in the total number of persons viewing the tapes for each child when the viewing site is the home, the center or a group meeting.

More persons actually viewed the tapes at home for each child than at the other sites, as was anticipated. Home viewing of the tapes allowed other family members, especially spouses who were not available during the day, to view the tapes. Since the one parent who viewed tapes at the center decided to view some tapes there on impulse, no friends or relatives were available to view with her.

Another factor in the number of persons viewing the tapes in the evening may have been the availability of child care. The one parent who did view tapes in the evening at the group meeting reported that her children had all enjoyed viewing the tapes that were brought home. This parent did bring all three children to the meeting, but they were cared for in another room and did not view tapes at the evening meetings.

CHAPTER V

CONCLUSIONS

Based on this research it can be concluded that although parents may state a preference for a viewing site the actual attendance or viewing behavior may be a better indicator of actual preference. In practice, better results, that is greater attendance, might be obtained by monitoring the viewing behavior of the parents and suggesting to those whose behavior shows less involvement than the program planners would like that they might prefer viewing the tapes in another setting. No attempt was made to influence parental choice of viewing site in this study, and variances from the preferences stated at the beginning of the study were initiated by the parents.

Although child care was offered to more closely duplicate services available at other meetings that parents attend in the evening, the parent who attended the evening meetings may have interpreted the availability of the service as an indication that children were not welcome at the meeting. Had her children been included as viewers, there would have been four viewers for each tape viewed at the evening meetings rather than one. The results would then have indicated that more persons viewed each tape at

the evening meetings than at the other two sites. The limitations of this study are apparent when the presence or absence of three children can completely change a set of results. However, the observation that parents can sometimes misinterpret the philosophy behind any program component is a valuable one. Not only must the staff be clear about what the parents need, the parents must be clear about what is being provided if the program is to receive maximum utilization.

In summary, it has been concluded that parents prefer to take tapes home for viewing and that more persons view the tapes when the tapes are viewed at home. However, it must also be recognized that the availability of a variety of methods or sites for viewing the tapes is advantageous. Had the parents been limited to viewing the tapes by the method which they indicated as preferred, twelve tapes would not have been viewed by two parents. A flexible program enabled these parents to adapt the program to their own changing needs.

The three sets of parents who did not view tapes exhibited a lack of attendance if the definition used in this study is strictly followed. They did indicate that they would take part in the study and that they would view the tapes at their preferred site. However, since the parents did not attend any meetings or view any tapes there is a sense of non-participation in addition to non-

attendance in their behavior. The intent of the parents to participate or not seems to be the critical difference between non-participation or non-attendance. There is probably no objective method of discriminating between parents' actual intentions and their stated intentions that is practical to use in this context. Therefore it has been concluded subjectively, based on interviews with the parents, that while these three sets of parents indicated that they would participate, their actual intention was different.

The amount of informal social support available to parents in these two rural counties in East Tennessee may not be typical of that available to parents in other areas. Since the density of social support may effect the propensity of parents to attend group meetings, information on that dimension of resources available to parents would be helpful in planning parent programs. No information that would lead to conclusions concerning the amount of social support was gathered in this study. The demographic information used was limited to that available in the files at the two centers in an effort to provide the least intrusion possible. The emphasis was placed on parents helping further research concerning the best way to present the tapes rather than research on the families themselves. The role of the researcher as staff member of the center with the responsibility of providing an atmosphere of

acceptance and mutual goal attainment influenced the structure of the research.

Although the small number of subjects in this research project has been indicated as a limitation of the project, the ability of the researcher to personally meet and become acquainted with each family was an advantage. As discussed in the previous paragraph, the demographic variables were deliberately chosen so that the families experienced a minimum of intrusion into their privacy. However, personal knowledge of the families provided some insight into demographic variables that may be correlated with parental preferences. Future research might include parental developmental delays, family income and the attendance pattern of the child at the intervention program as additional demographic variables.

Additional research that is suggested by the present work concerns differences in preferences between mothers and fathers. No attempt was made in this study to separate responses made by mothers and fathers; and in each case only one parent, the one who brought the child to the center the day that the study commenced, was asked to indicate a preference. Comments made by one parent indicated that she was dissatisfied with her husband's interest in viewing the tapes. Although he did view some tapes, his actual response might have been not to participate at all, or to choose a different site, had he been asked.

Some comments are appropriate on the differences observed in the viewing behavior between the parents whose children attend the center in Blount County and the parents whose children attend the Loudon County center. Although an effort was made to enlist the support of staff members at the Loudon County center to assist the parents in choosing tapes and keeping the parents involved in checking out the tapes, it is recognized that the staff did not have the same interest in the project as the person who initiated the research project. Although there were demographic differences noted between the parents in the Blount and Loudon centers, some of the differences in the numbers of tapes that were viewed at the Loudon center could be attributed to differences in enthusiasm and exposure that the project received in the two centers. These differences would seem to reflect findings in the literature (Rosenberg, Reppucci & Linney, 1983) that indicate the necessity for staff commitment for the success of any parent program.

Since many households have VCR's available, the distribution of tapes to be viewed at home is an inexpensive, practical method of offering information to parents. To accommodate the desire of parents to have contact with their children's teachers, the selection and discussion of tapes to be taken home could be used as a focus for parent contact. Although home viewing of

videotapes is seen to be a cost effective method that is acceptable to both parents and staff, individual differences and changing needs must be recognized and identified to ensure that the appropriate programming is being made available to families.

If program planners are to have a successful program for parents, that is one that the parents will agree to participate in and will actually attend, one that will result in some new knowledge or behavior change on the part of the parents, one that is within the capabilities of the staff and budget of the agency to carry out, one that other agencies will acknowledge and recommend to clients, and one that the parents will perceive as having been successful in meeting their needs, then the program planning staff must do more than simply ask parents if they want to come to a parent meeting.

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APPENDIX

October 10, 1988

Dear Parents,

The purpose of this research is to study what ways are most popular for parents to view a series of tapes concerning working with young handicapped children. You will be asked to choose between 1) seeing the tapes at the center while your child is at the center, 2) taking the tapes home so that you can watch them there, and 3) coming to a series of evening meetings with other parents to see the tapes. You will also be asked to fill out a form indicating which tapes you saw and who saw them with you. The study will last about a month and will involve about eight hours of viewing the tapes in four sessions.

There are expected to be no risks to you or your child as a result of participation in this study. Viewing the tapes may be of benefit to you and your child. The results of the study will be of benefit to people who plan parent participation programs so that they can better meet parent's needs.

All the information you give me will be confidential. The resulting data will be grouped and if any individual data are discussed, the identity of the persons involved will be disguised. Information identifiable by name will be kept in a locked drawer and only I will have access to it.

Please contact me, Jan Barton, at 984-8024 or 1316 Chilhowee Ave., Maryville, if you have any questions about the research or the tape content.

If you choose not to participate in the study, or decide to drop out of the study you will still be welcome to see the tapes and neither you nor your child will loose any benefits of attending the Birth-Three Program.

I have read and understand the explanation of the study and my role in it. I understand that participation is voluntary and that I can withdraw at any time without penalty. I agree to participate.

NAME: DATE:

SIGNATURE:

RESPONSE RECORD

DATE: TIME: LOCATION:
NAME: CODE NUMBER:

EVENING
Will attend:

Will not attend:
Conflicting schedule

No transportation

No child care

Other

Center
Will attend:

Will not attend:
Conflicting schedule

No transportation

No child care

Other

Home
Will attend:

Will not attend:

Conflicting schedule

No VCR

Other

DEMOGRAPHIC DATA FOR THESIS

CODE NUMBER

MARITAL STATUS

AGE OF PARENTS

(MOTHER) (FATHER)

AGE OF CHILD

AGES OF SIBLINGS

HIGHEST LEVEL OF EDUCATION OF PARENTS

(MOTHER) (FATHER)

NUMBER OF MONTHS IN AN INTERVENTION PROGRAM

DISTANCE FROM HOME TO CENTER

ETIPS PARENT TAPES
EVENING VIEWING RECORD

DATE: TIME: LOCATION:

TAPES VIEWED:

NAME: CHILD'S NAME:

RELATIONSHIP TO CHILD:

WHAT DO YOU THINK ABOUT THE TAPES?

DO YOU HAVE ANY QUESTIONS ABOUT THE TAPES THAT WERE NOT ANSWERED TONIGHT?

ETIPS PARENT TAPES
HOME VIEWING RECORD

DATE: TIME: LOCATION:

NAME:

TAPE WATCHED:

DID YOU WATCH ALL OF THE TAPE?

DID YOU WATCH THE TAPE MORE THAN ONCE?

HOW MANY OTHER PEOPLE WATCHED THE TAPE WITH YOU?

WHAT DO YOU THINK ABOUT THE TAPE?

DO YOU HAVE ANY QUESTIONS ABOUT THE TAPE?

ETIPS PARENT TAPES
CENTER VIEWING RECORD

DATE: TIME: LOCATION:

NAME:

TAPE WATCHED:

DID YOU WATCH ALL OF THE TAPE?

DID YOU WATCH THE TAPE MORE THAN ONCE?

HOW MANY OTHER PEOPLE WATCHED THE TAPE WITH YOU?

WHAT DO YOU THINK ABOUT THE TAPE?

DO YOU HAVE ANY QUESTIONS ABOUT THE TAPE?

VITA

Janice H. Barton was born on April 2, 1946 in Dyersburg, Tennessee. She attended elementary schools in Millinocket, Maine and graduated from Stearns High School in that city in 1964. She received a Bachelor of Science degree in Biology from the University of Maine, Orono, in 1968.

She joined the staff of the Little Tennessee Valley Educational Cooperative's Birth Through Three Program in 1984 and entered The Graduate School of the University of Tennessee, Knoxville, in 1987. She received the Master of Science degree with a major in Special Education in May, 1989.