CHAPTER THREE
INVOLVING PARENTS IN EARLY INTERVENTION PROGRAMMES

3.1 DEFINING PARENT INVOLVEMENT IN EARLY INTERVENTION PROGRAMMES

3.1.1 Introduction

It is worthwhile to reflect on developments in the field of early intervention, and how the field has moved towards more family-based approaches to service delivery. Such approaches acknowledge the context of the child development, for children do not develop apart from the contexts of their lives, but are always in interaction with their environment. Many researchers and practitioners feel that family-centered models are both more humane and more respectful of the dignity of the child and the family (Carpenter, 1997 p.394). This is not to diminish the qualities that professionals working in the early intervention phase should possess, but to emphasise that the early intervention team should have the family at its centre. In this position, a family involved with early intervention should be self-supporting and self-sustaining even at times of uncertainty and anxiety. Such approaches increase the abilities of families to provide resources to other families, in order to assist them in solving problems. Hornby (1995 p.39) discusses parent-to-parent schemes which illustrate this particular approach. Sensitive interaction within the early intervention team will enable a family to change its contribution over time. The dimensions of family involvement may increase or decrease, depending on how the family feels at various times. As with any child-rearing process, there are problem patches. What must be acknowledged, according to Carpenter (1997 p.394), is that families of children with specific needs are, first and foremost, families, and there should be space for and acceptance of the full range of emotions experienced by any family.

Many reasons have been offered as to why parents should be involved in early intervention programmes (White, Taylor, & Moss, 1992 p.95; Belt & Abidin, 1996 p.1020; Bernbaum & Hoffman-Williamson, 1992 p.213; Webster & Ward, 1993 p.223;). On the basis of the above-mentioned literature, six common explanations for the importance of involving parents have been identified.

Firstly, parents are responsible for the welfare of their children. Most parents want to have a voice in their child's education because of this ultimate responsibility.
Secondly, involved parents provide better political support and advocacy for early intervention

programmes. Some claim that, if parents have first-hand information about their child's early intervention programme, they will be in a better position to advocate the further growth and support of such programmes.

Thirdly, early intervention programmes which involve parents result in greater benefits for the children. It is often argued that the benefits of the early intervention programme will be strengthened if the family is involved.

In the fourth place activities that involve parents benefit both parents and other family members. It is often said that if parents are helped to understand their child's current situation and potential and how to manage his needs and demands they will have lower stress levels, more satisfaction with their situation, and a more realistic perception of what is possible and desirable. Participation in early intervention programmes also exposes parents to other agencies and services which might be useful to them in other aspects of their lives.

In the fifth place, the same outcomes can be achieved at less cost if parents are involved. Early intervention services can be very expensive. It is often suggested that if certain services can be rendered by parents instead of professionals, the costs of early intervention can be dramatically reduced.

Lastly, the benefits of early intervention are more lasting if parents are involved. It is often argued that the involvement of parents will reinforce and maintain the benefits of early intervention, because parents are the only ones who will consistently be involved with the child. The responsibilities of agencies may change, the family may move, or funding may be cut, but the child will always be a member of his family.

3.1.2 Parent involvement

Parent involvement has been defined in many different ways, depending on the age and functioning of the child, the educational context, and the goals of a particular programme, (White, *et al.* 1992 p.92). With regard to early intervention programmes for children who are disadvantaged or at risk, most people would agree with McConachie (1986 p.76) that the general parameters of parent involvement include one or more of the following components:

- Teaching parents specific intervention skills, to assist them in becoming more effective agents of change for their children.
- Providing social and emotional support to family members.
- Exchanging of information between parents and professionals.

- Parents participating as team members (e.g. in assessment or programme planning).
- Developing appropriate parent-child relationships.
- Assisting parents in accessing community resources.

Similarly, Crais and Wilson (1996 p.129), as well as Peterson and Cooper (1989 p.221), suggest that the activities designed to involve parents in early interventions should respond to one or more of the following needs of a particular family:

- Information to help parents understand their child's special needs and how these special needs may alter their role and interaction with the child.
- A professional partnership, so that parents can function in the mutual problem-solving process necessary to care for, manage, teach, and integrate the child into family life.
- A support network to share feelings, discuss concerns, receive constructive and empathic responses to questions and observations, and enjoy a sense of friendship and camaraderie.
- Training to help parents care for, stimulate, and teach their child, including training in how best to manage the child and/or how to engage the child in activities that will promote optimal development and learning.
- Respite care, to provide personal relief from the 24-hour demands often associated with having a child with special needs.
- Informal contact with staff, so that parents can be a part of therapeutic and educational programming for their child without feeling overwhelmed by the demands being made of them as parents.

Thus, there are two important dimensions which should be considered in defining parent involvement in early intervention programmes. The first is the type of activities in which parents are engaged, or the types of resources and assistance which are offered to parents and families as a function of parent involvement. A second dimension is the attitude and context in which those activities are presented.

The early intervention programme to be developed for the parents of LBW premature babies will need to take the above-mentioned components into consideration to enable maximal parental involvement, while ensuring compliance with the parents' specific needs. However, according to White et al. (1992 p.92), no current discussion of parent involvement in early intervention would be complete without reference to the concept of empowerment.

3.1.3 Parent empowerment

Cochran (1988 p.41) suggests that parent empowerment occurs if there is a shift in the balance of power, from being primarily in the hands of the professionals to being substantially in the hands of the parents. Although empowerment is often discussed as if it were a new approach to parent involvement in early intervention programmes, Mindick (1988 p.59) points out that it is a concept which has been advocated for many years. Researchers in other fields, such as Seligman, Olson and Zanna (1996 p.13), have long emphasised the importance of people's ability to feel that they are in control of the situation.

According to Carpenter (1997 p.393), professionals should relinquish some of their domination of early intervention programmes, and invest the power in those parents who can control their own situation, their own lives, and the lives of their children by accessing professional resources at times when they feel it to be valuable. This approach would give both advocacy and empowerment to the parents, and would demand a reconceptualisation of the patterns of work. With the ever-shrinking resources available to early interventions, such a model may be the only way forward if we are to continue to give families opportunities, awareness and skills that will benefit their family life.

This particular line of thought is supported by the empowerment model of working with parents advocated by Appleton and Minchcom (1991 p.30). This approach recognizes that a family is a system with its own social network. It echoes the consumer approach, but clearly states that parents should have a choice of services as well as of their level of engagement with a particular service. More recently, this work has been developed further by Dale (1995 p.109) by means of her negotiation model. Her approach, in which the parent is seen not only as an equal, but also, with regard to certain points, as a leader in the parent-professional relationship, should be fundamental to such working relationships.

Alvares (1997 p.163) mentions another approach, namely the polyoccular approach, which is used in early intervention to empower families by acknowledging and respecting the family's perspectives on their child's development. Ways to facilitate this process of sharing perspectives may include the following: using examples, non-technical language, first person pronouns, and multi-cultural considerations.

Beresford (1996 p.135) has also developed an approach which, instead of focussing on the negative aspects of caring for a child with specific needs, recognizes the importance of looking at how parents cope with the difficulties they face. In so doing, she has cast parents in a new

role, in which they are seen as actively managing the situation. This approach parallels that of Carpenter (1997 p.395), which goes one step further and terms the parents as researchers.

Empowerment is therefore related to a family's use of their support networks. The process of empowerment is based on an ecological understanding of the environment, which includes personal social networks as a key component. According to Parry (1994 p.4), people perform the way they do because of what they know (knowledge), how they feel (attitudes, styles, values, feelings, beliefs and opinions), and the abilities that they possess (skills).

It therefore seems that addressing all three aspects (knowledge, feelings and skills) is essential to the success of empowerment. Individual support and counselling, as well as support and counselling groups, are methods of achieving this objective with parents.

3.1.4 Parent support and counselling groups

According to Moore (1995 p.103), the understanding and support that parents in similar situations can give to one another are of tremendous value. Talking with other parents about practical problems, sharing the experience of visiting a baby in NICU, and voicing their concerns about the equipment or treatment, may contribute positively to the well-being of the whole family. In a survey done by Moore (1995 p.104), many parents expressed the feeling that only another mother or father in the same situation could really understand it, which also indicates the need for support groups.

Support groups help build self-esteem, and help the members of the caregiving family see themselves not only as competent and coping with personal problems, but also as competent in helping others cope (Bass, 1990 p.91).

According to Corey and Corey (1997 p.10), the counselling group usually focusses on a particular type of problem, which in this case is the birth of a LBW premature baby. Counselling is often carried out in an institutional setting, such as a hospital. This type of group differs from a therapy group in that it deals with conscious problems, is not aimed at major personality change, is generally orientated toward the resolution of specific, short-term issues, and is not concerned with the treatment of more severe psychological and behavioural disorders.

Group counselling has both preventative and remedial aims. The group involves an interpersonal process that stresses conscious thoughts, feelings and behaviour (Parry, 1994 p.5). The focus of the group is often determined by the members, who are basically well-

functioning individuals who do not require extensive personality reconstruction and whose problems relate to the developmental tasks of the lifespan, or to finding means to cope with the stresses of a situational crisis (for example parents learning how to stimulate their LBW premature baby appropriately according to his developmental age). The group is characterized by a growth orientation, with an emphasis on discovering inner resources of personal strength and helping members to deal constructively with barriers preventing optimal development. The group provides the support and the challenge necessary for honest self-exploration.

The group facilitator's duty is to structure the activities of the group, to see that it maintains a climate favourable to productive work, to facilitate member participation and interaction, and to encourage the members to translate their insights into concrete action plans (Chenoweth & Synowiec, 1995 p.2). To a large extent, group facilitators carry out this role by teaching the members to focus on the here and now and to establish personal goals that will provide direction for the group.

Participants in group counselling often have problems of an interpersonal nature, which are ideally explored in a group context. Members are able to see a re-enactment of their everyday problems unfold before them in the counselling group. The group is viewed as a microcosm of society, in that the membership is diverse. The group process provides a sample of reality, with the struggles people experience in the group situation resembling their conflicts in daily life. Members are encouraged to see themselves as others do through the process of receiving feedback. They have a chance to experience themselves as they used to in their original family, reliving conflicts they have had with significant people in their lives. There is also the chance to practice new ways of behaving, for the empathy and support in the group help members to identify what they want to change and how to change it. Participants can learn to respect cultural and value differences, and can discover that, on a deep level, they are more alike than different. Although their circumstances may differ, their pain and struggles are universal (Corey & Corey, 1997 p.10).

It is also necessary to look at adult learning (parents as participants) to be able to design an early intervention programme for parents that is appropriate in terms of its components, design, format and implementation, as well as to clarify the role of the group facilitator.

3.2   ADULT LEARNING

3.2.1   Introduction

Malcolm Knowles is generally credited with the invention of the term "andragogy" (Simpson, 1995 p.92). It is derived from the Greek words *aner* (meaning adult) and *agogus* (meaning guide or leader). Thus it may be defined as the art and science of helping adults learn. Andragogy, the concepts and methods appropriate to adult learners, characterizes the work of Knowles in a unique way. Essentially, Knowles (1990 p.16) and Herbeson (1991 p.196) see andragogy as focussing upon:

- self-directness;
- previous experience as a resource;
- learning related to real life problems; and
- increasing competence for life's tasks.

Chinchen (1992 p.55) suggests that parents as participants be recognized to possess the following characteristics. They:

- are independent and responsible;
- experience conflicting responsibilities;
- have external pressures;
- want quick, efficient ideas for immediate application;
- are more likely to be outspoken about teaching which is inappropriate;
- are anxious about their performance; and
- possess different learning styles which may require conflicting teaching approaches.

She also suggests that assessment of their backgrounds, abilities, needs, and experience is necessary in developing a meaningful programme.

Appropriate methods for educating adults would therefore seem to involve the active participation of the parent in all aspects of the learning process, and the provision of appropriate support by the group facilitator (Simpson, 1995 p.92).

According to Chinchen (1992 p.61), the motivation for learning in adult education may come from a variety of sources. Some people are motivated extrinsically, e.g. motivated by the discharge nurse. Other participants are motivated intrinsically, e.g. they like the social aspect of learning in a group. The expansion of knowledge is something that some people thrive on.

Others feel threatened and are disinterested in attaining further knowledge. If a person is forced to attend he/she may become a negative and demotivating force within the group.

All adults, according to Knowles (1992 p.11), have individual learning styles and preferences of ways to learn. People tend to learn by means of the four methods of testing, feeling, watching and theorizing. Multi-sense learning is therefore important.

3.2.2 Experiential learning as application of adult learning

Walker (1996 p.329) indicates that "experiential learning" refers to a spectrum of meanings, practices and ideologies. This author noticed that there are two common conceptions of experiential learning, namely that it is concerned with personal growth and development, and that it approaches increased self-awareness and group effectiveness.

According to Simpson (1995 p.94): "Experiential learning can be described as learning by living through problems". Experiential learning is directed towards the learning process. In practical terms, it may focus upon applications of the learning or improvements in the process of learning. Therefore, putting this into practice, it is necessary to set parameters to follow when designing an early intervention programme for parents.

Boud, Cohen and Walker (1993 p.8-16) have developed five principles which may help the facilitator of the parent support and counselling group to develop effective experiential learning opportunities and to assess the integrity of his/her own professional practice in this mode. The principles are the following:
1. Parents' experience is the foundation and the stimulus of parents' learning.
2. Parents construct their experience by learning actively.
3. Parent learning is a holistic process.
4. Parent learning is socially and culturally constructed.
5. Parent learning is influenced by the socio-emotional context in which it occurs.

The following section focusses on ways to establish experiential learning in a support and counselling group as part of an early intervention programme for parents of LBW premature babies.

3.2.3 The facilitation of parental support and counselling

(1)   Introduction

Facilitation is about a process (how you do something) rather than about content (what you do). A facilitator is a process guide, someone who makes a process easier or more convenient (Heron, 1991 p.9) and Humphreys (1993 p.6).

According to Hunter, Bailey and Taylor (1995 p.1), one can facilitate oneself, another person or a group. Some sessions of the programme involve facilitating individuals, and some sessions involve groups. However, to facilitate a group effectively one needs to facilitate oneself, and needs to be able to facilitate others individually as well, because groups are made up of individuals who come together to fulfil a particular purpose. This programme consists of individual sessions as well as group sessions.

(2)   Facilitating oneself

Facilitating onerself is about self-awareness (Hunter, Bailey & Taylor, 1995 p.8). There seem to be various personal aspects which a group facilitator needs to be aware of.

According to Chinchen (1992 p.95) and Louw and Sidzumo (1997 p.9), a good group facilitator has the following characteristics: friendly, positive, warm, open, supportive, sincere, accepting and non-judgmental, informed and aware, organized, flexible, competent, able, resourceful, objective, professional, goal-orientated, optimistic with a positive sense of self esteem, patient, courteous, tactful, empathic, sensitive, active, motivated, dependable, trustworthy, predictable, a conviction that participants will benefit from the particular programme offered and that they can lead the group effectively, and the courage to be imperfect, since mistakes are seen as a necessary part of the learning process.

These characteristics all belong to the general area of communication skills. Ideally, every group leader should possess these qualities. However, parent support and counselling, as a preventative strategy on a macro-educational level, is an advanced strategy, because the information and knowledge gained must also be transferred to and translated into specific parenting skills. Therefore the development and facilitation of a structured early intervention programme for parents of LBW premature babies should ideally be done not only by someone who possesses these qualities, but by an educational psychologist (also see 1.7.7). In addition

to the above-mentioned characteristics, the group facilitator should also be able to complete the following tasks:

- setting goals and tasks and obtaining commitments
- planning structure and pace
- engaging and involving all participants to encourage participation in the group
- leading appropriately
- facilitating skills which recognize and acknowledge group members' contributions, stimulate discussion and encourage active participation with others
- communicating skilfully, especially listening, promoting feedback, summarizing and linking
- protecting from and blocking inappropriate statements from others, assisting with overwhelming feelings and challenges
- modelling appropriate attitudes and behaviours
- co-ordinating the programme

Kruger and Van Niekerk (1998 p.80) and Lewis (1991 p.232) found that facilitators who feel good about themselves often also produce the same feelings in the participants in their sessions. The facilitator's attitude towards himself influences the way he feels, thinks and acts. How he feels, thinks and acts will depend largely on his self-awareness, self-esteem and self-efficacy.

(3)   <u>Facilitating others</u>

Good and Brophy (1991 p.7) and Wineburg (1987 p.31) have come to the conclusion that a facilitator's expectations determine to a considerable extent how much participants think and expect of themselves and what they will learn.

According to Good and Brophy (1991 p.11), facilitators communicate expectations to participants not only verbally, but also in many non-verbal ways, such as their tones of voice, their facial expressions, stances and eye contact.

Each facilitator may also have his own likes and dislikes, and the parent characteristics which may influence facilitators vary (Kruger & Van Niekerk, 1998 p.71). However, they has highlighted the following factors that often have an influence on the attitudes and expectations of facilitators: social class, ethnicity, gender, appearance, parents' temperaments, family composition, intellectual endowment and stereotypical ideas. Wineburg (1987 p.33) gives a few ideas for avoiding the negative effects of a facilitator's unconscious expectations, namely:

- Use information about parents very carefully.
- Be flexible in the use of grouping strategies.
- Be sensitive to all participants at all times.
- Use activities and materials that represent a wide range of ethnic groups.
- Monitor non-verbal behaviour constantly.
- Involve all the participants in the sessions and ensure that they all participate in the activities.

Congruence is to be true to oneself in one's relationships with others. It means to be sensitive to the needs of the participant while still being truly oneself (Webster & Ward, 1993 p.25). For a programme to be successful, mutual trust is essential. For the facilitator, this implies a basic faith and confidence in the participant's potential for self-actualization. Trust entails the unconditional acceptance of people as unique individuals worthy of respect.

In order to build an effective relationship with the participants, the facilitator needs to adhere to and express the following basic conditions. Carl Rogers states that when these conditions exist in a relationship, a characteristic process is set in motion. This process allows for development - the "actualizing tendency". The most important basic conditions are empathy, warmth and congruence (Heron, 1991 p.78).

Empathy can be described as sensitivity to and understanding of the feelings, motives, attitudes and values of others. It is seeing the other's world from the other's perspective. It is using the attending skills of reflective listening in order to hear the other accurately (Kruger & Van Niekerk, 1998 p.91). Sensitivity further implies that a participant will not be forced to participate against his/her will and not be coerced into disclosing information which he/she is not yet ready to share with others (Yalom, 1995 p.432). It is acknowledging every participant as a person of worth (Webster & Ward, 1993 p.23).

As a facilitator one needs to love people and have the ability to identify with them and their problems. A facilitator needs to be honest in his relationships with the participants. Warmth and caring are expressed to the participant essentially through nonverbal communication, such as voice tone, expression, posture et cetera (Bernard & Mackenzie, 1994 p.24).

When busy with a programme, a facilitator will often be confronted with the most intimate feelings of the parents. It is therefore important that a facilitator develops active listening skills in order to hear what "is never said out loud". The facilitator and the participants will come to realize that answers are relative, and reveal themselves when parents participate actively in the activities (Heron, 1991 p.180).

(4)   Facilitating a group

The parents of LBW premature babies have been included as participants in the early intervention programme development, because of a need that has been identified. The programme aims to be in the format of individual sessions as well as a support and counselling group. Each method and activity used in this programme must therefore have a clear and meaningful purpose.

The purpose of an activity is generally stated only very broadly prior to the exercise, and is elabourated on after the conclusion of the exercise. Occasionally, it is found to be inappropriate to give a large amount of information prior to a particular exercise, as that information may bias the outcome (Chinchen, 1992 p.55).

Better learning comes from participants' seeing and experiencing the different ways of doing something and then drawing their own conclusions about which are best. As mentioned in 3.1.4, the learning outcomes for different individuals will vary substantially after the same exercise. This is due to the fact that each participant has his/her own perspective and past experiences which affect the present situation.

The objectives of the programme need to be discussed, so that participants will know what they are supposed to gain from the programme. According to Bass (1990 p.31) it is also important to note that parents, as participants, may have special needs that they want the course to meet. Giving them the opportunity of setting goals with the facilitator is thus important. A needs analysis of the group may have been done and will have identified both specific and general educational needs. However, the participants may still have specific needs that they want the course to meet, and the start of the group is an ideal time to bring these to the fore. This can be done by means of a pen and paper exercise during which the parents brainstorm on their objectives for the current session and beyond.

According to Chinchen (1992 p.56), it is important for participants to experience success in the group environment. It is success that will keep them trying to improve. So tasks set early on in a programme need to promote success. These tasks can then be used as the foundation for further work in developing skills and knowledge. The balance which needs to be achieved is that of tasks which provide a challenge, but still allow success.

The reinforcement of skills is also important (Chinchen, 1992 p.56). A one-off success is not enough to bring about lasting change. Chinchen emphasizes the fact that a programme should,

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instead of giving parents many new skills and all the theory they need to know in a short period of time, identify the essential skills and let the participants understand the theory, and then practice the skills several times. Mistakes are made and participants are assisted within the group setting.

Humphry (1991 p.44) suggests that if one is to work with groups it is essential to have a basic understanding of the functioning of a group, in terms of structure, pattern, content, processes and cultural issues.

(a)   Structure

This component has a functional effect on the group that provides clues to the process. It is also this component which is influenced by the facilitator, and then has a ripple effect throughout the group. For example, a facilitator can change the physical arrangement of the group or can influence the fixed patterns of communication in the group (Erasmus, 1997 p.32).

The structure is the physical embodiment or physical component of the group. It represents the "building blocks" of the group, and provides the most basic point of entry in analyzing the group. The main components of the structure are: organization, group, and individual (Ormont, 1992 p.113). Organization is the physical context, size, geographical area et cetera within which the group functions. The group represents its size, composition, subgroups, geographical distribution, leaders, subgroup leaders et cetera. Individual is the description of members in the group (personalities, qualifications, expertise et cetera).

The atmosphere and physical characteristics of the venue are essential dimensions of a successful parent group (Heron, 1991 p.32). The symbolic meaning of the venue can have a significant impact on parent behaviours. The size of the room should match the number of people involved, and a conversational voice should be used to communicate. A circular arrangement of chairs further facilitates communication and an atmosphere of sharing. The room should impart a sense of psychological security. The following qualitative conditions might help to establish this ideal environment: muted colours, freedom from distracting noise, carpeted floors, comfortable chairs, air conditioning, and good acoustics.

However, as we all know, some of the venues in which group work is done may not fit these criteria. It must be remembered that the participants are interested in the content presented and not the venue. Chinchen (1992 p.60) gives ideas for making the environment conducive to learning in the most trying circumstances. Equipment that presents a neat and professional

image should be installed - this gives participants confidence. Mention should be made that the venue is not ideal. Posters and other items, which cannot be removed from the walls can be covered by any suitable type of paper.

According to Abidin (1980 p.116), for most workshop groups aimed at specific problems of child management in a preselected population, the ideal group size should be between six and ten individuals. Somewhat larger groups, of between ten and twenty members, can be used if the focus of the group is to teach basic skills of parent/child interaction (Turnbull & Turnbull, 1990 p.29). Failure to control the size of the group usually reduces the relevance of the experience to the individual group members' concerns and interests. Attendance rates, according to Pfannenstiel and Honig (1995 p.89), also diminish as the group size increases.

The frequency of the meetings depends upon the purpose of the group. In groups designed to deal with specific problems of intense current concern to the parents, the group may meet two to three times weekly, with a reduction in frequency as the situations are resolved (Hornby, 1995 p.106). The most common meeting schedule is once a week, for a fixed period of time, usually between six and ten weeks. This is ideal for parent groups designed to deal with specific parenting skills, parent attitudes and values, or general developmental issues.

The length of the sessions is dependent upon the nature of the tasks and issues to be dealt with by the group; as a general guideline, meetings should last from 1½ to 3 hours (Pfannenstiel & Honig, 1995 p.87). Discussion groups and groups that focus on normal development can readily be managed in a 90-minute format. According to Hornby (1995 p.109), groups designed to teach skills or deal with specific behaviour problems usually require 2 or more hours per session. This meeting time is required for all groups in which role play, demonstrations and skills practice are a part of the programme. Group leaders must always be sensitive to the fact that each session covers unique things, and they must provide time for the sequential stages as well as the main focus of the particular session.

Yalom and his colleagues (1995 p.128) studied the impact of leader behaviour upon member outcome in a large number of encounter groups. The subjects were well-functioning adults. Two findings are particular relevant. The researchers measured the amount of structure each leader provided and studied the correlation between the amount of structure and the outcome of the members. There is a positive correlation between the amount of structure provided and how competent the members deemed their leader to be immediately at the end of the group experience. A related finding, however, demonstrated an inverse correlation between the amount of structure the leader used and the overall outcome of the group members at the six-

month follow-up. In other words, the more structure the leader provided, the less positive growth was demonstrable in the group members six months after termination of the group.

The use of co-facilitators enhances the operation of a parent group, particularly when the leaders are of opposite sexes (Abidin, 1980 p.117). Co-facilitators provide a means whereby communication can be facilitated between the facilitators and the members. The co-facilitators can strategically assess and monitor communication patterns in the group interaction while the other facilitator is interacting.

The presence of two facilitators also ensures continuity in the sequence of group sessions in the event of one facilitator's not being able to attend a given session. The use of two facilitators provides a good mechanism for the evaluation of the session (Ormont, 1992 p.180). This potential for growth and improvement of the facilitators' skills is maximized when a debriefing period occurs immediately after the group session and the facilitators can trade feedback.

(b)   The pattern

The pattern of a group is the configuration of relationships among the system's components, which determines the system's essential characteristics. The complexity of a group pattern compels one to think inclusively regarding the different pattern possibilities (Heron, 1991 p.45). Thus the wealth of patterns is explored. The manner in which the group employs different patterns tends to get fixed. This rigidity of patterns is called the network of a group, and can be analysed in three areas: group within organization, interaction in the group, and individuals within the group.

(c)   The content

The content involves all words explicitly spoken during a session (Erasmus, 1997 p.41). According to Hornby (1995 p.64), the facilitator (working with a group of parents) must begin by understanding the parents' perceptions of the infants' problems, in this case the low birth weights of their premature babies. The parents' histories may include information related to the parent-infant relationships. The parents' right to privacy should, however, be respected. A key to successful assessment is allowing time to gather information and establish a working relationship with families.

Humphry, (1991 p.44) suggests that what a parent knows about development is only one source of influence on parenting, and knowledge has only a weak relationship with behaviour. She

continues, however, that positive developmental outcomes have been found when the parent is provided with information about child development, rather than behaviour management skills, and is engaged in a problem-solving approach.

(d)   The processes

The collection of functions of the first order elements (i.e. the structure, pattern and content) is called the process of a group, and forms the link between these elements. It can be described as the cement keeping the group together. A summary of it enables one to describe the growth, nature and development of the group (Erasmus, 1997 p.46).

According to Chinchen (1992 p.41), group stages could look as follows: Stage one may consist of participants' feeling nervous, unsure and dependent on the facilitator, testing the ground rules and wanting to get on with the tasks. During stage two the participants' irritation may move to aggression, there may be verbal as well as non-verbal signs of discomfort, and some may want to drop out of the group. With stage three, group cohesion should increase, and control may be transferred from the facilitator to the group members, who might share it with the facilitator. During stage four, the group should function together, and the direction and purpose of the session are visible. The final stage occurs when the end of the group sessions is near.

The process can also be contrasted with the content. The content refers to the words explicitly spoken, as previously mentioned. The process is a different matter, namely what the content tells us about the interpersonal relationships between the participants (Erasmus, 1997 p.43).

In every group, a set of unwritten rules or norms evolves which determines the behavioural procedures of the group. Norms in a group are constructed both from the expectations of the members of the group and from the explicit and implicit directions of the facilitator and the more influential members. The facilitator has an enormous influence on the norms of the group. The task of the facilitator is to create a group culture that is maximally conducive to effective group interaction (Bernard & Mackenzie, 1994 p.111).

According to Heron (1991 p.68), there are two ways in which the facilitator can shape the norms in the group: technical (explaining rules, making suggestions and offering reinforcement) and modelling (the group will take hints from the example of the behaviour of the facilitator).

In order for a group to function effectively, it also has to have a clear boundary (Heron, 1991 p.120). The boundary distinguishes the team from the external environment, and also

contributes to the identity of the group. There are usually also numerous boundaries that can be distinguished within a group. These could be a part of the structure of the group, such as a division into a subgroup, or they could be informal boundaries such as "cliques" in the team.

Generally, conformity to perceived or stated norms will be higher in the early stages of the group (Chinchen, 1992 p.38). Sometimes group members conform because they recognize that the norm is good for the group. As the confidence of participants grows, so does their ability to address their personal needs. According to Chinchen (1992 p.39), different roles can be taken on by group members, including those of antagonist, devil's advocate, passive participant, victim, rescuer, dominator, power player, cynic, and many others. Some roles do not affect group functioning, whilst others can have disastrous effects.

The task of the facilitator is to identify the roles being played and to try to counter them if they cause a problem within the group. Roles can move from one participant to another. They are able to contribute to the group by promoting interaction. However, some roles, due to their ability to distract others and disrupt the group, need to be dealt with appropriately.

Leadership is viewed as a function of the group, according to Ormont (1992 p.170). In a group there are formal as well as informal leaders. The behaviour of the leader contributes to the processes in the group.

The silent group member is often seen as being uninvolved (Yalom, 1995 p.480). However, group involvement and participation are not necessarily indicators that learning and change are taking place. The silent group member's attendance, eye contact and posture are often clues as to whether the individual is truly uninvolved or not (Bernard & Mackenzie, 1992 p.178). In some parent groups, it is essential that all members participate in the exercises for the benefit of the other members. In such cases, according to Yalom (1995 p.481), the group members' continued attendance in the group may be conditional upon a certain degree of participation. This issue is usually resolved when the facilitator indicates support to the silent member, and listens to any concerns or apprehensions he/she may express.

The actions of monopolizers are often based on a need for personal acceptance and/or a large amount of anxiety about their adequacy (Bernard & Mackenzie, 1994 p.192). Paradoxically, the monopolizer often receives covert and, occasionally, overt disapproval messages from the group, which only further stimulate the need to speak (Yalom, 1995 p.282). Bernard and Mackenzie (1994 p.192) mention a few steps that could be taken to resolve this problem. The facilitator can reinforce a group rule which states that everyone has equal time to share. Also,

the monopolizer must not be put down or criticized by the facilitator, but should be made to feel validated for the contribution. The facilitator may interrupt and divert the focus of attention to other group members without offending the monopolizer.

Crying and emotional upsets cannot and should not be ignored. According to Erasmus (1997 p.72), these situations should be handled in a low-key manner, with the facilitator demonstrating patient reassurance. Recognition of the emotions being experienced can also help the individual who is upset. If the upset continues for more than five minutes, the facilitator may ask the member if he/she would like to take a break from the group for a few minutes. Ideally, the co-facilitator should accompany the group member if he/she chooses to leave the group.

(5)   Cultural issues

(a)   Introduction

The word "culture" often refers to the beliefs, institutions, norms, traditions and values of racial, ethnic, linguistic, religious or social groups (Lowenthal, 1996 p.145). Because of their focus on young children with special needs and their families, many early interventionists will need to work with families whose practices and traditions may differ from their own. Participants may also come from diverse cultural backgrounds, and the facilitator may have to assist them to understand each other (Webster & Ward, 1993 p.115).

(b)   Awareness of cultural issues

To be aware of cultural differences is to recognize that the way we act and what we believe can be different from the way other people act or what other people believe (Kalyanpur & Harry, 1997 p.489). The framework developed by Delpit (1995 p.23) to describe levels of racial discrimination suggests that there are three levels of cultural awareness: overt, covert and subtle. The overt level is the awareness of obvious differences, like language or manner of dress. The differences are often external and therefore expected. Because they are expected, it is much easier to accommodate them. When dealing with families from diverse cultural backgrounds, the provision of an interpreter is the most common adaptive practice. Other culturally-sensitive practices include arranging for transportation and holding sessions at a place and time convenient to the participants.

The covert level goes a little deeper and involves an awareness of differences which cannot be recognized by outward signs. It is what Philips (1983 p.11) refers to as aspects of "invisible

culture", such as parameters of status or interpersonal communicative styles, which require sustained contact or observation before becoming apparent. Although covert levels of awareness can help achieve greater sensitivity and acceptance of differences, the effect is still limited because professionals may either not seek an explanation for behaviour or they may find an explanation that makes sense to them but does not make sense to the families. For instance, varying cultural concepts of time can present major barriers to effective parent-professional interaction if not understood or respected.

The subtle level of cultural awareness involves the recognition of the embedded values and beliefs that underlie our actions, and the awareness that these beliefs, which we have up to this point taken for granted and assumed to be universal, are, in fact, beliefs and values specific only to our culture. This effort is the most challenging, because identifying these features eludes us not only in the cultures of others, but even more so with regard to our own culture.

In the field of dealing with parents of LBW premature babies, issues that are most likely to generate differing cultural interpretations, according to Lowenthal (1996 p.146) and Kalyanpur and Harry (1997 p.492), are: awareness of one's own culture, differences in family structures, diverse child-rearing practices, different perspectives on the aetiology of disabilities and the value of interventions, diverse communicative styles, and socioeconomic difficulties. Each issue will be discussed shortly.

Awareness of one's own culture is a first step in recognizing the cultural diversity of others. Interventionists should examine their own beliefs and attitudes with regard to race, different cultures, linguistic differences, and family structures. Conflict and a sense of mistrust could be created if early interventionists are unaware that the values of the families are different to their own. If cultural differences are not taken into account, the interventionist proposed by the professionals may be considered inappropriate and opposed by the families.

(c)   Differences in family structures

Awareness of the family structure can help eliminate misunderstandings among early interventionists and family members (LeVine, 1994 p.13). For example, extended families in which extended family members are responsible for the care of children with special needs do not represent parental neglect. The interventionist needs to know who the primary caregivers in the family are and to involve all of them in the process of making decisions about services and appropriate interventions. This suggestion can apply to any family, whether its structure is nuclear, adoptive, foster, blended, single parent, or extended.

(d)   Childrearing practices

To assist diverse families, the interventionist must come to know their child-rearing practices so that he/she can set behavioural goals for the children which correspond with family expectations (Kalyanpur & Harry, 1997 p.493).

(e)   Perspectives on the aetiology of disabilities and the value of intervention

The ways in which families from different cultures perceive the aetiology of disabilities are significant, as they affect the families' attitudes toward their children with special needs. A disability (or having a baby in NICU) can be viewed by various cultures as an omen of good fortune in the future, as a form of punishment (Groce & Zola, 1993 p.1051), or as a result of witchcraft. The consequences of these beliefs can affect the way that families treat their children with special needs. Family members may feel ashamed and neglect these youngsters. This neglect may take the form of being too embarrassed to accept the help of the interventionist in obtaining the services needed.

(f)   Diverse communication styles

In the process of communicating efficiently with families of diverse cultural and linguistic origins, there are two issues which come to the fore. The first concerns the use of interpreters, and the other the recognition of different interactive styles. When using interpreters to assist in cross-cultural communications, the interventionist must keep in mind that the words used in conversations with others can be misconstrued in the translation process. Effective interpreters on the early intervention team should have the following skills and abilities (Lynch & Hanson, 1992 p.201): proficiency in the languages spoken by both the families and the service providers, knowledge of the cultures of both the families and the early interventionist, the ability to explain diverse values and traditions, skill in cross-cultural communication, and the ability to keep information confidential.

The other issue in cross-cultural communication is that different cultures can have different interactive styles. There are cultures which emphasize the idea that children are to be seen but not heard. Behaviours such as talking assertively to adults, or making direct eye contact with them, is regarded as disrespectful and rude. To look down while the speaker is talking implies that one is listening intently in some Asian, African and American Indian societies (Williams, 1994 p.174). Differences in interaction styles can also be reflected in the length of time it takes to build relationships with family members. Some cultures may be direct in their

communications, while others prefer an indirect style in expressing their wishes. In many societies, there are differences in communication involving personal space, eye contact, paused time, tone of voice, facial expressions and touching, which service providers need to understand (Saland & Taylor, 1993 p.31).

(g)   Socioeconomic difficulties

Families of certain racial, ethnic and minority backgrounds are more likely to be affected by socioeconomic difficulties such as poverty, unemployment, lack of medical care, inadequate education, substandard housing and homelessness (Brookins, 1993 p.1058). Families with low incomes are more likely to suffer the effects of the lack of prenatal care, high infant prematurity and mortality, lack of child care, crime, illness and disabilities (Arcia & Gallagher, 1994 p.65). Basic survival needs, such as adequate food, shelter, clothing and health care, need to be met before family members can pay attention to the educational needs of their children. Early interventionists need to recognize the possible effects of poverty on families, and assist in obtaining appropriate services to meet their basic needs.

(6)   <u>Facilitating parents of LBW premature babies</u>

Liebenberg (1993 p.265) recommends that, when facilitating parents of premature babies, parents should be given information on the implications of premature birth as soon as possible after the birth. This includes information on the NICU as a physical environment, the apparatus and its functions, the medical procedures, as well as the baby's appearance and reactions. According to her, serious complications should only be discussed with the parents when necessary. According to Miles and Holditch-Davis (1997 p.262), it is important to aim communication about the infant's diagnosis and prognosis at the parents' levels of understanding, needs and values.

Another conclusion drawn from the study of Liebenberg (1993 p.165), is that parents should be allowed and encouraged to interact with their babies and help with their care. Emotional support is of great importance to these mothers. Liebenberg states that a follow-up service should be developed to ensure that the mother is still supported after the baby has been discharged. Information on prematurity should also be shared with family and friends, to ensure that they understand and support the parents with the necessary insight. Videos or brochures can be used for this purpose.

The development of an early intervention programme for parents of LBW premature babies will therefore have to include the different aspects of parent involvement, as well as parent empowerment. Knowledge, feelings and skills will need to be addressed by different activities (e.g. experiential learning). An early intervention programme will have to make use of individual sessions, as well as support and counselling groups, to achieve these outcomes.

3.3   CONCLUSION

This chapter looked at some criteria which an early intervention programme for the parents of LBW premature babies should meet successfully in order to meet the parents' needs. The following chapter deals with the formative evaluation of *The Güldenpfennig early intervention programme for parents of LBW premature babies*, in order to evaluate whether it has been integrated and implemented successfully according to the criteria discussed in this chapter.