

## **Effect of Paraprofessional Contacts in Rural Parent Group Recruitment**

**Gerard J. Connors**

*University of Texas Medical School  
at Houston*

**Harris Gabel**

*George Peabody College,  
Vanderbilt University*

*Despite the successes of programs designed to train parents to approach their children's problems with various counseling techniques, these parent education programs have suffered consistently from low attendance rates. Unfortunately, feasible procedures to attract more parents to these programs are lacking, especially among rural and lower income populations. The present study investigated in a predominantly rural area the effectiveness of indigenous paraprofessionals using preparatory techniques in parent education group recruitment. The preparatory procedures were designed to explain the group goals and the roles to be played by participants and to show the parents how the groups could be of interest and value to them. The paraprofessionals used personal and telephone contacts to produce attendance rates exceeding those commonly reported in the literature. Further, contacts facilitated attendance evenly across the four socioeconomic groups represented in this rural population. The effectiveness of indigenous paraprofessionals using preparatory techniques may provide a vehicle for increasing parent group attendance, making such groups available to larger numbers of parents.*

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Requests for reprints should be sent to Gerard J. Connors, University of Texas Medical School at Houston, Outpatient Psychiatry, 6410 Fannin Suite 600, Houston, Texas 77030.

Although programs designed to train parents to approach their children's problems with various counseling techniques (e.g., behavioral, reflective) generally have been quite successful (O'Dell, 1974; Tavormina, 1974), parent groups consistently have suffered from low attendance rates, particularly in rural areas and among lower income parents. In reviewing parent programs for disadvantaged parents, Chilman (1973) reported modal attendance rates of only about 10% of the target populations. When one considers the value of training parents as mental health agents (D'Augelli & Weener, 1978; Guerney, 1969) and that parenting programs have engendered positive effects (e.g., Gabel, 1975; Hereford, 1963), there clearly is a need to develop feasible procedures to attract more parents to these groups.

Various hypotheses have been proposed to account for the low attendance rates (Boger, Kuipers, Cunningham, & Andrews, 1974; Gabel, Graybill, DeMott, Wood, & Johnston, 1977; Heitler, 1976). However, one theme that underlies all of these hypotheses is that parents generally lack an awareness or understanding of the groups and their purposes. In addition, there often exists a misunderstanding about parent and group leader functions, and how the sessions will be structured. In this regard, Nunnally (1961) has indicated that lower socioeconomic status persons generally are distrustful of such programs, and proposed that future emphasis needs to be placed on improving attitudes about mental health programs.

During the past decade, a new area of research involving the use of preparatory procedures has been evolving (Heitler, 1976). These *preparatory techniques* basically are designed to provide potential participants with realistic expectations about mental health programs in an attempt to break down some of the barriers to participation. When used to prepare parents for parent groups, the preparatory technique has three major purposes. The first is to develop a rational basis for parents to accept the group as a viable source of training or help. The second is to define clearly the roles to be played by the group leaders and parents. The third purpose is to outline the course to be followed by the group. Several studies have shown that providing premeeting information to clients can decisively affect therapeutic relationships (Frank, 1959; Goldstein, 1962; Greenberg, 1969). Furthermore, the use of preparatory techniques has been shown to increase the development of interpersonal interaction in groups (Yalom, Houts, Newell, & Rand, 1967), to foster an accelerated working alliance within groups (Heitler, 1973), and to facilitate more favorable therapy experiences (Strupp & Bloxom, 1973).

Existing research on the effectiveness of the preparatory technique also indicates that individuals differ in the amount of benefit they gain from the technique. Strupp and Bloxom (1973), for example, have noted an inverse relationship between level of sophistication with psychotherapeutic

techniques and response to preparatory techniques. Thus, although preparatory techniques generally may benefit participants, those persons least knowledgeable about therapy (e.g., lower income individuals) would be expected to benefit most.

The purpose of this study was to assess the effectiveness of indigenous paraprofessionals using a preparatory technique in recruiting predominantly rural parents to parent groups. Indigenous paraprofessionals were used because of their knowledge of their respective geographic areas and of the target populations. The hypotheses were that (a) parents contacted by the paraprofessionals and (b) parents of higher socioeconomic status would be more likely to attend the group sessions. Consistent with Strupp and Bloxom (1973), interaction between contacts and socioeconomic status was expected to make a significant contribution to the variance accounted for in attendance at the parent group sessions. That is, the addition of contacts to the recruiting procedure was predicted to increase the attendance among lower socioeconomic persons, but would affect only minimally attendance among persons of higher socioeconomic status.

## **Method**

### **Participants**

Participants were all 263 families which had at least one child in a school receiving Title I funds in four predominantly white rural Tennessee counties. Title I funds are appropriated through the federal Elementary and Secondary Education Act and provide financial assistance to school systems with higher proportions of low-income children. The mean education level for the parents was 9.99 years, with a standard deviation of 2.41 years. Thirty-eight percent of the families had a parent with at least high school education.

### **Measures**

A Home Rating Scale, modified from Warner, Meeker, and Eells (1949), was used to gauge family socioeconomic status. The Home Rating Scale was used to rate homes on the basis of the condition of the home, furnishings, presence of plumbing and necessary utilities, whether there was need of repair, and whether the home was overcrowded. Trained paraprofessionals rated the homes on a 4-point scale. Briefly, a home receiving a rating of 4 would be well kept, not overcrowded, not in need of repair, and well furnished. Homes receiving a 3 rating generally were characterized by slight overcrowding or being in need of some minor

repairs. Homes rated 2 were badly run down but not so badly that they could not be repaired. They were overcrowded and often suffered from a lack of care (for whatever reason). A home rated 1 would be considered unhealthy or unsafe, and irreparable. Homes with no floors or plumbing also were placed in this rating category. Home ratings were made during follow-up interviews conducted by the paraprofessionals.

Some evidence for the validity of the Home Rating Scale was provided by calculation of a Pearson product-moment correlation between education and Home Rating Scale scores. Past research has indicated that education is highly related to socioeconomic status (e.g., Dahlstrom & Welsh, 1960). The relationship in the present study was highly significant,  $r(146) = .46, p < .01$ . This correlation is based on 148 families for whom both education and Home Rating Scale scores were available. The inter-rater reliability of the scale was tested by having the paraprofessionals in each county independently rate, on a random basis, at least 10% of the homes. A Pearson product-moment correlation on these ratings showed that overall reliability across the four counties was .94.

Paraprofessionals also kept weekly logs of their contacts with the parents. A contact was defined as any completed personal or telephone communication with the parent that dealt in all or in part with the group sessions. Such contacts were taken as a measure of how frequently parents received communications concerning the groups. The paraprofessionals began initiating contacts during the 2-week period preceding the first group session. For families not contacted during this 2-week period, attempts were made to initiate contact with the family during the period in which the groups took place. After a family had been contacted for the first time, subsequent contacts were made to keep the parents informed about the groups.

## Procedure

In the first stage the paraprofessionals were trained, and in the second stage the parents were recruited.

*Paraprofessionals.* Two paraprofessionals were selected in each of the four counties. The requirements were good communication skills, commitment to program goals, and access to a car. Basic literacy competence also was required. The eight paraprofessionals were all female, averaged 33.88 years of age with a range of 22 to 44 years, and had a mean education of 12.13 years, ranging from 11 to 14 years.

*Training of the paraprofessionals.* The paraprofessionals were trained at workshops which focused on the nature of the program and information

*on conducting the home visits and contacts that they would be initiating with the parents. The four workshops also were used to explain to the paraprofessionals their role in recruiting the parents to the parent groups.*

*Recruitment.* After the training workshops, the paraprofessionals began initiating contacts with the target families in their respective counties. The method of initiating contacts varied. Generally, parents were contacted by phone, and arrangements for a home visit were discussed. When arrangements could not be made for the home visits, communications were restricted to telephone contacts. In addition, a flier announcing the groups was sent home to all of the parents via their children in school. The paraprofessionals contacted as many of the families as possible, and maintained subsequent contacts with them. In the four counties, 172 of the 263 families were contacted at least once, representing 65% of the target population. Forty-four percent of the 263 target families were contacted more than two times. Most of the families not contacted refused to communicate with the paraprofessionals. A smaller number were simply never home when home or telephone contacts were attempted. It is not known how many of the uncontacted parents actually received from their children the flier announcing the groups.

Through the personal telephone contacts with the parents, the paraprofessionals explained the overall goal of the groups: to improve the quality of parent-child interactions. Parents were told that the meetings would deal with issues such as motivating children, the use of behavioral techniques, and interactions with children. In addition, the paraprofessionals explained the roles to be played by participants and attempted to show the parents that the groups could be of interest and value to them. This approach was designed to eliminate the potential ambiguity of roles to be played by parents and group leaders in the actual groups and counteract the lack of awareness parents often exhibit about the nature of various outreach programs. The paraprofessional contacts also were expected to alleviate the distrust some individuals have of such programs.

The four counties included in the study were relatively small, and the potential participants within each county could reach their respective meeting locations by car in less than 15 or 20 minutes. Most of the group sessions were held during the day, although several were conducted during the evening. There was a mean of 17 sessions in each county, with a range of 9 to 25. The groups were led primarily by the program's outreach coordinator, assisted by the paraprofessionals in that county. Several of the evening sessions were led by graduate students in clinical psychology. Attendance was recorded at each session.

## Results

For the present sample, the mean Home Rating Scale score was 2.94, with a standard deviation of 1.00. The number of parent-paraprofessional contacts was not significantly related to this index of socioeconomic status,  $r(214) = -.12, p > .05$ .

Across the four counties, 22% of the target population attended at least one parent group session. Within counties, the attendance rates ranged from 13 to 34% of the target populations. The overall attendance rate of 22% represents the fact that 58 of the 263 families participated in at least one parent group. However, when those persons who were never contacted by the paraprofessionals are excluded, this proportion rises to 58 attenders out of 172 contacted, bringing the attendance rate for parents contacted by the paraprofessionals to 34%. Sixty-five percent of these 58 attenders participated in more than one session.

A forward stepwise multiple regression (Cohen & Cohen, 1975) was used to test the hypotheses concerning attendance at the parent sessions. Multiple regression techniques permit an analysis of the relationship between a dependent variable (in this case attendance) and a set of independent or predictor variables (e.g., paraprofessional contacts). The dependent variable attendance was dichotomously defined either as attendance at one or more group sessions or as no attendance. The independent variables entered into the equation were contacts (the total number of completed telephone and personal communications), socioeconomic status (the Home Rating Scale score assigned), and the interaction between contacts and socioeconomic status. The three variables produced a  $R^2$  of .34,  $F(3, 212) = 36.15, p < .001$ . The results showed that only the contacts variable made a significant contribution to the variance accounted for in group attendance,  $b = .06, t(215) = 4.28, p < .001$ .

## Discussion

The most important finding of this investigation was that indigenous paraprofessionals using a preparatory technique were successful in recruiting parents to parenting groups. The fact that 34% of the persons contacted attended at least one session is quite promising. Chilman's (1973) review reported modal attendance rates of only 10%. In addition, the finding of 34% includes parents of relatively low education or low socioeconomic status (as estimated by their housing), which are populations that tend to have the lowest attendance rates. These results also were encouraging because they are based on a predominantly rural population. Generally, there has been difficulty in developing mental health services in such areas (Jeffrey & Reeve, 1978).

The precise reason that the contacts were effective in recruiting parents to the parent sessions is uncertain. The paraprofessional contacts essentially were intended to provide information about the groups, explain leader and parent roles, and explain how the groups could be of value to the parents. Future research in this area may explicate those factors or clusters of factors which may be more influential than others in fostering attendance. On the other hand, the relationship between contacts and attendance simply may reflect accessibility to both the paraprofessional contacts and the parent groups on the part of the participating parents. For example, some parents, perhaps suspicious of school personnel, refused to speak with the paraprofessionals.

It is not possible to separate the effects of the paraprofessionals from those of the preparatory technique in this study. An investigation to determine the relative effects of the paraprofessionals and those of the preparatory technique might provide valuable information for later uses of this technique. For instance, if nonindigenous paraprofessionals engendered similar results using the preparatory technique, then the technique could be emphasized more in future recruitment efforts. However, attendance may have been more influenced simply by the indigenous paraprofessional contacts.

The data also revealed that socioeconomic status and the interaction between contacts and socioeconomic status were not significantly related to attendance. These two unexpected findings probably were due to the fact that indigenous paraprofessionals conducted the actual recruitment of the parents. Their presence may have offset the general trend for socioeconomic status to directly influence parent group attendance (e.g., Hereford, 1963; Lazar & Chapman, 1972; Pickarts & Fargo, 1971) and for the benefits derived from preparatory procedures to be mediated by socioeconomic status, as proposed by Strupp and Bloxom (1973).

The present results suggest that parent group programs can attract about one third of those persons contacted by indigenous paraprofessionals using this preparatory technique, regardless of socioeconomic status. These findings are applicable specifically to predominantly white, rural areas in which there is a moderate range of education and socioeconomic levels. The relatively high rate of attendance among this population would justify continued exploration of using indigenous paraprofessionals as preparatory elements in parent group recruitment. Further study is necessary to determine if the use of the present procedures can be generalized to other areas and populations.

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