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Parental perspectives on successful parent education and behavioral intervention

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Introduction: Literature suggests that although behavioral therapy is an effective means of intervention for children with disabilities, family participation in these programs is often lacking. Several barriers exist to meaningful parent education and parent-professional partnerships, which can lead to lower quality outcomes for both the individual with a disability and their families. These barriers should be identified and addressed. This study used a survey measure to gather quantitative and qualitative information on parental perceptions of barriers to behavioral parent education and training as well as suggestions for creating a stronger family-professional partnership. Common themes that emerged from the analysis include: a need for open and honest communication, the importance of a professional's training and experience in the field, and the availability of services. Knowledge of the barriers which exist in behavior parent training will allow providers to better serve families and ensure a stronger outcome of service. Implications for both research and practice are discussed.

Keywords: Parent perceptions, parent education, behavioral parent training, survey measure, family-professional partnership

It is suggested in the literature that behavioral intervention is a commonly implemented treatment for children with developmental disabilities, especially those with challenging behavior (Cuvo *et al.* 2010, Koegel *et al.*1996, Lang *et al.* 2009, Shabani and Fisher 2006). Several researchers have detailed the success of using applied behavioral analysis (ABA) to treat children with conduct disorder, disruptive behaviors, and developmental disabilities (Anan *et al.* 2008, Borrego and Burrell 2010, Binnendyk *et al.* 2009, Dadds *et al* 1987). Further, research has also shown that children with behavioral challenges show greater success in behavioral programs when their caretakers participate in treatment (Anan *et al.* 2008, Barnard *et al.*, 1977; Brookman-Frazee and Koegel 2004, Koegel *et al.*1996). For example, Brookman-Frazee and Koegel (2004) found that collaborative partnerships between parents and professionals can lead to positive gains in parent-child teaching interactions in parent education programs. Barnard *et al.* (1977) reported that successful parent education programs resulted in improved child behavior, increased parent satisfaction with their child's program, and created more positive parent-child interactions. Laski *et al.* (1988) examined the effects of training parents to use the natural language paradigm and concluded that parents are an important aspect of intervention programs in order for the child to generalize the skill to several environments.

However, despite the reported successful outcomes of parent education programs researchers have documented the resistance of some parents participation in behavior parent training (BPT) (Patterson and Chamberlain 1994, Wang *et al.*2016). It has been found in a multitude of studies that as many as 30 to 50% of families do not respond to BPT (Irvine *et al.*1999, Singer *et* al2009, Webster-Stratton and Hammond 1997) and that 40 to 60% of families terminate the program prior to completion (Kazdin 1996, Kazdin *et al.*1997). Research has documented that parents and families experience multiple barriers to meaningful participation in their children's services (Brookman-Frazee and Koegel 2004, Dunst and Demspey 2007). Chief among the identified barriers are parental lack of satisfaction, poor perception of the parent-professional partnership, and the relationship with the behavior therapist which are all related to creating trusting, respectful, and successful parent-professional relationships (Dadds *et al.*1987,Singer *et al.*2009). Given that research has shown that a strong parent-professional partnership can lead to higher satisfaction with services and better

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outcomes for the child receiving services and their families (Murray and Curran 2008, p. 59), lack of a good parent-professional partnership due to those barriers could have dire consequences to children with disabilities and their families. Therefore, research that seeks understanding of and solutions to the barriers of parent-professional partnership from parents point of view is of great significance. The findings of this research will assist professionals in providing more appropriate support to families as well as creating more successful partnerships with families.

It is noted that there are numerous influencing factors of parental perceptions of parent-professional partnership. One factor which may create family challenges and consequently affect parental perceptions of their parent-professional partnership is the severity of the behavioral challenges of the child receiving services. Research has shown that families of children with more challenging behaviors may have higher stress levels (Binnendyk *et al.*2009) and more support needs (Lamoureux-Hébert *et al.*2010) than those having children without disruptive behaviors. A study by Binnendyk *et al.* (2009) found that significant problem behavior can be a major source of stress for parents and families. Further, they stated that disruptive behaviors are 'associated with significant social costs including parental health problems, maternal depression, social isolation, marital strain, divorce, out of home placement, and institutionalization' (Binnendyk *et al.* 2009, p. 74). In another study, Borrego and Burrell (2010) noted that extreme disruptive behaviors may 'pose stressors on the parent-child relationship that may interfere with their interactions' (p. 25). Bramlett *et al.*(1995) asserted that parents and children have a transactional effect on one another. As such, children's disruptive behavior may cause parenting stress which, in turn, may affect the child's behavior. Consequently, significant stressors on the parent may lead to less satisfaction with their child's program and with the parent-professional partnership, thus possibly affecting the success of the behavioral intervention program for the child.

Another possible predictor of parental perception of the parent-professional partnership is the level of support families receive in making accommodations for their family. The researchers have investigated whether families or parents feel that they have a stronger or more successful relationship with their child's behavior therapist when they also feel that the professional assisted them in making family accommodations. Dunst and Demspey (2007) reported that parents perception of the amount of control they have over their life circumstances can be influenced by the way behavior therapists and other professionals provide support to the family. Blum and Handleman (1992) discussed the 'role of the consultant' and stated that professionals must be willing to support the parents emotionally in addition to providing behavior support. Maul and Singer (2009) noted that families tend to make positive and negative adaptations in their life to cope with the challenges of having a child with disabilities. In the present study, we attempted to examine if there is a relationship between parental perspectives of how much support is given by the behavior therapist in making these changes and the parent or guardian's view of the parent-professional partnership.

Although numerous prior studies focused on investigating the methods of creating strong family-professional partnerships, few have surveyed or interviewed parents or guardians of children with disabilities to learn their perspective on the matter (see Kazdin *et al.* 1997). Although the professional standpoint on this matter is essential to assist researchers in understanding and learning appropriate ways to serve families, the parental perspective is equally important, if not more crucial, in treatment planning. The importance of parental involvement in children's behavioral programs cannot be understated and necessitates additional research to ensure that professionals are well prepared to work closely with parents in implementing behavioral strategies for their children and ensuring that parents are participating and contributing to the intervention. Further, there are very few empirical studies examining methods for overcoming these challenges for families. This preliminary study aims to begin to fill this gap. The objective of this study is to gather information about the experiences of parents and families in their participation in behavioral parent training and learn, from their perspective, what barriers they have faced to appropriate services. The research questions addressed in this paper are the following:

1. Does the severity of the behavioral challenges of the child predict the perceived family-professional partnership of the parent or guardian?
2. Does the level of support in making family accommodations from a professional predict the perceived family-professional partnership of the parent or guardian?
3. What are other key characteristics/features of the professional which parents believe are most related to barriers to successful treatment?

Method

Research design

A survey design was employed for this study. Research has shown that survey studies have a number of stated advantages over other methods including the ability to 'economically present the characteristics of a large group … [and] permit an assessment of the extent to which the measured objects or respondents are likely to adequately represent a relevant group of individuals' (Diamond2000, p. 232). An online-based survey was

introduced to participants as internet surveys have their own additional benefits in data collection. Web-based surveys are not only time and cost efficient and allow a researcher to introduce a survey instrument to many people at once, but they also allow for processing of these results at a fraction of the cost of paper-based and in-person surveys (Dilman and Bowker 2001). Despite these obvious benefits, there are limitations to this type of survey including potential participants' lack of access to the internet or computers, which would potentially limit the number of responses received (Dilman and Bowker 2001). In order to control for this possible problem, a paper copy of the survey along with a stamped, addressed return envelope was offered to be mailed to the participants if they preferred. As such, possible participants were asked to complete either an online or paper-based survey and submit it anonymously unless they chose to disclose their identifying information. Furthermore, the survey was posted online in both English and Spanish as an effort to expand the sample population as well as reduce the potential bias of data collection. Participants were given the opportunity to request a paper-based copy in either English or Spanish as well.

Another possible limitation to the validity of a web-based survey is the potential for bias in the sample (Diamond 2000, Dilman and Bowker 2001). Six procedures were used to reduce the likelihood of bias. These were (1) contacting several different agencies throughout three counties in Southern California to gain participants, (2) providing the survey in two different languages commonly used in those counties, (3) providing the survey in two different modalities, (4) writing survey questions at a seventh grade reading level and framed clearly so as to assist in understanding for potential respondents, (5) allowing participants to skip questions or answer with 'I don't know' or 'refuse to respond' so they were able to continue with the survey, and (6) varying question modalities between open-ended, closed-ended, and a combination of both.

Participants

For the purpose of this study, behavior parent training (BPT) was defined as parent education provided in the context of either an applied behavior analysis (ABA) or positive behavior support (PBS) model (e.g. pivotal response treatment, enhanced milieu teaching, etc.). Participants were parents or guardians of children who had previously received or were receiving behavioral intervention at the time of this study. Participants were eligible to participate if they had a child who previously or currently participated in behavioral interventions from a community-based agency which included parent education as a component of treatment. The study was open to any and all participants who met these criteria and were willing to complete the online or paper-based version of the survey in either English or Spanish. Participants were given a written letter that stated their experimental bill of rights, informed consent, and the purpose, risks, and possible benefits of the study and were asked to read and consent to the informed consent form before beginning the survey.

In order to recruit participants, several local agencies, including behavioral therapy agencies, family and parent support groups, a local regional center, and university-based programs, were contacted and asked to disperse information to their clients or contacts on the purpose of the survey, how to complete the survey either online or through a paper-based version, and what value their participation would add to the study and to the field. Follow up contacts were made with each agency to make certain that a maximum number of responses was collected through each organization. Additionally, we used personal contacts (former colleagues, clients, and families who had received services in the past) to recruit participants. An online version of the survey remained open to participants from August to November 2010, for a total of about 17 weeks. However, regardless of the measures taken to ensure a large response rate, the final participant count was minimal.

In total, the English web-based survey was viewed 40 times, suggesting that 40 people opened and began the web-based survey. However, 22 of the 40 did not complete the survey, most only responding to the initial page containing the informed consent form. The Spanish online survey did not receive any views. Further, of the paper-based distributed surveys (at least 20 were distributed between English and Spanish), zero surveys were returned. Eighteen parents or guardians of children receiving behavioral intervention and parent education responded. Though steps were taken to increase the response rate, including multiple attempts at contacting potential participants and agencies and simplifying the survey for ease of response, it is possible that the survey did not reach those who were truly interested or able to respond, or it may have been that families were uninterested in giving their opinions on these matters. Due to the small sample size, we caution against the generalizability and interpretation of the results of the quantitative statistical analyses as will later be discussed in detail.

Instruments

Data were collected using a Barriers to Behavior Parent Training Survey (UCSB 2010) designed by the authors. In designing this survey, we considered the objectives, research questions, and desired information of the study. First, objectives of the study and research questions were identified. Second, questions were created which were meant to gain information related to these objectives. Information solicited included parental

perspectives on the relationship between the parent and the parent educator, parental beliefs about the successes and challenges of behavior parent training, and their opinions of how to improve the parent-professional relationship.

The participants were asked to answer a total of 39 questions about their experiences with behavior parent training, their relationship with their behavior parent training therapist, their family routines, and demographic information. There were nine closed-ended and four open-ended questions regarding the BPT services they previously had or continued to receive. For these questions, respondents were usually given the opportunity to make comments after each question to ensure that their full responses would be recorded. There were four closed-ended questions regarding family and family routines, which were structured in a Likert-type scale. An additional three closed-ended and one open-ended question were posed regarding the family's relationship with their behavior parent trainer. Finally, participants were asked to provide responses to 18 demographic questions, 14 of which were closed-ended. Respondents were given the option of skipping questions if they chose (see Table A4 for additional sample survey questions).

Procedures

We attempted to solicit participants through a number of means. First, a letter was emailed to directors and assistant directors of local agencies which provided behavioral parent education and behavioral therapy. Some of these agencies responded and distributed the informed consent form, which included a link to the web-based survey and information on how to obtain a paper-based copy, to their clients. Additionally, we talked directly with families which the primary author had previously worked with both in the school setting and through home-based therapy programs and asked if they would pass the survey on to others who might be interested in the study. Further, we contacted colleagues who worked with families in the home and school setting who might be willing to take the survey or further distribute it. Finally, we talked with a former employer at an educational agency who agreed to distribute the paper-based survey to families who were served in the school setting who may meet the criteria for inclusion. In short, convenience sampling was employed for this study.

Statistical analysis

To answer research questions one and two, quantitative data were analyzed using SPSS 18.0 (SPSS, Chicago, IL). A multiple linear regression analysis was performed with severity of behavioral challenges and level of support provided by the professional in making family accommodations as the predictor variables and perception of the parent/professional partnership as the dependent variable. The perception of partnership variable was measured using a sum score derived from participant responses on an item which asked participants: 'Please rate the partnership you have with your behavior parent trainer (please mark all that apply).' This item was chosen as an index of the variable 'perception of family-professional partnership' due to the nature of the responses elicited by the question. The question offered nine possible responses, six positive options, and three negative options, in addition to an open-ended/write in response. In order to obtain the overall scores, one point was added for each positive response and one point was taken away for each negative option chosen. If the participant chose to write in an additional response, their qualitative response was reviewed to establish if it was a positive or negative rating, and then one point was added or subtracted based on this determination. As such, each participant's overall score was the sum of all the negative responses subtracted from the positive responses. Once this perceived partnership sum was derived, the sum score was used as the dependent variable in the regression analysis.

To answer our third research question, qualitative data were analyzed within a content analysis framework (Mostyn 1985). Our purpose was to qualitatively analyze data collected to learn more about the experiences of participants. The goal of content analysis is to 'identify specific characteristics of communications systematically and objectively in order to convert the raw material into scientific data' (Mostyn 1985, p.117). Within the current study, the researcher reviewed qualitative responses from the data set. Analysis of the data yielded emergent codes which related to parental perspectives of professionals characteristics and their relationship to barriers to successful BPT. These codes were then organized into like categories and used to answer the third research question.

Results

Descriptive statistics

In total, 18 participant responses were included in the analyses for this study. The majority of respondents reported that they were the child's mother or female guardian. A strong majority of respondents reported that they were Caucasian or European American and married or living with a partner. Education level of respondents spanned from high school graduates to a graduate degree. Employment status varied. Over half of the families reported a family income over $75,000. Descriptive statistics regarding the target children revealed that fifteen of 18 were males who ranged in age from 3–21 years. Seventeen of the respondents identified autism spectrum disorders as the child's primary disability and one as intellectual disability. Children within this study had been receiving

Table 1. Summary of beneficial and problematic qualities of partnerships and professionals.

	Parent professional partnership/service delivery	Professional characteristics
Qualities that support success	Collaboration on goals.	Caring.
	Collaboration on treatment.	Honesty.
	Follow through with planned interventions.	Kindness.
	Listening to family needs.	Knowledge of behavioral methods.
	Strong communication.	Knowledge of disability.
	Trust/reliability.	Sincerity.
Qualities that contribute to barriers	Availability of services.	Dishonesty regarding training/services available.
	Funding for services.	Inexperience.
	Lack of/inappropriate communication.	Lack of training/knowledge.
		Over-reliance on data.

behavioral therapy services between six months to five years or more, with the majority of respondents stating they had at least three years of behavioral therapy and most from the same agency for the duration of the services. Services were usually provided in home, with few receiving services in the school or community settings. For additional information regarding participants, please refer to Tables A2 and A3 of the Appendix.

Quantitative analysis

Two main research questions were posed: Does the severity of the behavioral challenges of the child predict the perceived family-professional partnership of the parent or guardian? Does the level of support in making family accommodations from a professional predict the perceived family-professional partnership of the parent or guardian? A multiple linear regression analysis was conducted to examine the predictive relationships between the perceived parent and professional partnership and the severity of behavioral challenges, as well as the level of perceived support from the professional. Results of this analysis revealed that the severity of behavioral challenges was not a significant predictor of perceived parent and professional partnership ($\beta = 0.089$, $p = 0.742$). However, perceived parent and professional partnership was significantly predicted by the level of perceived support from the professional ($\beta = 0.59$, $p < 0.05$, $R^2 = 0.35$). This latter relationship explains 35% of variance on perceived parent and professional partnership.

Qualitative analysis

A qualitative analysis was conducted to answer the third research question of the study: What are the key characteristics/features of the professional which parents believe are most related to barriers of successful treatment? Given that the family-professional partnership proved significant, it is important to closely investigate parents perceptions of professionals through the qualitative analysis. The researcher reviewed all of the open-ended responses provided across questions to identify the themes which comprised the answers to the third question (Table 1).

When asked what makes the parent-professional partnership successful in a closed/open-ended question, all of the participants responded that trust/reliability is highly necessary. Further, 16 of the 18 respondents stated that strong communication from both parties is essential and the same number of parents stated that honesty on the part of the therapist is very important. Similarly, 16 out of 18 respondents stated that sincerity, caring, and kindness on the part of the professional was necessary in building a strong parent-professional partnership. Finally, 17 of the 18 respondents said professional's knowledge of the disability, and professional's knowledge of the behavioral methods was crucial to the partnership.

Several common themes regarding parents views of key characteristics and features of the professional which are most related to barriers to successful treatment emerged through the analysis of open-ended responses. The participants were asked to respond to questions such as 'In your opinion/experience, what makes partnerships between parents/guardians and therapists successful,' as well as an open-ended question asking parents to identify any challenges, they experienced with the services they received. The most commonly mentioned concern, reported by fifteen of the 18 respondents, is the lack of training and knowledge or inexperience on the part of the behavior therapist. One parent stated:

> 'I wish I knew that many of the people working with my daughter were less qualified than I am. Some only receive about 10 hours of training. I need to know this, because when I ask questions, I am assuming they know the answer, not guessing.'

Others echoed this statement, asserting that simply taking courses in behavioral therapy or even obtaining a degree in a related field is secondary to true experience and an ability to 'think on your feet and handle the situation'. Some parents discussed the need for the behavioral therapist to be able to look past the written goals developed by the child's team and focus on the applied procedures rather than simply taking data. One mother noted that her therapist was 'too busy taking data' to realize her child was 'taking full advantage' of her. Other parents reported that although the written goals

and child's program were important to keep therapists on track, it was equally or even more important that clinicians were able to see past the need to only focus on collecting data and instead simply play with the child and/or apply the strategies without critically analyzing the methods through data collection. In general, parents shared the opinion that a degree or coursework in behavioral therapy is secondary to personal experience in the field and an ability to think and act quickly when faced with challenging situations.

A second theme reported by thirteen of the 18 respondents is frustration with availability of services, including time constraints and the money to fund these services. When asked what barriers to successful services and what environmental factors affected successful services, several parents noted the difficulty in scheduling sessions around other family commitments. One suggested a need for behavioral therapists to be available on weekends as school and school-related events tend to take place during the week, leaving little time for therapy. Additionally, one mother reported that as a single, working parent, it was challenging for her to engage in parent education activities on evenings during the week after work, noting that there were several other commitments, such as homework and daily routine events like showering, which must take precedence. She stated that weekend hours would be more feasible and would allow her to participate in a more meaningful way.

A final subdomain related to availability of services was the funding to receive these services. A strong concern noted by many parents was that their child required more hours than were allotted to the family. For example, one parent's perception of one of the largest barriers to appropriate services was stated as 'both [the] parent and behaviorist knowing the child needs more help, but … it's difficult to get more hours through [the local regional center] for the child, and the parent can't afford to pay for private services'. As such, this parent noted that both parties were aware of the need to provide more, but were unable to do so due to budget and financial constraints. Another parent's perception was just the opposite. She stated, 'I am unable to pay for enough for my child, and can't convince [the local regional center that] she needs more hours', indicating that she believed the regional center did not agree with her assessment of her family and child's level of need. Such gaps in service between what the family perceives as the need and what is actually being provided can be detrimental to the partnership and the success of service delivery.

A third theme which is noteworthy is the importance of open and honest reciprocal communication between both parties involved in therapy. The participants responded to questions such as 'What do you think are some of the barriers to a successful parent-professional partnership?' Overall, 12 respondents noted communication issues as barriers to the parent-professional partnership. Specifically, dishonesty on the part of the service providers, including false advertisement of services offered or level of training of staff, was a commonly cited barrier to creating a successful partnership. One parent stated that agencies should 'admit inexperience' of staff instead of leading families to believe that direct interventionists were well-trained and able to 'think on [their] feet.' Another parent noted that it would have been helpful to have the director of the program more involved with the families so that supervision of cases was more individualized to the child rather than general and generic solutions to the problems occurring. This lack of communication between the agency staff and director in terms of supervision created disappointment among several families regarding the level of training their service providers possessed (noted by four respondents).

In contrast, many respondents noted that when the clinician took the time to listen to their individual needs and desires, therapy ran much more smoothly, and the parents felt more comfortable with the therapist and having them in their home. A mother shared that 'every child is different, and the program has to be flexible to accommodate each family' and cater to individual needs. Parents noted their experiences were much more pleasant and positive when the therapist took the time to include the family in the intervention planning process, including listening to the families concerns and needs, and careful articulation and follow through with planned intervention. One parent spoke about her initial intimidation and discomfort with having a therapist in the home. She stated that once she learned to ask questions and admit faults, be honest with her parent educator, and keep the lines of communication open, she was more willing to try new approaches that were suggested.

Discussion

There are a number of limitations to this study which must be addressed. First of all, a convenience sampling approach was used to gather participants due to the difficulty in obtaining respondents. The sample size of the study ($n = 18$) is really small despite our efforts of recruitment. Further, all respondents completed the survey in English. Despite the availability of Spanish language online survey and paper-based survey, there were no Spanish speaking participants. Therefore, we caution against the generalizability of the findings in this study.

Furthermore, although the paper-based survey was an option of the study, the study ended up as a primary web-based survey, and the participants were solicited mainly, though not exclusively, through emails, websites, and email lists. As such, participants often required some form of access to a computer and

internet in order to complete the survey. Consequently, these methods may have led to a biased sample, regardless of efforts to minimize this bias, and may have excluded people with limited access to computers or without internet.

Finally, it should be noted that there were several recommendations made by respondents including comments on organizational issues of service system such as inability to appropriately train staff, low pay rates, employee dissatisfaction with the job, and high turnover rates. Although these are valid and important concerns to address, they are beyond the scope of this paper as the purpose of this study was to identify characteristics of the parent-professional partnership which contributed to successful services rather than characteristics of the agencies employed for such services. Future research should consider these factors and their impact on the family-professional partnership.

Regardless of the limitations to this study, several interesting findings deserve attention. The regression analysis results suggest that severity of behavioral challenges is not a significant predictor of perceived parent and professional partnership. However, analyses conducted to answer the second question: Does level of support in making family accommodations from a professional predict the perceived family-professional partnership of the parent or guardian? revealed that perceived parent and professional partnership was significantly predicted by the level of perceived support from the professional. As Summers *et al.* (2007) has reported, the parent-professional partnership and thus, parental satisfaction with the supports they are receiving from the professional is highly related to family quality of life. Family quality of life is the extent to which a family perceives their satisfaction with their life in several key domains (e.g. health, support from other people, support from services, financial well-being, etc.; Summers *et al.* 2005, 2007). This is noteworthy as it points to the idea that the support received by the family, or their perception of how they are supported, may have a stronger link to their satisfaction with services and as such, their willingness to participate and complete services, than the severity of problem behavior exhibited by the child. As has been stated, lower satisfaction with services often leads to higher attrition rates and less meaningful participation (Dadds *et al.* 1987, Singer *et al.* 2009).

In addition to quantitative analyses, qualitative analyses were conducted to provide an answer to the third question: What are the key characteristics/features of the professional which parents believe are most related to barriers to successful treatment? Results suggested that inexperience on the part of the therapist, lack of reciprocal communication between the professional and the family, and availability of services including budget restraints were three of the main barriers to successful behavior-parent training. Results are similar to the quantitative data discussed above in that parents views of the service success and relationship with the provider are less related to the child's behavioral challenges and more related to the personal and professional characteristics of the service provider and the specific services granted. This is important for planning as service providers should become aware of the specific characteristics and features that they may possess which will allow for a stronger professional relationship. Although severity of behavioral challenges was not found to be a predictor of perception of the parent/professional partnership, it should be noted that the limited sample size and the measure used to conduct this analysis may not have been sensitive enough to gain a true understanding of the correlation of these variables. A more sensitive measure examining the relationship between severity of behavioral challenges and perception of the parent/professional partnership may be beneficial to use in future research.

In regards to parents description of what makes the parent-professional partnership successful, the most commonly cited characteristics were trust and reliability between both parties; strong reciprocal open and honest communication; sincerity, caring, and kindness on the part of the professional; and knowledge of the disability and behavioral methods to treat the behavioral challenges. These results are similar to previous findings which stated that parental lack of satisfaction or poor perception of the parent-professional partnership was found to be a barrier to strong family-professional partnership (Brookman-Frazee and Koegel 2004, Dunst and Demspey 2007). According to the results of this study, when parents perceived that they did not have an honest, open, and trusting relationship with their therapist, their satisfaction with the services was lower. Further, results of the quantitative analysis revealed that perceived parent professional partnership was not significantly predicted by the severity of behavioral challenges. It will be necessary to further explore this finding and future studies may wish to focus on how severity of behavioral challenges affects parental stress levels, and whether or not this effect is mediated by the parent-professional partnership. Finally, perceived parent and professional partnership was significantly predicted by the level of perceived support from the professional. Blum and Handleman (1992) found similar results, stating that professionals must be willing to support parents needs in addition to providing behavior supports.

Results of the current survey study further suggest that from the perspective of the parent, two of the most important features of a parent educator or behavior therapist are open and honest lines of communication and real-life experience in the field and/or appropriate training. Several parents noted the necessity of their

therapist or parent educator to listen to their needs and collaborate with them on the goals and intervention plans. Parents also stated that honesty on the part of the service provider as well as the parent was pertinent to a successful partnership. In general, parents discussed their experiences more positively when they felt that they could trust and communicate with their behavior therapist and when they felt that their needs, desires, and goals were being heard. With regard the experience on the part of the service provider, increased training for service providers prior to and throughout the course of employment may assist with parents feelings of satisfaction as many stated they believed their behavior therapist was inexperienced. This has particular implications for professionals working in the Pacific Rim context since lack of constant pre-service and in-service training has been commonplace for professionals in Asia Pacific countries. In addition, inclusion of targeted training for clinicians on the specific characteristics which have been found to increase parent satisfaction with services including communication skills and methods of including parents in planning and intervention may serve to enhance the outcomes of these programs. Further, many parents expressed frustration with the amount of time behavior therapists spent on data collection, stating that they wanted their child's therapist to spend more time simply playing with the child instead of taking so much time to take data and analyzing how each intervention was working. This also serves as an important caveat to professionals in Asia Pacific countries who have begun to learn and promote ABA practices. It may be beneficial for some parent-professional partnerships if data collection, both the expectation of what this may look like as well as the importance and use of data in interventions, is discussed early in the treatment process. It is possible that beginning this conversation early will allow parents to learn more about the reasons for data collection, how it may be used in treatment, as well as provide them with more insight and opportunity to discuss their feelings on the data collection process as the intervention unfolds. Results of the quantitative analysis revealed that perception of the parent/professional partnership was predicted by perceived level of support by the professional, but not by severity of behavioral challenges. As such, professionals in the field of behavior therapy would be wise to use some of the allotted parent education time working with the families on their family accommodations as well as assisting them in making these difficult and delicate transitions. Recent research has documented that multi-component treatments which include not only behavior parent training, but also some intervention to assist the parents specifically in whatever needs they may have which may be creating challenges to participation in treatment can be efficacious for both parents and child (Chronis *et al.* 2004, Dadds *et al.* 1987). Families who feel more supported in these changes as well as more involved and included in their child's therapy, may be more willing to participate, and engage in the behavior therapy activities, thus allowing for an increase in support and intervention for the child.

Finally, a third theme which emerged from the data involved frustration with availability of services for individuals with disabilities. Parents reported concerns with the budget and funding for services to support their children's needs. This points to the importance of consultation-based services, and further emphasizes the importance of including parents in such interventions. If appropriate amounts of time are not allotted to provide direct intervention to the child, then it is necessary to provide consult to those people who do provide care to the child. Thus, it may be beneficial to increase the parent education components of any interventions provided so that parents are well-prepared to support their children. With this increase in consultation-based services, the importance of ensuring satisfaction with services increases as well. This is particularly true in the Asia Pacific context.

The implications of these findings are widespread. Firstly, professional knowledge of the risk factors of low participation in parent education groups will allow practitioners and researchers to take steps to prevent dissatisfaction with the services and thus increase meaningful participation in therapy sessions. Within this study, the most commonly cited characteristics which impact successful behavior parent training included:

- Open and honest communication between parent and provider.
- Real-life experience in the field and/or appropriate training for practitioners.
- Providers willingness and ability to listen to the needs of the family and collaborate with families on the goals and intervention plans.
- A trusting relationship between the parent and provider.

Knowledge of these factors will consequently enhance the likelihood that the children and families served will make larger gains through behavior therapy and parent education. Further, as service providers learn what parents are seeking in a therapist and what characteristics they perceive as most crucial to a successful parent-professional partnership, they will become more able and better equipped to provide that type of service and hire personnel who present themselves in this manner. As such, this information can be very useful in providing practitioners with tools to appropriately engage families in behavioral therapy and maximize the benefits that these families and their children will reap, thus ensuring that these children will be supported throughout the day by their parents and families.

Conflict of interest

No potential conflict of interest was reported by the authors.

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