

HOW PARENTS VIEW PROFESSIONAL BEHAVIORS: A CROSS PROFESSIONAL ANALYSIS

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Abstract

This study examined the responses of more than 900 parents of children with serious emotional disorders to survey questions about the importance and frequency of professional behaviors and compared these responses across professions. The findings indicated that parents with lower income and less education tended to work more with social workers, counselors, and teachers, less with psychologists and psychiatrists. Professional behaviors concerned with the parent-professional relationship, honesty, non-blaming attitude, supportiveness, and inclusion in decision-making, were considered important by most parents regardless of the profession with whom they worked. Parents rated professions differently on the importance of evaluation, home-visits, and providing child-raising information, probably reflecting expectations that parents have about the roles and training of professionals. The behaviors that parents considered important also tended to occur frequently. Significant differences across professions were found with respect to the frequency of providing information on child rearing, advocacy, home visits, providing information on resources, and help with coping, although these behaviors were considered relatively less important by parents. An examination of discrepancies between what parents considered important and what they experienced suggested that parents' expectations were only partially met. Implications for practice, professional education, and research are discussed.

The last decade has seen an intensified focus on the needs of children with emotional, behavioral or mental disorders. Jane Knitzer's book, *Unclaimed Children* (1982) galvanized national interest in these children and their families, and since 1984 the Child and Adolescent Service System Program (CASSP) at the National Institute of Mental Health has stimulated change on their behalf through planning and system development grants to all 50 states. These efforts to improve services for children and youth have also directed attention to the question of appropriate roles for families in a comprehensive system of care (Stroul & Friedman, 1988; Friesen & Koroloff, 1990). There is a call for a less blaming, more supportive stance toward family members (Schneider, 1984; McManus & Friesen, 1986; Mooney, 1990), for the inclusion of parents and other family members as central decision-makers at both the case and system levels (Friesen & Koroloff, 1990), and for parents to serve as advocates for system change (Fine & Borden, 1989; Friesen, 1989a; Petr & Spano, 1990).

These shifts in attitudes toward families whose children have emotional, behavioral or mental disorders parallel developments in many other fields. Those changes are related to: (1) shifts in education policy as manifested in P.L. 94-142, the Education for All Handicapped Children Act, which requires the involvement of parents in educational planning and P.L. 99-457, early intervention legislation which strengthens the mandate for family involvement at both the case and policy levels (Garwood & Sheehan, 1989); (2) increased consumerism in American society which extends to educational and social service sectors (Moxley, et al., 1989) and includes recognition of families' roles as "customers" whose opinions about the goods and services they use are important; (3) increased advocacy for a shift from deficit models to alternative "empowerment" or "strengths" approaches which emphasize collaborative strategies (Pinderhughes, 1983; Solomon, 1985; Cochran, 1987; Dunst, et al., 1988; Shelton, et al., 1987; Poertner & Ronnau, 1989; Kalyanpur & Rao, 1991), and; (4) a gradual change in public attitudes that indicates some lessening in the stigma associated with mental and emotional disorders (Lewis & Frey, 1988).

Complementary research perspectives are also beginning to emerge. Increasingly, family members' perspectives about their needs, and the nature and quality of the services that they and their children receive are considered legitimate areas of inquiry. Several recent reports have focused, for example, on family members' assessment of the services they need (Friesen, 1989b; Tarico, et al., 1989; Koroloff & Friesen, 1991) and parents' satisfaction with services (Loff, et al., 1987; Kotsopoulos, et al., 1989; Greenley & Robitschek, 1991).

One key dimension of parents' assessment of the services they receive concerns their relationships with professional helpers. Considerable attention has been given to parent-professional relationships in the general field of childhood disabilities (Weber & Parker, 1981; Donnellan & Mirenda, 1984; Lipsky, 1985; Mittler, et al., 1987; Krahn, et al., 1990) and special education (Schulz, 1987; Kurtz & Barth, 1989; Malekoff, et al., 1991). Overall, this literature documents barriers to full participation of families, describes differences between parents' and professionals' values and perspectives, and contains suggestions about ways that professionals can improve communication and share responsibility with families. In the field of children's mental health there is also a small body of conceptual literature that addresses relationships between parents and professionals (McManus & Friesen, 1986; Collins & Collins, 1990; Vosler-Hunter, 1989; Modrcin & Robison, 1991), but with one recent exception (Cournoyer & Johnson, 1991), there is a lack of published research in this area.

The study reported here begins to address this information gap by examining the responses of more than 900 parents of children with serious emotional disorders to questions about the professional behaviors they consider important and their estimates of the extent to which these valued professional behaviors occur. We compare parents' responses across professions, and conclude with suggestions for changes in professional practice and training, and with recommendations for further research.

Family-Professional Relationships

Although there is a lack of literature that addresses parents' perceptions of mental health professionals in the field of children's mental health, literature from other fields provides some useful background for this study. For example, family-professional research with populations such as adults with long-term psychiatric illness or children with physical and mental disabilities provides some basis for study in the area of children's mental health. In addition, a small body of research that examines various aspects of practice across the mental health professions provides a context for the comparison in this study of parents' views of professional behavior across professions.

Research Examining Family-Professional Relationships. Cournoyer & Johnson (1991) described the development of an approach to measuring parents' perceptions of mental health professionals. They asked one half of their respondent pool to describe the professional with whom they had had the best experience and the other respondent group to describe the professional with whom their experience was most negative. Although a number of different professions were identified in this study, the researchers do not report their results by profession.

Studies of the relationships between families and professionals in a number of fields indicate that there are often discrepancies in the ways that families and professionals define problems and needed services (Blackard & Barsh, 1982; Spaniol et al., 1987; Bernheim & Switalski, 1988b; Sung, 1989), assess the process of working together (Hermery & Rempel, 1990), evaluate the outcomes of services (Lishman, 1978; Maluccio, 1979), and define appropriate roles for families and professionals (Donnellan & Mirenda, 1984; Chavkin & Williams, 1985; Wintersteen & Young, 1988). Studying families whose children had serious physical disabilities, Blackard and Barsh (1982), found that professionals over-estimated the negative impact of coping with the child's disability on several areas of family life and underestimated family abilities. Spaniol, et al. (1987) reported high dissatisfaction with services among families of adults with psychiatric disabilities, and families' expressions of a need for information and services that are not commonly offered to them. Studying the involvement of families in Individual Program Teams planning for adults with mental handicaps, Hermery & Rempel (1990) found differences between parents and professionals in their views of team functioning in the areas of team cohesiveness, the comprehensibility of case conferences, and perceptions of equality with regard to team participation.

The literature also contains a few reports of successful attempts to improve the relationship between family members and professionals and to increase family involvement in educational and treatment programs (Brinckerhoff & Vincent, 1986; Rosensen, 1987; Bernheim & Switalski, 1988a; Byalin, 1990). Brinckerhoff and Vincent (1986) reported that an intervention designed to prepare parents more fully for Individualized Education Plan (IEP) meetings resulted in more frequent parent contributions to decisions and greater responsiveness on the part of professionals to parents involvement. Byalin (1990) described a "parent empowerment program," and reported that the average length of stay in an inpatient adolescent psychiatric unit was reduced from one year to less than four months as a result of a systematic approach to family involvement and training. Williams (1988) also reported a higher quality of parent-professional interaction and significantly shortened hospital stays as a result of including adolescents and their families in treatment team decisions.

Research Comparing Mental Health Professions. There is very little research about clients' expectations or responses to mental health or social services across professions. In a recent article Tessler, et al. (1991) reported that recent studies consistently reveal that families have complaints about their relationships with mental health professionals. Tessler et

al. (1991) measured family members' patterns of contact with mental health professionals and their satisfaction and alienation with these encounters. They report that the most satisfaction and the least alienation were associated with psychologists and the least satisfaction and the most alienation were associated with psychiatrists (p. 933). This study focused on relatives of adults with mental illness.

The few other cross-professional studies that we found compared the demographic characteristics of clients seen by the various professions, clients' reasons for seeking service or estimates of the severity of clients' problems, or the types of services provided. Studying the patients of psychiatrists and psychologists in office-based practice, Taube, et al. (1984) reported that psychologists' clients had higher income and educational levels than the general U.S. population while the income and educational levels of psychiatrists' clients tended to more closely resemble the general population. The clients of both professions were more likely to be female than male. Psychiatrists were much more likely than psychologists to have clients who were 55 years of age or older, and there was evidence that the patients of psychiatrists had more health impairments than those of psychologists; psychiatrists' patients experienced more hospitalizations, but not more psychiatric hospitalizations.

The first large scale survey to use a common instrument so that cross-profession comparisons could be made (Knesper, et al., 1985) included nearly 6000 psychiatrists, psychologists, social workers, and primary care physicians. The researchers estimated that adult clients with less severe psychiatric impairments accounted for 75% of persons seen by social workers and psychologists, compared to 50% of psychiatrists' clients and 37% of the persons seen by primary care physicians. Psychiatrists' patients were more seriously ill, had more overall visits, were more likely to be taking prescription drugs and were more likely to use in-patient services. The patterns of visits to social workers and psychologists were nearly identical, as were the estimates of the severity of their clients' conditions. Clients of social workers had lower incomes than those of psychologists or psychiatrists and were more likely to be women.

Two studies focused on racial differences related to patterns of service use. Broman (1987) reported that blacks were more likely to seek mental health help than whites, especially for economic and physical problems. Blacks were also more likely to seek help from other sources such as teachers, lawyers, social workers and emergency rooms; whites were more likely than blacks to seek help from medical sources. Broman, et al., (1989) also reported that blacks were more likely than whites to consult social workers. This pattern was not affected by socio-demographic variables nor by type of problem.

Homonoff (1988) compared the domains of client self-determination, locus of responsibility, empiricism, and organizational constraints among social workers, psychologists and psychiatrists. She reported that there were almost no differences in responses across the three professional groups. Instead, differences were related to clinician and client gender, theoretical orientation (clinicians trained in psychodynamic theory rated psychological factors higher than did others), and practice setting (private practitioners had the lowest scores on organizational constraints, while mental health professionals in outpatient and inpatient settings had the highest scores on organizational constraints).

This literature about parent-professional relationships, family perspectives on service delivery, and the few studies that compare some aspect of the characteristics, clients, or practice patterns across professions provides a foundation for the research questions that form the framework for this study. They are: (1) What is the relationship between selected family characteristics (income, education, and minority status of child) and type of professional helper?; (2) Do the professional behaviors that parents consider important vary by the type of professional helper?; (3) Does the reported frequency of different professional behaviors vary

by the type of professional helper? and; (4) Does the extent to which the expectations of parents are met vary by the type of professional helper?

METHOD

The present study is based on questionnaire data collected between May 1987 and September 1988 from parents whose children have emotional disorders. The questionnaire explored a broad range of issues relevant to these families including: (1) impact of the child's disability on various aspects of family life; (2) types of services used; (3) parents' needs for information and their experience with obtaining information; (4) service needs and availability; (5) sources of informal social support; (6) relationships with helping professionals; and (7) transition issues. A discussion of the development of the questionnaire can be found in Koroloff and Friesen (1991).

In order to include parents from throughout the United States, national distribution of mailed questionnaires was selected as the method for gathering information. This approach was chosen to allow as many parents as possible to participate and because of the relatively low cost involved for wide distribution. Locating parents of children with emotional disabilities was difficult, since they do not belong to a single organization nor is there a single point of entry into the service delivery system where they can be contacted. The effects of the stigma associated with parenting a child with an emotional disability make parents difficult to access as do the confidentiality laws that govern treatment programs. Random sampling of the entire population was impossible because a reliable sampling frame does not exist. Thus, data collection efforts depended on the goodwill of family members to identify themselves and respond to the questionnaire.

Questionnaires were distributed in a variety of ways. First, family members attending four regional Families As Allies conferences during May and June, 1987 were given the opportunity to complete the questionnaire. Second, 215 parent organizations listed in a national directory of parent organizations published by the Research and Training Center on Family Support and Children's Mental Health were invited to distribute the questionnaire to their members. Third, questionnaires were distributed to state-level mental health departments, usually through the Child and Adolescent Service System Program (CASSP) projects or the State Mental Health Representatives for Children and Youth (SMHRCY) designee. Representatives from these state-level departments then asked mental health agencies and, in some instances, child welfare or public school programs to distribute the questionnaire to parents.

A total of 966 usable questionnaires were returned by August, 1988. The actual return rate is difficult to estimate, since the number of questionnaires that reached parents cannot be accurately determined. The 966 returned questionnaires represent 8 % of the total that were distributed. However, it is very likely that some of these never actually reached parents, so the return rate for those who had an opportunity to respond is probably higher.

Given the return rate and the data collection procedures, one question that arises is the extent to which the parents who responded to the questionnaire are representative of all parents of children with emotional disorders. Unfortunately, since there is no national data set about parents of children with emotional disabilities, this question cannot be answered. Comparisons were made, however, on income and education between the respondent pool and the general United States population (1980 U.S. Census). These comparisons, described in Koroloff and Friesen (1991), suggested that although respondents represented a wide range of income and education, they were somewhat better educated than the general population and represented fewer parents in the \$10,000 to \$30,000 annual family income range and more in

the over \$50,000 range. The percentage of families in the under \$10,000 category was exactly the same for the study population and the general population (20%).

On other demographic characteristics, the 966 respondents represented considerable diversity. Responses were received from 46 states. Eighty-seven percent of the respondents were female and 13 percent were male. Two-thirds were married or in marriage-like relationships, and 70 percent said they had someone with whom they shared daily parenting responsibilities. The age of respondents' children with serious emotional disorders covered the full range from 0 to 21 years of age. Seventy three percent of these children were boys, and 27 percent were girls, a ratio that is roughly comparable to other data on this population (Campbell and Werry, 1986). Fourteen percent were minority children, specifically, 7.3 percent African-American, 2.6 percent Asian or Pacific Islander, 2.3 percent Hispanic, and 1.2 percent Native American. The overall percentage of minority children was fairly similar to the general U.S. population distribution of 85.1 percent white and 14.9 percent non-white (Rosen, et al., 1987). As a group, respondents had a range of experiences with the service system, as evidenced by the diversity of services that their children had used sometime during their lives. To illustrate: 44 percent of respondents said their child had used psychiatric hospitalization, 38 percent residential treatment, 16 percent foster care, 23 percent day treatment, 31 percent advocacy services, 47 percent financial services, 54 percent self-help for parents, 16 percent self-help for siblings, 30 percent crisis intervention, and 17 percent respite care.

The present study is based on responses from a section of the questionnaire that focused on professional behaviors. First, respondents were asked to think of the one professional with whom they have been most involved in dealing with their child with an emotional disability. A checklist of eight alternatives was presented for indicating the professional's title, e.g., teacher, physician, social worker, and space was provided for listing other titles not in the checklist. Next, respondents were presented with a list of professional behaviors and asked to rate the importance of each behavior and the frequency with which the professional engaged in that behavior. The behaviors included both relationship-focused activities, such as supportiveness to the parent, as well as more practice or technique-focused activities, such as providing accurate evaluations. The importance and frequency ratings were both accomplished with three-point rating scales ranging from "very" to "not at all." Analyses of these responses used chi square statistics to test the independence of professional type and specific behavior ratings.

FINDINGS

As a group, parents identified a wide range of professionals who had been most involved in the care of their child with an emotional disorder. Nine hundred and five parents responded to this question with social worker (23 %) and psychologist (23 %) the most frequently mentioned helper followed closely by teacher (20%). Three other types of helpers were mentioned less frequently: counselor (14 %), psychiatrist (9 %) and physician (5 %). Six percent of the parents reported that they had worked most closely with some other professional helper including clergy and lawyers. The term counselor is ambiguous but was included because it is commonly used by parents. It may refer to a number of roles, such as school counselor, a counselor in a mental health or social service agency, or a family counselor. We suspect it serves as a catch-all for parents who are not sure of their worker's professional designation.

Family Characteristics and Professional Helpers

The first research question concerns the relationship between selected family characteristics and type of professional helper. As Table 1 shows, the specific characteristics of

parents' education, parents' income and the minority status of the child were explored. A significant relationship was found between each of these family characteristics and the type of professional helper worked with most closely.

Table 1

**Relationship between selected family characteristics and type of professional helper
(percent of parents)**

	Total	Psychologist (n=206)	Social Worker (n=205)	Teacher (n=182)	Counselor (n= 129)	Psychiatrist (n=85)	Physician (n=46)	Other (n=52)
High School or less	33	23	37	38	46	18	28	35
Business or Technical School	10	10	11	09	07	08	15	06
Some college/ College degree	58	66	53	54	47	74	56	60
Chi square							p<.05	
Under \$19,999	41	34	44	40	54	28	42	45
\$20,000-\$39,999	38	33	36	46	33	38	36	45
\$40,000+	22	33	20	15	13	34	22	10
Chi square							p < .0005	
Parent of minority child	13	09	16	18	09	19	04	14
Parents of non-minority child	87	91	84	82	91	81	96	86
Chi square							p< .0005	

Social workers, teachers and counselors were more likely to work with parents with a high school education or less than were other professionals. Psychologists and psychiatrists were more likely to work with parents with some college or a college degree and less likely to work

with parents with less education. A similar pattern was seen with income. Psychologists and psychiatrists were more likely to be the professional with whom high income parents were most involved while parents with lower incomes reported that they work most closely with counselors, followed by social workers, teachers, and physicians. Psychiatrists, teachers and social workers were the professions most often mentioned by parents of children from racial minority groups, whereas physicians, counselors and psychologists were identified less often by parents of minority children.

The general pattern that emerged from these data is that parents who have low incomes and less education were more likely to work most closely with either a social worker, a teacher, or a counselor. Parents from higher education and income levels were more likely to work with a psychologist or a psychiatrist. This pattern can be only partly generalized to the issue of the minority status of the child. In this instance, minority children were most likely to be involved with a psychiatrist and least likely to be involved with a counselor.

Importance of Professional Behaviors

The second research question explores the relationship between parents' ratings of the importance of professional behaviors and the type of professional helper with whom the parent has worked most closely. Teachers were eliminated from this and subsequent analyses to allow comparisons among the professions more traditionally identified with mental health services. Table 2 displays the percent of parents who responded "very important" to each professional behavior. The professional behaviors in Table 2 are ordered by total percent of respondents indicating "very important." *Honesty* was the professional behavior rated "very important" by the highest number of parents (87%). *Showing respect or a non-blaming attitude* toward parents was second with 83% of parents reporting that this behavior was "very important". At the other end of the spectrum, *making home visits* was considered "very important" by the fewest respondents (16%). All other professional behaviors were considered "very important" by at least 50% of the parents who participated in the study.

On the whole, there were few differences across professions in the importance parents assigned to behaviors. Parents tended to value the same behaviors, no matter with whom they were working. Only three of the professional behaviors showed significant differences across type of professional helper: *evaluation*, *information on child rearing* and *home visits*. Parents working with psychologists and psychiatrists were more likely to rate an *accurate evaluation* as "very important." Parents working with social workers and counselors were less likely to feel that this behavior was "very important." Similarly, parents working with social workers and counselors were more likely to value the *home visit* while parents working with psychologists and psychiatrists reported this as a "very important" professional behavior less often. Parents working with a counselor or psychologist were more likely to feel that receiving *information on child rearing* was "very important" as compared to parents working with social workers or psychiatrists. These differences are probably related to the roles and training of the professionals involved.

Table 2**Parents perception of the importance of professional behaviors
(Percent reporting "very important")**

	All Respondents	Psychologist	Social Worker	Psychiatrist	Counselor	Significance
Is honest with you	87	90	84	89	86	ns
Treats you with respect (non-blaming)	83	84	81	82	86	ns
Is supportive to you	78	80	77	73	80	ns
Is supportive to your child	78	81	77	76	77	ns
Includes you in the decision making about the care of your child	76	78	75	78	71	ns
Provides an accurate evaluation of your child's handicap	68	72	64	81	58	.005
Provides information about available treatment methods for your child	67	67	64	72	69	ns
Follows up to see how things worked out	67	67	66	66	71	ns
Advocates for your child's needs with the appropriate authorities	64	63	69	58	64	ns
Provides information about resources available to you	64	67	60	64	68	ns
Helps you cope with raising your child	59	63	57	57	59	ns
Is consistently involved in the care of your child	57	57	56	58	58	ns
Provides information about practical child- raising techniques	54	58	47	49	62	.04
Is involved with future planning for your child	51	47	53	48	56	ns
Is available to you on a 24 hour basis	50	50	45	65	46	ns
Makes home visits	16	10	23	12	17	.0000

Frequency of professional behaviors

In addition to rating the importance of the professional behaviors, parents were asked to rate the frequency with which they experienced each behavior. The third research question asks whether the reported frequencies of professional behaviors vary by professional. Table 3 presents these findings ordered by overall level of importance.

The relationship between the importance of a behavior and the frequency of a behavior can be compared by examining the total columns in Tables 2 and 3. For example, *honesty* and *non-blaming* are the two professional behaviors rated "very important" by the largest number of parents and these behaviors were reported to occur "very often" with the greatest frequency. Although the rank order of both importance and frequency of the behaviors are generally parallel, there is a consistent gap between the percent of parents who said that a behavior was very important and the percent who reported that it occurred very often. *Honesty* was thought to be a "very important" professional behavior by 87% of the parents but reported to occur "very often" by 76% of the parents. This pattern exists for all professional behaviors.

Table 3

**Parents perception of the frequency with which professional behaviors occur
(percent responding "very often")**

	All Respondents	Psychologist	Social Worker	Psychiatrist	Counselor	Significance
Is honest with you	76	77	74	70	80	ns
Non-blaming	72	74	69	68	76	ns
Supports you	60	63	57	55	61	ns
Supports child	66	67	66	56	70	ns
Includes in decisions	59	57	61	57	60	ns
Accurate evaluation	48	45	45	58	49	ns
Information: treatment	44	39	44	48	53	ns
Follows up	53	52	54	46	59	ns
Advocates for child	45	40	51	37	46	.0001
Information: resources	42	38	44	31	50	.02
Helps parent cope	38	40	35	32	42	.03
Consistently involved	46	45	49	38	51	ns
Information: child-raising	38	42	34	26	48	.0000
Future planning	36	32	39	27	45	ns
Available 24 hours	32	34	26	40	35	ns
Makes home visits	11	4	15	8	18	.0000

Again, there are many similarities across professional helpers regarding the rated frequency of their professional behaviors. However, five of the professional behaviors showed a significant relationship when frequencies were compared across types of helpers. For two of

the behaviors, *information on child rearing* and *home visits*, there was a significant relationship between type of professional helper and both importance and frequency. Parents who worked most closely with psychologists and counselors were more likely to report that they received *information on child rearing* "very often" than other parents. Parents who worked most closely with social workers and counselors were more likely to report that they experienced *home visits* "very often" than other parents. These trends are consistent with the patterns found in the analysis of the importance ratings.

Three additional professional behaviors: *advocates*, *provides information on resources*, and *helps with coping*, were also significant across type of professional helper. In all three instances, parents who worked with psychiatrists were least likely to report that they experienced this behavior "very often." Parents who worked most closely with counselors and psychologists reported receiving *help with coping* most frequently. Parents working with social workers were most likely to report receiving *advocacy services* and parents working with counselors were most likely to report receiving *information on resources*.

Discrepancy between importance and frequency

Although Tables 2 and 3 give a summary view of importance and frequency of professional behaviors, the tables do not present the relationship between importance and frequency in the experience of individual parents. Therefore, a discrepancy score for each respondent was computed for each behavior based on the difference between the importance and frequency ratings, a procedure made possible by the use of identically scaled ratings. Discrepancy scores were classified as either, "met or exceeded expectations" or "got less than expected." The fourth research question addresses the extent to which the expectations of parents were met and whether these discrepancies varied by type of professional helper. Table 4 focuses on the parents who got less than they expected, ie., those who reported that the professional behavior occurred at a frequency less than its rated importance. The percent of parents who got less than they expected or considered important ranged from a low of 14% for *honesty* to 30% for *available on a 24 hour basis*. In general, between 20 and 25% of parents experienced each professional behavior less frequently than the importance that they placed on it. Comparisons across types of professional helpers suggests that there are significant differences in the discrepancy scores for three professional behaviors: *honesty*, *evaluation*, and *information about resources*. With one exception, *evaluation*, these behaviors were not significant in either Tables 2 or 3. For twenty five percent of parents who work most closely with psychiatrists there was a discrepancy between the importance they assigned and the frequency with which they experienced the professional behavior of *honesty*. Parents working with counselors report the lowest discrepancy scores with regard to this behavior.

The second professional behavior that differs significantly across types of professional helpers is *provides accurate evaluation*. Parents working with psychiatrists (27 %) and psychologists (31 %) had the highest discrepancy scores on this professional behavior. The same pattern holds true for *provides information about resources*. Parents working with both psychiatrists (40 %) and psychologists (33 %) report receiving this service less frequently than they expected as compared to parents working with social workers (22 %) and counselors (20%).

Table 4**Discrepancy between importance score and frequency score for individual parents (percent who got less than expected)**

	All Respondents	Psychologist	Social Worker	Psychiatrist	Counselor	Significance
Is honest with you	14	14	15	25	8	.01
Non-blaming	15	16	17	17	12	ns
Supports you	21	20	22	22	21	ns
Supports child	16	17	14	22	12	ns
Includes in decisions	21	23	21	24	16	ns
Accurate evaluation	26	31	24	27	17	.049
Information: treatment	26	30	25	32	19	ns
Follows up	20	20	20	25	16	ns
Advocates for child	25	30	22	26	24	ns
Information: resources	28	33	22	40	20	.002
Helps parent cope	28	28	29	34	22	ns
Consistently involved	18	19	18	28	13	ns
Information: child-raising	24	24	22	33	21	ns
Future planning	21	22	23	26	15	ns
Available 24 hours	30	30	33	35	25	ns
Makes home visits	16	17	19	15	12	ns

DISCUSSION

The interpretation of these findings is somewhat limited by the sampling approach and low return rate. Compared to national population data, the parents in this study were somewhat better educated and had somewhat higher family incomes. Also, the data collection methodology used may have excluded parents who are unable to read and complete a written questionnaire. For these reasons and the possibility of other unknown biases, our results should be viewed as preliminary and not necessarily generalizable to the total population of parents who have children with emotional disabilities. Since no accurate or complete description of this population is currently available, the question of generalizability in this general area of inquiry must wait for more research.

The findings of this study provide some insight into the experiences of parents with different types of professionals as well as the expectations that parents bring to parent-professional relationships. In interpreting these findings, it is important to bear in mind that parents were asked to respond with reference to the professional with whom they worked most closely. In many cases the parents had probably developed a close relationship with that

professional and may have gone through a lengthy selection process to find a professional with whom they were comfortable. Some parents wrote comments on the questionnaire to this effect.

The findings suggest a pattern between parents' income and education and the type of professional with whom parents worked most closely. Those with lower income and less education tended to work more with social workers, counselors, and teachers, and less with psychologists and psychiatrists. This pattern may be related to a number of factors, including resources, perceived or actual accessibility, and other barriers. Increased options available to those with higher income and more education may favor the use of psychologists and psychiatrists. Social workers, teachers and counselors may be more visible in community agencies and through the school system and are therefore more easily accessed by parents with lower income and less education. Also, these high visibility professions may be perceived as more likely to provide resources and help, particularly by those in lower economic circumstances.

What is probably most noteworthy about parents' ratings of the importance of professional behaviors is that the majority did not differ across types of professionals. Moreover, the behaviors concerned with the relationship itself—honesty, a non-blaming attitude, supportiveness, and inclusion in decision making—were uniformly considered very important by most parents, regardless of the professional with whom they worked. Parents' ratings of some behaviors did differ by profession, however, and it appears that these differing expectations may reflect ideas that parents have about the roles and training of different types of professionals. For example, parents who worked with psychologists and psychiatrists tended to view evaluations as very important, and parents who worked with social workers were more likely to value home visits.

The behaviors that parents considered important also usually occurred frequently, i.e., frequency and importance tended to follow the same ordinal pattern. However, for each behavior, this frequency was consistently less than the value attached to it, suggesting that at least some expectations were not being met. Where behaviors did show differential frequencies across types of professionals, the findings may be explainable again by role expectations. Providing information on child-raising occurred with higher frequency in relationships with psychologists and counselors than with the other professions. Advocacy, home visits, and providing information on resources were particularly associated with social workers and counselors, less with psychologists and psychiatrists. For all the behaviors that were significantly different across professions, the frequencies for psychiatrists were lowest. Many of these differences, however, were found for behaviors seen as relatively less important by parents. On those behaviors that were most universally considered important, psychiatrists did not differ significantly from other professionals.

The analysis of discrepancy scores represented an effort to address the question of individual differences between values or expectations and actual experiences. Although comparisons between importance and frequency percentages provided a perspective on this issue from a group or aggregate standpoint, the discrepancy score analysis approached this issue on the level of individual parents. Did a given parent get more or less of a specific professional behavior that he or she considered important? By and large, the discrepancy score analysis yielded few significant findings, although those that did emerge were noteworthy. In particular, honesty emerged as significantly different across professionals, with the smallest number of discrepancies occurring for counselors and the largest for psychiatrists. This finding may reflect the high expectations placed on the knowledge of psychiatrists and the frustration that some parents may feel when facets of their child's emotional disability cannot be definitively addressed. It is worth noting here that psychiatrists did not differ from other professionals on discrepancy scores associated with a non-blaming stance and supportiveness.

Thus, with respect to honesty, the relationship does not seem to be at issue as much as some other factor. High discrepancies were found for psychologists and psychiatrists with regard to providing an accurate evaluation, again probably a reflection of a gap between parents' expectations and the state-of-the-art in assessing emotional disabilities in children. Put another way, it is often difficult to get a satisfactory assessment of problems that are ambiguous, transitory, or unfolding, and this state of affairs may run counter to parents' desires and expectations. The same explanation may apply to the finding of high discrepancies for psychologists and psychiatrists with respect to providing information on resources. When parents are told that appropriate resources and services are not available, they may see this as a failure of professional performance rather than a true reflection of the state of the service system.

These findings provide an incomplete picture of differences across professions, a picture that is undoubtedly changing as traditional mental health disciplines evolve and new practice roles develop. Nevertheless, the findings suggest a number of promising directions for practice, education and research.

First, given the pervasiveness of concern and the importance placed by parents on the issues of honesty, respect, supportiveness and inclusion in decision-making, these aspects of practice should be paramount in the hiring, supervision and development of practitioners. All professional education programs should also explicitly give attention to parent-professional relationships, since the findings of this study suggest that such matters transcend the concerns of individual disciplines. Given differences in parents' expectations, professionals need to be clear about what they can and cannot do. It is worth noting that the data reported here are based on the relationships between parents and the professional with whom they were most involved and thus may provide a "best case" perspective. Some of the families in the sample had previously experienced less satisfying professional relationships, as reflected in their written comments. Further research is needed to take into account the full range of parents' experiences with professional services.

Accessibility issues also need more attention by all professions. Currently we cannot assume that children and families are matched with the professional services most appropriate to their needs and circumstances. Our finding that families were differentially distributed across professions by characteristics such as income and education is consistent with previous studies and suggests that service providers should take steps to insure that the full range of professional services is available to all families. Faculty of professional training programs should also examine their curricula to assure that trainees are prepared to work with diverse groups of children and families. In addition, sampling approaches designed to avoid sampling bias and include a wider range of family characteristics should be used in future studies.

As family members become more involved as partners in the planning, implementation and evaluation of services, attention to their expectations and responses to professional services will become even more important. Understanding of parent-professional relationships in children's mental health is still at a rudimentary level and should receive systematic attention from family members, practitioners, educators, and researchers. These efforts will be an important aspect of the ongoing movement to improve services for children and youth with serious emotional, behavioral and mental disorders and their families.

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