Single-Session Consultations for Parents: A Preliminary Investigation

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Many parents want child-rearing information and emotional support from mental health professionals but are reluctant to attend group parenting classes or commit to long-term counseling. This study evaluated the efficacy of a specific, brief parent consultation intervention. Preliminary data were collected during routine single-session parenting consultations offered through a community agency. Preconsultation and postconsultation data from 21 of 33 (63.6%) consultees were analyzed using two-tailed paired-sample t tests with Bonferroni adjustments. Results, based On parent responses to a 17-item Likert-type questionnaire, indicated that parents rated themselves as less stressed and more capable of handling their children's behaviors following their single-session consultation. Satisfaction ratings and qualitative data were consistent with selfratings, suggesting that parents had very positive reactions to their brief consultation experiences. Discussion focused on the limits of this investigation and recommendations for more rigorous research, including a more diverse sample as well as a waiting list control group, in this potentially important practice area for family and school counselors.

Keywords: single-session c0!lsultation; parent consultation; parenting; client satisfaction; evaluation

Historically, parents learned about child-rearing methods and strategies from their own parents or from extended family members with previo~s parenting experience. Although these information sources remain prominent, beginning in the early 1900s and led by major figures such as Alfred Adler and John B. Watson, physicians, psychologists, and guidance counselors began providing professional or research-based information to parents and caregivers (Adler, 1988; Watson & Watson, 1928). Presently, parents are more likely than ever to turn to professional experts, either by purchasing self-help books or by obtaining consultation services, when they want parenting advice (Kurcinka, 1991; R. Sommers-Flanagan & Sommers-Flanagan, 2003).

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Previous research has identified numerous barriers that reduce parent participation in long-term psychotherapy, parent-training, or small group classes (Johnson, Harrison, Burnett, & Emerson, 2003). These barriers include (a) privacy issues, (b) concerns that individual problems will not .be adequately addiessed in a group setting, and (c) inability or unwillingness to take the time and energy to complete longer term programs (Campbell, 1993; Johnson et al., 2003). Similarly, parents sometimes avoid having their children obtain mental health services due to possible damage to their children or to their own self-esteem or finances (Raviv, Raviv, Propper, & Fink, 2003).

To address these problems, several authors have written about private, individualized parent consultation services for parents who want additional parenting skills and information but who might not seek educational or therapy services (Bitter, 2004; Nystul, 1987; Ritchie & Partin, 1994; Strother & Jacobs, 1986). These consultations often consist of parents attending one or two sessions with a school counselor, school psychologist, or mental health professional (Bitter; Ritchie & Partin; Strother & Jacobs).

Smgle-session parenting consultations ate not only a more acceptable educational option for some parents, they are also consistent with the contemporary emphasis on positive, short-term, solution-bqsed approaches to counseling (Dejong & Berg, 2002; J. Sommers-Flanagan & Sommers-Flanagan, 2004). With regard to psychotherapy, many researchers agree that "Most people achieve some change relatively quickly ... " (Boisvert & Faust, 2003, p. 510); the same may be true for parents seeking psychological assistance. Unfortunately, there is little or no published research evaluating the efficacy of brief or single-session parent counseling or consultation. Instead, research has focused on multisession parent interventions, extensive parent training, or multisession small group topical parent education classes (Brems, Baldwin, & Baxter, 1993; Kerr, 2001; McKenry, Clark, & Stone, 1999; Snow, Frey,-8.<- Kern, 2002). In an effort to evaluate the efficacy of sing!e-session parenting consultations, this article reports preliminary efficacy and satisfaction data collected from parents 4 to 8 weeks following their participation in a community-based single-session parent consultation.

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METHOD

Participants

Thirty-three parents who attended single-session parent consultations were included in this preliminary investigation. All participants completed a registration and consent form at their consultation visit. Participants included 4 couples (mother and father attending together), 22 mothers attending alone, and 3 fathers attending alone. Of the 4 couples, 3 included stepparents (2 stepfathers and 1 stepmother). All sessions were requested by parents and scheduled by either the parenting consultant or agency secretary.

Parent ages ranged from 22 to 41 years. Most parents (26 or 78%) rated their income level as average. Three parents (9%) rated their income level as above average and three (12%) rated their income as below average. The sample was predominately Caucasian (31 or 94%); two participants were American Indian mothers (6%).

Parenting Omsultant and Consultation Model

The author of this article, a counselor educator with more than 15 years experience working with parents and families, conducted all parenting consultations. The consultation model used in this study was developed by reviewing the pertinent literature and during a 5-year period of working directly with individual parents (Gershoff, 2002; Kazdin, 1996; Maag, 2001).

The consultation model includes six components or phases: (a) explaining the consultation to the parent(s); (b) supporting the parent(s) and focusing on the meaning of their concerns; (c) identifying and exploring the child's problem as described and ~xperienced by theparent(s); (d) modeling effective parental attitudes such as empathy and compassionate curiosity; (e) offering specific advice to the parent(s), especially regarding behavior management and family communication; and (f) summarizing the plan and closing the session. The consultation model draws from various theoretical perspectives, including behavioral and Adlerian theory and emphasizes strategies through which parent-child relationships can be enhanced (J. Sommers-Flanagan & SommersFlanagan, 2004). A detailed description of the parent consultation procedure is available from the author.

Procedure

All parents were seen for a single-session consultation at their initiation. Prior to the session, parents completed a registration and consent form and a 17-item parenting questionnaire and turned these materials in to the receptionist. At the end of the session, parents were provided with a photocopy of the consultant's recommendations and were reminded of the agency's intention to seek follow-~p information from them in the near future.

At 4 to 8 weeks after the consultation appointment, all parents were mailed the 17-item parenting questionnaire and seven item satisfaction inventory. A one dollar bill and stamped, self-addressed envelope were included in each mailing to encourage participants to return the questionnaires.

Instrumentation

Parenting questionnaire. As noted by Lambert and Hawkins (2004), "choosing a single [outcome] measure ... is not an easy task" (p. 498). For this study, the agency wanted a brief, relevant but unobtrusive measure to be implemented without significantly changing the nature of services provided within a community setting. After reviewing existing parent-competence instruments, agency staff decided to use a self-designed measure.

The instrument was designed using a three-step process. First, existing parenting questionnaires were reviewed by a multidisciplinary team, including a licensed clinical psychologist, licensed professional counselor, and a social work practicum student. Based on this review and previous experience conducting parenting consultations, the multidisciplinary team generated 30 items for potential use in the agency outcomes questionnaire. Second, the initial 30 item questionnaire was critically evaluated by 10 additional staff members (including several parents) and returned to the multidisciplinary team. Third, based on the agency and parent-based feedback, the team eliminated 13 items and revised the wording of the final questionnaire (reversing the directionality of 9 of the 17 items). At the end of this process, the team presented the questionnaire to the staff, minor revisions were made, and it was accepted for use in individual parent-consultation sessions. The final 17-item questionnaire is in Table 1.

Satisfaction inventory. Satisfaction inventory items were generated using the sarrie prOcedure as the' parenting questionnaire, with an emphasis on using items similar to those recommended by Berger (1983) and Lebow (1982). Again, the goal was to include items that would apply to all parents and to produce a short questionnaire that would not be an excessive burden to agency clients. The final satisfaction inventory included four items answered on a 5-point Likerttype scale and three open-ended questions to generate qualitative data regarding the parents' consultation experience. The satisfaction inventory is in Table 2.

RESULTS

Overall, 21 of 33 parents returned questionnaires via U~ mail, a 63.6% response rate. Two participants returned only the satisfaction inventories .. ,

Total parent questionnaire scores were analyzed using a two-tailed paired-sample *t* test. To produce meaningful total questionnaire scores, prior to analyses, Likert-type scale ratings were reversed for the nine negatively worded items on the parenting questionnaire. Consequently, lower total questionnaire scores represent improvements from preconsultation to postconsultation. A paired-sample *t* test indicated that

TABLE 1
Preconsultation Versus Postconsultation Parent Ratings

Item	Preconsultation	Postconsultation	tScore	*pValue*
1. I use several different methods to discipline my child.	1.72	1.39	-1.24	.230
2. It's hard for me to say *no* to my child."	2.47	2.74	1.56	.140
3. I discuss limits and consequences with my child in advance.	1.84	1.79	-0.33	.750
4. I don't know what is normal behavior for my child's age."	2.16	2.79	2.19	.040
5. When my child misbehaves, I give him or her a fair warning before giving a consequence.	1.79	2.00	0.81	.430
6. I'm able to comfort my child when he or she is angry or sad.	1.79	1.63	-1.00	.330
7. I'm so stressed out I'm not doing a very good job at parenting."	2.16	3.05	3.26	.004*
8. I don't like how I respond when my child misbehaves."	1.84	2.53	3.15	.006*
9. My child is allowed to make some decisic;ms in our household.	1.89	1.79	-0.81	.430
10. I have'to yell to get my child to listen."	2.33	2.89	1.97	.066
11. When my child complains, whines, or cries I'm not sure what I should do."	2.63	3.05	2.19	.040
.12. I value my child's opinions.	1.42	1.37	-0.44	.670
13. I feel overwhelmed by my child's needs or behaviors."	1.79	2.47	3.64	.002**
14. I don't know what to do when my child gets angry or has a temper tantrum."	2.53	2.95	2.19	.040
15. I usually have a good idea about what my child is feeling.	2.26	1.95	-1.68	.110
16. I don't know how to play or have fun with my child."	2.79	3.11	2.05	.055
17. I feel good about myself as a parent.	2.32	2.26	-0.29	.770
Total questionnaire	39.68	34.00	-3.56	.002**

Note: Items were rated on 5-point Likert-type scal~s from 1 *(strongly agree)* to 5 *(strongly disagree).* All comparis~ns were two-tailed, paired sample *ttests (df* = 18, except Items 1 and 10; *df* = 17).

a. These items are worded negatively, meanin9 that an increase on the Likert-type scale rating for these items represents a positive outcome. Additionally, for the total questionnaire analysis, the scores on these negatively worded items were reversed, meaning that the lower the total score on this questionnaire represents a more positive outcome.

'p < .01. **p* < .003.

total postconsultation questionnaire scores were significantly lower (indicating improvement) than preconsultation scores *(p* = .002, *df* = 18; see Table 1).

To obtain more specific information, individual items on the parenting questionnaire were also analyzed using twotailed paired-sample *t* tests. These analyses indicated that, based on the traditional significance level of $p < .05$, parent responses to 6 ofthe 17 items were significantly more positive 4 to 8 weeks after the parent consultations. However, due to increased potential for type I error, a Bonferroni adjustment was calculated, t:esulting in $p = .003$ as a recommended level for statistical significance with regard to individual questionnaire items in this study. Only one specific item, "I feel overwhelmed by my child's needs or behaviors" was significant at the $p < .003$ level.

Some researchers have criticized Bonferroni adjustments as too conservative, especially in cases where outcome variables are likely to be highly correlated, as is the case in this study (pemeger, 1998; Sankoh, Huque, & Dubay, 1997). Additionally, it is appropriate to identify individual questionnaire items as indicating a trend toward significance, especially if they are significant at the $p = .01$ level or greater, Consequently, the means, *t* scores, and significance levels for all items are in Table 1 and items significant at $p < .01$ or $p \sim .003$ identified. Overall, two other specific items were sigIJ.i.flcant at the *p'*< .01 level.

Twenty-one parents responded to the four 5~point Likert-type satisfaction questions. These results are summarized in Table 2. In response to open-ended qualitative questions, 19 of 21 parents wrote specific comments to Item 5 regarding helpful consultant behaviors. Twelve parents responded to Item 6 regarding unhelpful consultant behaviors. However, 10 of these parents simply wrote nothing (indicating that nothing the consultant did was unhelpful) and two parents

TABLE 2 Consultation Satisfaction Ratings

Item	*M*	*SD*	*n*
1 . How would you rate the overall quality of services you received?	1.14	.359	21
2. How satisfied are you with the help you received?	1.24	.539	21
3. Did the consult help improve your relationship with your child?	1.90	.768	21
4. If you need help again, would you schedule another consultation?	1.24	.768	21

Note: Items were rated on 5-point Likert-type scales from 1 *(excellent)* to 5 *(very poof)* on **Item** 1, 1 *(very satisfied)* to 5 *(very dissatisfied)* on Item 2, 1 *(Yes, it helped* a *great dea~* to 5 *(No, it seemed to make things worse)* on Item 3, and 1 *(definitely)* to 5 *(definitely not)* on Item 4.

wrote positive feedback in response to the unhelpful question. Overall, no negative responses were obtained from the 21 parents.

Parents identified a wide range of helpful consultant behaviors. Overall, 15 parents noted that the consultant's concrete ideas, strategies, and advice about behavior and communication was helpful; 5 described obtaining the perspective and support of an outside authority as helpful; 5 wrote that being taught to use encouragement, mirroring, and positive feedback with their child was helpful; and 2 parents reported that specific book recommendations were helpful.

Eight parents responded to Item 7 "Please give further feedback .. ." by writing extensive comments on the back of the evaluation form. All eight of these comments were clearly positive. Excerpts include

> He really listened while we described our situation. All the information and advice given was immediately useful and applicable. And things - we've tried have worked-things have greatly improved.

> He helped to focus our ideas into concrete strategies to deal with behavioral problems. Also he was very supportive of us as parents.

> Underneath all that anger was a sweet daughter that I've missed terribly. Thanks to the consultant and the help we got, I have that daughter back in my life again (and I didn't have to give up my marriage or my sanity to get her back).

> By pinpointing and labeling the root of the problem, it no longer seemed to be an immense, nameless problem looming over us.

> This is a great resource to parents who are not certain about developmental stages. The information really helped me put the situation in perspective.

> The book really helped and my daughter and I have come a long way in developing a much better relationship. It is amazing, the power of knowledge. Thank you so much.

> He taught me how and how not to communicate with my teenager. It was pointed out that I need to separate myself from my child's negative emotions and give him the power to challenge himself. He wanted me to encourage my son more.

DISCUSSION

Before discussing the implications of the findings from this preliminary investigation, a number of limitations should be noted. Specifically, this study included a small, culturally. and economically homogeneous sample, employed outcome measures that have not been validated, and the consultation intervention was delivered by a single male mental health professional working at an agency in Montana. Consequently, not only is it impossible to generalize the present findings to other settings, other mental health professionals, and other regions in the United States, a clear rational for publishing such research in a professional journal is needed.

Thousands of counselors and mental health professionals throughout the United States are actively involved in clinical work on a daily basis. However, because this work typically occurs in community agencies, independent practices, and other clinical settings, little or no systematic research is conducted to evaluate the efficacy of these clinical activities (Bradley, Sexton, & Smith, 2005; Hartmann, 2005). Consequently, it is all the more important for practitioners to collect outcomes data, although it sometimes means compromising the rigorous empirical research standards we learned in graduate school. This study represents data collected in an applied setting with parents who were voluntarily seeking assistance. The measures employed were designed to be a brief and unobtrusive component of the parents' consultation experience. This approach to capturing data is consistent with the emphasis, in recent YGars, on evidence~based practice (Bradley et al., 2005; Sexton & Liddle, 2001).

Overall, this study indicates that parents may find benefits from an individualized, single-session parenting consultation. In particular, the parenting questionnaire results suggest that the consultation had a significant ($p < .01$) effect in three related areas. Parents reported feeling (a) less stressed in ways that were adversely affecting their parenting, (b) less dislike for how they were responding to their child's misbehavior, and (c) less overwhelmed by their child's needs or behaviors. Taken together, these responses

suggest that parents generally felt less, stressed and more competent after receiving an individualized parenting consultation.

Parent responses to the satisfaction questionnaire were uniformly positive. On average, parents indicated that the quality of the services they received was excellent, that they were very ,satisfied with the help they received, and that they would definitely schedule another consultation if they needed help again.

The only satisfaction item that did not obtain the highest rating possible was "Did the consult help improve your relationship with your child?" This item goes beyond assessing satisfaction with services and addresses the issue of whether the parent-child relationship was improved as a function of the consultation. Parent responses to this item were still positive, as the average response from the 21 parents was "Yes, it helped."

Within the domain of outcomes research, some have questioned the validity of positive satisfaction ratings (Lambert, Salzer, & Bickman, 1998; Pekarik & Guidry, 1999; Pekarik & Wolff, 1996). Nonetheless, the satisfaction questionnaire results were consistent with the parent questionnaire and qualitative data. Perhaps most impressive was the fact that none of the 21 different parent respondents listed any negative consultant behaviors. II1stead, 19 of the 21 respondents made positive comments. **In** particular, parents seemed especially pleased with the concrete ideas, strategies, and advice about behavior and communication. Additionally, many parents wrote of their appreciation for obtaining an objective and supportive outside perspective from an authority and for the positive nature of suggestions offered.

Some parent comments may be directly linked to specific components of the parent consultation model employed in this study. Specifically, consistent with solution-focused counseling, the parent-consultation mod~l emphasizes that consultants refrain from making negative or critical comments about existing parenting behaviors (Carlson & Howell, 1997; Selekman, 1991). This may be why parents never made negative comments about the consultant. Within the model, there is also a strong e,mphasis on empathy for parents because parenting is viewed as an extremely challenging endeavor. Finally, the consultation model also ,includes a number of standard, but individualized specific suggestions for parenting. As the consultation proceeds, the consultant writes down specific recommendations and these recommendations are given to the parent at the end of the session. These particular procedures may have contributed to parent recall of specific strategies. The procedures also may have contributed to what the parents reported appreciating most from their consultations: (a) positive and concrete ideas, strategies, and advice for managing child behavior and facilitating parent-child communication and (b) supportive reassurance from a parenting authority.

As noted previously, the present study was not designed to offer conclusive empirical data attesting to the efficacy of single-session consultations. The absence of a control group makes it impossible to claim that positive outcomes are a function of the intervention. However, based on the qualitative data, it appears, at the very least, that parents perceived their consultations as beneficial. Therefore, although the question of cause and effect was not addressed, the parents' qualitative comments indirectly suggest that the parent consultation intervention may have been the reason for improvements detected on the brief measure used in this investigation. This preliminary study supports the potential efficacy of single-session parent consultations and indicates additional research on this counseling practice domain is warranted.

CONCLUSION

While this prelimil).ary investigation has obvious and substantial limitations, the findings provide a number of hypotheses that should be explored in both clinical and research settings. Specifically, it appears that a singlesession, individualized parenting consultation may produce a positive outcome for parents who request such a consultation. Benefits may include decreased stress and an increaseq sense of competency. Desirable parent consultation components appear to include a nonjudgmental atmosphere, positive and concrete strategies for managing child behavior and improving parent-child communication, and support, reassurance, and feedback from the consultant. Future research on parent consultations should include a larger sample size, a more culturally and economically diverse parent population, a more diverse set of parenting consultants, and a waiting list control group. Brief parent consultations within community, private practice, and school settings may bea practical and effective counseling intervention for parents who are concerned about their child's functioning.

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