



Parent Support Zone

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Parent Re-Learning: Is There Room for Improvement?

QUESTIONING THE BEGINNING OF MY RELATIONSHIP WITH PARENTS IN MY PRACTICE

Parents call your number, they had searched up “help for ADHD” on Google, and your Facebook page appeared. After a brief but reassuring conversation, they decide to follow through on working with an educational therapist as they realise that this professional sees the previously unnamed nuances in their child’s learning journey—the endless effort with results that don’t match, the in one ear and out the next learning, and the disorganisation with notes and homework.

You, the diligent ET, meet with them, assess the needs of the learner, create a plan, and give the parents tips on how to support your work with their learner; you may have even suggested reading materials. Yet despite all your reassurance of support, lifting of blame, validation of frustration, and commendation of past efforts (Kass, 2010), it would seem that we ETs have an almost universal experience of questions resurfacing that we thought we had adequately addressed in numerous prior interactions:

“Why is my child not able to read yet? Are you going to be able to fix her?”

“He is intentionally not listening. I can see the defiance in his face.”

Sometimes, it is the questioning of the veracity of your recommendations:

“I did what you said, and it worked at first, but it doesn’t anymore.”

“I spoke to my cousin who has a child with similar problems, and what you suggested didn’t work for them, so I didn’t bother. I did ...”

Fill in that blank any way you like, it doesn’t matter. Not because you are dismissive, indifferent, callous, or unable to meet the needs of your client, but like me, you have been using a method of support for parents that creates a safe place for them to be seen. But I wondered for a long time—does it create a structure for them to learn? I felt caught in a didactic reactive loop, one that I think may be too passive, i.e., reading and deep assimilation is meant to happen on the parents own, but does it? (Sarkehl et. al., 2020).

ANALYSING THE TYPE OF CHANGE THAT COULD BE BENEFICIAL TO PARENTS IN MY PRACTICE

This is a pattern I have observed in myself over the past 10 plus years as an interventionist and then as an educational therapist. Sadly, the resultant effect can be considered akin to applying a topical balm to anxiety and the fear-driven parent-child and/or parent-parent relationships developing around concerns about a child’s learning ability and trajectory. Neither of which have any beneficial long-term effects on desired outcome—as the need arises, we give them the proverbial “fish,” feeding their immediate needs. Also, many past parents have explained that there is a feeling of loneliness on this journey of learning their child is neurodiverse or has exceptional educational needs, feeling like the learning curve is an uphill battle. Addressing concerns as they arose one family at a time might have worked for some, but it relied on the parent trusting me with their hurt, confusion, or frustration. This came easily for some but not many. As a result, I would usually be informed of big decisions after the fact, which often ran counter to the child’s needs, capabilities, or in fact, the science of learning. I realised that this approach was reactionary and so not optimal. It indeed could deny parents the opportunity to be armed with enough accurate information from the beginning so they can make more informed decisions based on the science of learning. I thought—Could I be the fisherman and “teach them to fish”?

RESTRUCTURING THE WAY I BUILD RELATIONSHIPS WITH PARENTS IN MY PRACTICE

To move from sharing information to imparting the knowledge appropriately with parents of clients can elicit a range of emotions from angst to instability. So how can we as educational therapists do this? Nothing is essentially wrong with the current approach, but there is room for modification. I propose a psychoeducation model of parental training. Psychoeducation is defined by EBSCO (2004) as

a therapeutic approach that provides patients, their families, and caregivers with essential information regarding mental health conditions, including their causes, symptoms, and treatment options. This approach encompasses strategies to help individuals cope with the psychological, physiological, and social challenges posed by mental illnesses, ultimately aiming to enhance the quality of life for both patients and their support networks. While psychoeducation can be incorporated into various forms of psychotherapy, it is most commonly associated with cognitive behavioral therapy and is particularly effective when involving family members.

The historical development of psychoeducation as a tool has included patients and their families and has been used predominantly in the fields of psychology and psychiatry. For the purposes of this discussion, I will exclude the primary clients from this process, but rather focus on their immediate support system, i.e., their family. Parents, like their kids, need space

with us alone and maybe even other adults, other adults who are choosing educational therapy as part of their child's support system. Firstly, I wholeheartedly believe that we as ET's already meet the "re-learning" requirements with our clients. Secondly, I posit that the ways we present information to the adults in families cannot be understood and absorbed by young learners easily. So, this is an argument for parent-focused psychoeducation—a sort of parent re-learning protocol if you would permit, i.e., it is a call to them and the changes within them we would aim to achieve.

Sarkhel et. al. (2020), using Anderson's model of psychoeducation, describe the four major components which I will modify for the purposes of our profession:

1. *Brief the patient on their illness* becomes instead *brief the family on educational therapy*.
Rationale: Educational therapy is a little-known intervention in many parts of the world, so helping parents have an understanding of our philosophical underpinning saves them false interpretations of our purpose and scope of practice.
2. *Problem-solving training* becomes instead *problem-identification training*.
Rationale: Children exist within the ecosystem of their families and so not only are they impacted by the home, but they impact it as well. Helping parents understand that neurodiversity and divergence is not deficiency at its core, but rather expressions of diversity, can provide space for appreciation of the angst and dysregulation that we are often helping parents navigate regularly.
3. *Communication training* becomes instead *mindset and executive-skills training*.
Rationale: Knowing what to say is arguably not as powerful as why it is the right thing to say in the moment. Helping parents create space in their consciousness for understanding how core academic adjacent skills develop can help that awareness.
4. *Self-assertiveness training* becomes instead *decolonising thinking around learning*.
Rationale: Advocating for your child's needs goes deeper than rights and legal frameworks. The structures that created barriers for your learner also created expectations of the parent that may not focus on education as self-discovery but rather as pre-economic productivity training.

This progression of topics for parent re-learning can, like psychoeducation for the clients of our psychiatric and psychologist colleagues, put the family in the frame of mind to understand not just presenting behaviours, strengths, and struggles but also the *why* behind them and the fluid nature of needs as they grow and change because "given the added burden of stress [it can] help family members to get along with one another, [and so] is a valued addition to the pool of therapeutic interventions applied" (Australian Institute of Professional Counsellors, 2014).

This approach represents a comprehensive, active involvement model for parent education that will serve as an adjunct to supports already in place. There is so much more to consider if this were to be part of an ET's practice, but I believe the most important points for consideration would be:

1. What would it mean for the quality of life improvements for the families we serve in terms of their communication, problem-solving, and decision making?
2. How would we as ET's even begin to integrate such a concept into our practices in a grounded and effective way?

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