



# Overcoming Reading Difficulty in Clinical Remediation through Effective Partnership

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## ABSTRACT

This study examined the nature of the partnership between clinicians and parents of two struggling readers at a university reading clinic. Research questions sought to examine the roles of the clinicians and parents in the reading clinic and the ways, if any, their partnership facilitated reading improvement of the children involved. Data were collected through multiple sources and analyzed inductively. The results indicated that after semester-long tutoring, the two students improved in their attitude toward reading and actual reading levels. The improvement was attributed to both intensive tutoring and effective partnership with parents.

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One-on-one intervention for children who struggle to read has continued to receive the attention of researchers, educators and teachers alike (Allington, 2001; Gaskin, Laird, O'Hara, Scott, & Cress, 2002; Hiebert & Taylor, 2000; Kibby, 1995; Snow, Burns, & Griffin, 1998). It is believed that such intervention helps to customize learning experiences for struggling readers because both the pace and level of instruction can be adapted to the needs of the children (Brown, Morris, & Fields, 2005). Moreover, one-on-one tutoring ensures that struggling readers receive high quality instruction. This is important because most children who struggle to read do not need different curriculum, different goals or standards, but high quality instruction (Allington, 2001; Brown et al., 2005; Gaskin et al., 2002; Snow et al., 1998). In addition to intensive teaching, instruction for struggling readers must be long-term, because the impact of short-term reading intervention fades overtime (Gaskin et al, 2002).

Reading clinics were established by many research universities to offer quality and intensive remedial instruction to students with severe reading difficulties and for the training of literacy professionals (Klenk & Kibby, 2000). Clinical remediation involves one-on-one tutoring to students whose progress in learning to read fails to meet reasonable expectations (Harris & Sipay, 1990; Klenk & Kibby, 2000).

However, the remediation of reading difficulty involves more than intensive instruction. The home remains a very crucial element in any literacy intervention for struggling readers (Leseman & de Jong, 1998; Musti-Rao & Cartledge, 2004). Quality literacy instruction must bring the home, the community and the school into partnership so that mutual respect and reciprocal flow of information are achieved (Lazar & Weisberg, 1996; McCarthey, 2000). In addition, provision of long-term support can be better achieved by sustained parental involvement since parents provide children with social and human capital (Coleman, 1991), literacy opportunities (Leseman & de Jong, 1998) and motivation (Baker, Scher, &



Mackler, 1997). Quality parental support and involvement include: actual or perceived expectations for school performance, verbal encouragement or interactions regarding school work, direct reinforcement of improved academic performance and general academic guidance (Keith, Reimers, Fehrmann, Pottebaum, & Aubey, 1986). However, parental support and involvement will be enhanced when parents work in collaboration with teachers.

## Parents as partners

Epstein (1995) presents a model of the ways home, school and community should function as a partnership to influence students' success. An underlying assumption of the model is that children will most likely succeed when they feel cared for and when they are encouraged to do well. Working in partnership with parents of struggling readers is therefore essential because such cooperation will help teachers to understand how the children relate to print outside of the classroom (Epstein, 1995; Lazer & Weisberg, 1996). Parents can also provide teachers with valuable information about their children that can shape instructional methods because they are in a position to discover children's interests and to perceive their emotional reactions toward the reading situation (Lazer & Weisberg, 1996).

An effective collaboration between parents and teachers of struggling readers may help to address problems usually associated with struggling readers such as low self-esteem, poor motivation and attitude toward reading, and behavioral concerns such as disruptive behavior or withdrawal (Baker, 2003; Baker et al., 1997). Poor attitude toward reading might explain the difference in the amount of reading done by struggling and normally achieving readers (Allington, 1983), that results in the "Matthew Effect" syndrome (Stanovich, 1986). The Matthew Effect refers to a situation whereby struggling readers, because they have no interest in reading, read less than proficient readers, and as a result, fall yet further behind their higher achieving peers. Motivation for struggling readers can be achieved through both teacher and parental encouragement (Baker, Dreher, & Guthrie, 2000). Teachers can foster motivation through activities that support meaningful learning and help learners to select books that can sustain their interest and engagement in reading. Motivation can also be enhanced through the use of technology. Studies have shown the efficacy of computers and literacy software in teaching vocabulary, spelling, and word recognition, as well as in providing high motivational influences for struggling readers and writers (Balajthy, Reuber, & Robinson, 2004; Kamil, Intrator, & Kim, 2000).

While parental involvement plays a vital role in the life of struggling readers, there are indications that parents sometimes aggravate the problem of their children who struggle to read through their attitudes and dispositions. Harris and Sipay (1990) observe that when struggling readers start a remedial program, "...parents' continued attitude towards and treatment of the child can significantly influence his/her progress" (p.400). They note that parents of struggling readers are anxious for success, expect too much too soon, and become easily discouraged and emotionally tense when their remedial efforts fail. It is therefore important to sustain dialogue with these parents to ensure that they do not compound the problem of their children. Teachers need to open a communication channel with parents and listen attentively to them to understand their perspectives on their children who struggle with reading (Edwards, Pleasants, & Franklin, 1999; Lazar & Weisberg, 1996; Nistler & Maiers, 2000). Such interaction may reveal the social pressures and problems parents and children face that may never be understood (Edwards, Pleasants, & Franklin, 1999). Listening to parents' stories provides teachers not only with vital information for instruction but also for counseling purposes. Parents also need encouragement to believe that they can help achieve success.



Although there has been consistent interest in efforts at intervention for children experiencing reading difficulty, not much attention has been paid to struggling readers receiving one-on-one remediation in university reading clinics. There is a need to highlight the unique roles played by reading specialists and parents as they collaborate to help struggling readers to overcome their reading difficulty. The purpose of this study was to examine the nature of the partnership between clinicians in a university reading clinic and the parents of struggling readers. Specifically, the study addressed the following questions. What roles did two clinicians and two parents in a university reading clinic play during their collaboration? In what ways, if any, did this partnership facilitate reading improvement of the children involved?

## Participants and research context

There were six participants in this study: two students, two clinicians and two parents (parents of the two students). These six people were divided into two groups. One group consisted of Karthlyn (female), her mother Commy and her clinician Kobe, while the second group consisted of Jeff (male), his mother Elaine and his clinician Anne. All names are pseudonyms. I interacted with and observed all six participants at a university reading clinic in a public research university in Upstate New York, in the spring of 2003.

Parents brought their children to the clinic twice a week for ninety minutes per session. The two parents (Commy & Elaine) were selected through purposeful sampling, based on the recommendations of clinicians and other clinic staff as exemplary parents who took interest in working with their children and were also interested in collaborating with teachers. Both students were White middle class European Americans. Karthlyn's parents were college graduates and her mother was a special education teacher while Jeff's parents had completed high school. The two clinicians, Kobe and Anne were master's degree students undergoing a required clinical course for reading specialists. During this semester-long clinical training, clinicians collected and examined existing information on personal and educational backgrounds of their prospective students, carried out detailed assessments, and wrote a case study of the children. They then provided one-on-one tutoring and other learning activities to match the needs of the children.

My role in this study was that of a participant observer. I was a doctoral student participating in the clinical practicum so that I could better understand the nature of reading difficulties. It was during that period that I conducted this study. I considered myself both an insider and outsider in this study. As far as participating in the practicum was concerned, I was an insider. I was familiar with some of the parents whose children were receiving instruction at that time. However, as a researcher, I also considered myself an outsider. After my first interview with the participating parents, I shared with them the story of my child who also had a severe reading difficulty. They were encouraged to learn that he overcame the problem and that I played an active role in tutoring and motivating him. Knowing that I had gone through a similar experience, the two parents did not see me just as a researcher, but as someone who understood their plight and with whom they felt very comfortable discussing their children's cases.

### *Case study 1: Karthlyn and her parents*

Karthlyn, at the time she was enrolled in the reading clinic, was a nine-year-old girl and was in the fourth grade in a suburban elementary school. Her family had a history of reading difficulty. Her elder brother, who was then in college, had a diagnosed learning disability and received special education services, and her father also had reading difficulty. Karthlyn was diagnosed with a learning disability in



November 2000. Her mother reported that she “has been a struggling reader since kindergarten.” School reports indicated that she depended on teacher support and constantly needed help to complete most of her assignments. Her classroom was a blended one where there were additional supports through a special education teacher and classroom aides, as well as increased opportunities for small group instruction. Although Karthlyn was friendly and outgoing, she had a short attention span, a record of poor task completion and required a structured and predictable routine. Both school reports and parent interviews indicated that she had a poor attitude toward reading. “She does not want to read because it’s hard for her,” lamented her mother. Karthlyn received instruction in remedial reading and math, had several summers of tutoring and a summer of Reading Recovery. Despite these efforts, she was still struggling with reading both at home and in school. A series of diagnostic tests at the reading clinic revealed that she was reading at the second grade level, two years below her actual grade level. She had severe word recognition and decoding problems, poor application of phonics skills and reading strategies that greatly impeded her fluency and comprehension. Karthlyn’s mother accompanied her to the reading clinic and interacted with her clinician during each visit.

### *Case study II: Jeff and his parents*

Jeff was 12 years old and in the sixth grade when he was brought to the reading clinic. Like Karthlyn, Jeff was also in a special education class in his school. Jeff comes from a family of four, but there was no history of reading difficulty. However, his reading problems started early. “He had always struggled to read as far as I can remember,” his mother noted. A psychological evaluation indicated that Jeff was in the average range of intellectual ability, yet he struggled in most subjects, with failing grades in reading, but at an average level in math. He required additional time and adult supervision to carry out most school tasks. All school reports point to his difficulty with reading and writing and a negative attitude toward reading. Jeff was also shy and withdrawn, lacked confidence, and rarely participated in class. In addition, his comprehension was considerably lower than the other students. Jeff started receiving remedial reading instruction in third grade and small reading group instruction in fifth grade. In school, he received resource room instruction as well as consultant teacher services that were specially designed for individualized or small group instruction in the regular classroom. Clinical diagnosis revealed that Jeff was reading at the fourth grade level. Jeff’s parents and brother usually accompanied him to the reading clinic twice a week and exchanged views with his clinicians at the end of each visit.

### **Data collection and analysis**

Data collection for this study proceeded through series of observations, interviews, informal conversations, field notes and analytic notes. In addition, parental and child involvement inventories were used to collect information concerning the children’s attendance, homework completion, parental involvement and individual efforts by the children. I observed Jeff and Karthlyn’s clinicians three times each as they interacted with the children during their teaching sessions at the clinic. I also attended the meetings between the clinicians and parents at the end of each teaching session. Field notes were taken during each observation. All the participants (parents, clinicians and students) were interviewed during the period of data collection and the interviews were audio taped. The parents were interviewed twice. The first interview lasted about twenty- five minutes each. This interview was held after the parents signed the consent forms to participate in the study. The second parent interview took place at the end of the clinic period and each parent was interviewed for about fifty minutes. Parents’ interview questions



centered on their perspectives on their children's reading difficulty, the challenges they faced working with their children, the strategies they adopted at home, their expectations from the clinic and how they collaborated with their children's clinicians. The clinicians were asked how they collaborate with parents, their teaching/learning experiences in the clinic, the strategies they use and their recommendations to parents. In my journal, I noted the children's learning progress, parental involvement, clinicians' teaching strategies and areas of collaboration.

Data were analyzed by inductive methods using qualitative case study techniques (Merriam, 1998). Audiotapes were transcribed and field notes and analytic notes were thoroughly read to develop detailed knowledge of the data. Initial impressions were noted and the transcripts were reread during which tentative categories emerged. These categories were refined and major ideas and concepts were later used to develop themes. Both triangulation of data sources and member checking were also employed.

## Results

Themes that emerged after the analysis of data indicated that clinicians played a critical role in the partnership with parents of struggling readers. Clinicians carried out clinical assessment, tutoring, and counseling services. In addition, they made recommendations for continued literacy supervision and reinforcement. Parents on the other hand, worked on reinforcement, supervision of homework, and motivating the children. Communication and collaboration provided a bridge for this partnership. Both clinicians and parents believed that this collaboration facilitated a positive attitude to reading and reading improvement of the two children. In the following section, I will discuss the roles of clinicians and parents and the importance of communication in the partnership.

### *The role of clinicians in the partnership*

The most important role of the clinicians was carrying out diagnostic assessment of the children. This involved collecting information ranging from educational background, social and family history, psychological assessment, and prior academic intervention. In addition, several standardized tests and reading inventories were administered. Clinicians also conducted interviews with prospective parents prior to the start of the teaching sessions to understand their perspective about their children's reading difficulty. Data from these sources were used to determine the instructional needs of the children and to make other decisions concerning appropriate roles of the parents. They also provided information for tutoring, communication with parents and recommendations for future reading improvement. Tutoring was another major role performed by the clinicians. Karthlyn and Jeff received intensive tutoring based on the goals for their instruction. Karthlyn's clinician worked to develop her word recognition ability, awareness of phonics, word patterns and fluency. Jeff's instruction centered on helping him develop comprehension-monitoring abilities. The children were also involved in other activities in the clinic aimed at increasing their social interaction and confidence in their reading and included a readers' theater and author's chair. Teaching these children in a one-on-one setting helped the clinicians to come to terms with their learning styles and strengths and weaknesses as learners.

In addition, clinicians regularly interacted with parents, by offering advice and suggestions to them on how to work with their children at home. Furthermore, clinicians made recommendations to parents and teachers of the children to use as a guide after the children graduated from the reading clinic. For example, Karthlyn's clinician recommended that her parents and teacher continue to work to increase her sight vocabulary through advanced and extended exposure to words that were contained in the texts



she would read. Others included giving her the opportunity for repeated readings of texts, partner reading, development of spelling patterns, awareness of phonemic generalizations, use of context clues for word recognition, word sorts and “making words”. For Jeff, small group and individualized instruction were recommended as well as extended time to process information. His parents were also advised to help him practice repeated readings to improve his comprehension, and to use other strategies that were found to be successful in the clinic such as use of outlines, webs, vocabulary pretests, questioning and making connections to prior knowledge. Jeff would also benefit from a *variety* of reading materials to include books and also newspapers, magazines, and the Internet especially on topics of great interest to him, such as baseball. To help him with writing activities, Jeff’s clinician recommended that he should learn keyboarding skills as a prerequisite for computer word processing. All recommendations made it clear that parents should ensure that the children read at least thirty minutes each day and continue to be involved with their children’s reading in order to sustain the gains from the clinic.

### *The role of parents*

Parents in this study performed distinctive roles that complemented the work of clinicians. They were highly involved in the tutoring of the children at home. They modeled appropriate reading behavior and reinforced their children’s clinical instruction through paired or partner reading, tutoring, and providing motivation and guidance. Commy helped her daughter Karthlyn to read her word ring everyday and ensured that she practiced other required skills as directed by her clinician. Elaine made sure that Jeff completed his homework and taught him comprehension monitoring skills.

Another equally important role performed by parents was in the area of motivation. Elaine learned to control her aggression toward her son especially when he refused to do his homework. In addition, she encouraged and assured him that all would be well. Sometimes she would go to his room to read, just to show him that she was interested in reading and to encourage him to read. Commy started to dialogue more with her daughter and learned how to improve Karthlyn’s self concept as a reader. Mother and daughter read to each other. The two parents maintained a positive attitude toward their children’s reading problems and communicated regularly with the clinicians.

### *Bridging clinicians’ and parents’ roles through communication and collaboration*

The central ingredient in the partnership between clinicians and parents was communication and collaboration. Clinicians initiated a two-way communication with parents that involved meetings, information sharing, and exchange of ideas and discussion of collective concerns. This became a springboard for building an effective collaboration with parents. These interactions helped to reveal parental concerns, frustrations and home practices that provided valuable information to clinicians. The following excerpts from parents’ interviews helped to highlight some of the concerns of parents and the challenges they faced:

**Q:** How do you cope with your child’s reading difficulty?

**Commy:** It’s not easy for me because these kids have been in school all day, have a couple of hours rest and back to the clinic. Needless to say, it is tasking and depressing.

**Elaine:** It’s hard, it’s hard.... it’s hard because you work all day in the office and at home and the child struggles so hard. Housework is neglected....and there is not really any family time.



**Q:** What challenge do you face trying to help your child with assigned homework?

**Commy:** I think selecting books for her is hard. She will like to read longer chapter books because she sees her classmates reading them, but they are not her level. It's a bit of a struggle to get books that are not too difficult or easy for her.

**Elaine:** It takes him a longer time to get anything accomplished. He gets easily overwhelmed and frustrated.

**Q:** Tell me if you encounter problems while you use any strategy with your child, and what kinds of problems?

**Commy:** I have to .....help her figure out the words and sometimes, it's hard to decide whether to tell her the words or make her figure out the strategy. Yes, even though I am a teacher, but the question is how much do we model and how do we use strategies more like a teacher? That's hard for me to decide, so, am always in a quandary.

**Elaine:** Sometimes he refuses to do what I ask him to do unless it is assigned by a teacher. That puts me really off and I get mad and frustrated. Since I started talking with his clinicians, I have learned to cope with this and things are working out.

**Q:** In what ways, if any, has the clinic met or not met your expectations regarding your child's reading?

**Commy:** I came here with high expectations. In a way, they were met but I think the reality is that this is hard work and all hands must be on deck.

**Elaine:** When I was coming to the clinic, I thought it was going to be a miracle scheme, but now, even though my child is improving, I realize that as a parent, I still need to work hard with the child....

**Q:** What is your relationship with your child's clinician?

**Commy:** It's been wonderful and she has been so helpful. Each time I talk with her, I get great new ideas that are helping me with tutoring at home.

**Elaine:** Great! Anne is wonderful and I'm happy she is teaching my son. We talk often and her advice has been very helpful.

The above excerpts give a glimpse of some parental concerns and the challenges they face as parents of struggling readers. However, with effective communication, some of their fears and concerns were addressed. Karthlyn's clinician, Kobe, described how she interacted with Karthlyn's parents:

My relationship with Karthlyn and her parents is rather open. We talk, we talk ...you know. We spend a couple of minutes depending on what we had at our reading session to talk about what we have been doing, the progress she has been making and her mom and dad pose questions to me and I ask them questions too...You know, it's a very open back and forth communication.

During one of such conversations, Elaine indicated how, out of desperation, she bought a commercial reading program "Hooked on Phonics" for her son hoping it would help him. However, she was advised to discontinue using the program, as it would not help her son, given the nature of his reading problem. With efforts from parents and clinicians, Karthlyn and Jeff did improve in their reading levels, as well as in their attitudes toward reading.

### *Attitude toward reading and reading improvement*

Evidence from the data indicated that after four months of instruction at the clinic both Karthlyn and Jeff developed a positive attitude toward reading and improved their reading levels.



*Improved attitude toward reading:* Before Karthlyn and Jeff were brought to the reading clinic, their parents reported that they both had very poor attitudes toward reading. This was attributed to the fact that they experienced difficulty with reading and struggled so much that they would rather avoid it. This situation was different at the end of the clinic period under study. Karthlyn's mother, Commy, had this to say concerning her daughter's attitude to reading at the end of the clinic period: I think the clinic has been very helpful. My daughter brings in books and assignments everyday and she has to read them as a matter of responsibility. She is reading way more than before and I can see the improvement. Besides, Karthlyn is now taking the initiative to read by herself, which was a wonderful development.

Commy's observation was confirmed by Karthlyn's comments. A delighted Karthlyn told me during an interview that she had tremendously increased her sight vocabulary. As she put it "I have 120 words in my word bank; I think I am a lot better." Jeff's mother echoed the same thing when she said that her son was definitely reading more at home, had become a better reader, and had more confidence. Jeff also shared a similar view when he said "I like to read more now."

*Reading improvement:* Several diagnostic tests and reading inventories administered at the beginning and end of the study period showed that both Karthlyn and Jeff improved in their reading levels. The table below shows their performance at the beginning and end of the semester under study.

Table 1

Student	Age	Grade level	Reading problem	Initial Reading level	Final Reading Level
Karthlyn (Female)	9	4	Word recognition	2.4	3.2
Jeff (Male)	12	6	Comprehension difficulty	4.5	6.1

The above table shows that Karthlyn moved from a second grade reading level, 2.4, to a third grade reading level, 3.2, while Jeff moved from a fourth grade level, 4.5, to a sixth grade level, 6.1. The fact that Jeff was able to read at grade level was a significant achievement. Karthlyn and Jeff's clinicians acknowledged that the improvement was not only because of the instruction they received but also because their parents were involved in their learning and worked in collaboration with the clinicians throughout the period they were receiving instruction. The repetition and reinforcement at home helped both Karthlyn and Jeff; otherwise, they would not have improved as much as they did, the clinicians noted.

## Discussion and implications

One-on-one tutoring remains one of the most promising strategies for alleviating reading difficulty. However, the efficacy of this approach is enhanced when parents are involved in teaching their children and share vital information with clinicians. Findings from this study suggest that without parental involvement and support, Karthlyn and Jeff may not have made as much improvement as they did, given the severity of their reading difficulties. The findings support earlier observations by Edwards, Pleasants & Franklin (1999) that neither teachers nor parents have complete answers to their children's literacy





problems, but by combining the efforts of both, we get a more complete picture of the children's school and home lives and are better able to plan for effective instruction.

Effective communication and collaboration with the parents helped clinicians to discover certain perspectives, beliefs and practices that were vital in counseling parents. This discussion and interaction also provided insight into home literacy practices of the children and the challenges faced by their parents. For example, during an interview with the two participating parents, they used the words "hard, tasking, and depressing" at various times to describe the challenges they faced as they worked with their children. These challenging experiences may drive some parents into desperate moves and decisions about what they feel would work for their children. An example was the phonics program that Elaine bought for her son, hoping it would help him to read better. However, this happened to be an uninformed action because her son did not have a decoding problem but comprehension difficulty. Phonics software would therefore not be of much help.

Furthermore, the two parents had very high or even undue expectations about the efficacy of the reading clinic. Elaine thought that the clinic "would be a miracle scheme" and all her son's "reading problems would automatically be solved". She later realized that she still had to play a vital role to make this happen. These findings concerning parental expectations and beliefs corroborate previous literature on struggling readers. Harris and Sipay (1990) had noted that parents of remedial readers expect too much too soon, and become easily emotionally tense when their remedial efforts fail. Other studies also stressed the need to listen to parents in order to understand the problems they face and utilize the information for counseling purposes (Edwards, Pleasants, & Franklin, 1999; Lazar & Weisberg, 1996; Nistler, & Maiers, 2000).

It was noteworthy that both Karthlyn and Jeff were able to overcome poor attitudes toward reading during the period they were at the clinic. This could be attributed partly to the clinicians' ability to sustain the children's interests with various strategies and activities, as well as with a wide variety of reading materials. For example, activities such as reader's theater and the author's chair helped to increase their social interaction, confidence and improved their attitudes toward reading. Poor attitude toward reading was a major reason for the Mathews Effect syndrome (Stanovich, 1986). Overcoming the Mathews Effect was a significant achievement for these struggling readers.

Most studies on struggling readers tend to focus on learners from urban, low income families, many of whom fail to read at grade level (Musti-Rao & Cartledge, 2004; Nistler & Maiers, 2000). This reflects accumulated effects of several at-risk factors which include lack of access to literacy-stimulating environment, or excellent and coherent reading instruction (Snow et al., 1998). Evidence from this study does not support this widely held assumption about struggling readers. Both participants in this study, Karthlyn and Jeff, were not typical at-risk learners because they came from families that provided supportive learning environments, motivation, and had parents with high aspirations for their education. Their parents also worked very hard to help them improve in their reading, yet they still struggled to read. Earlier studies of at-risk readers (Kibby, 1995; Snow et al., 1998) did acknowledge that a number of children without any obvious risk factors also develop reading difficulties. These children, like Karthlyn and Jeff, require intensive intervention efforts such as one-on-one tutoring to help them improve.

The implications for this study are many and varied. The most important one is the need for effective partnerships and collaboration between clinicians or teachers and parents of struggling readers. The effectiveness of such partnerships depends to a large extent, on having each party play the roles expected of them, and in addition, maintain a line of communication. Clinicians or teachers need to initiate this collaboration by inviting parents' perspectives, ensuring constant communication, keeping parents informed of the progress of the child, scheduling meetings and giving specific instruction on how



to reinforce or tutor the child at home. Parents, on the other hand, need to interact with their child's clinician, discuss the child's progress at home and continue to follow the recommendations of the clinicians. They also need to observe their children closely to monitor their reading behavior, strengths, weaknesses and interests. This could provide vital information that will inform the child's instructional needs.

Furthermore, clinicians or classroom teachers should not assume that parents from high socioeconomic status (SES) do not need assistance or that they already know how to handle their children who struggle to read. We are again reminded through this study, the importance of providing guidance and encouragement to parents no matter their social class, race and gender, to help them work effectively with their children at home and have confidence in their role as co-teachers. Advice to parents should be as specific as possible and should include what to read with the child, how much time should be spent, how to respond to mistakes and how to keep reading experiences enjoyable for the child.

Another important implication of this study is to initiate parent education classes in conjunction with clinical remediation. Clinical staff should take the initiative to organize a parents' support group, consisting of parents whose children receive tutoring at the clinic. This group could meet at scheduled intervals to discuss issues relating to the clinic and their children. Discussions could include inspiring stories about successful cases from the clinic, exchange of helpful ideas, appropriate uses of technology and other advice to parents. This is important because parents need to be educated about their roles in the lives of their children who struggle to read and how they can motivate, encourage and model appropriate reading behavior for them. In addition, they need to know how to capitalize on the children's strengths thereby improving their attitudes toward reading and actual reading improvement.

Early intervention for struggling readers, probably as early as first grade (Brown et al., 2005) would be preferable. The earlier that struggling readers receive one-on-one tutoring at a reading clinic, literacy centers or comparable settings, the better their chances to cope with school learning in later grades. With one-on-one tutoring, early and long term intervention, as well as parental involvement, many struggling readers will show considerable improvement.

## Conclusion

Reading problems can be complex. A one sided approach may not be the best way to solve the problem. For struggling readers, communication and the exchange of ideas between parents and clinicians are crucial because they enable clinicians and teachers to discover parental expectations, fears, hunches, and unique familial circumstances which may be obstacles to the child's reading improvement. What matters for struggling readers is not only intensive instruction but continual and long term support, reinforcement, and motivation from both teachers and parents.

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