

A Parent-Developed Parent Training Program

Kevin N. Wright, Ph.D.
Binghamton University

Cherie Wooden, RN, BSN
Our Lady of Lourdes Memorial Hospital, Inc.

ABSTRACT. Previous research has found that parental empowerment is associated with a variety of positive and negative outcomes for parents, their children and parent/child relationships. Interestingly, most parent training programs do not directly address parents' lack of confidence, feelings of incompetence and reluctance to assume the role of parenting. Instead, programs attempt to improve the skills of parents, which, in turn, is presumed to result in improved perceptions of competence by participants. The parenting training program described here attempted to address and boost parental empowerment directly by taking a "bottom-up" rather than "top down" approach to program development and implementation. In conceptualizing the approach, the project drew upon three bodies of theoretical work: 1) it considered the role and distribution of power between participant and service provider, 2) it utilized a group process model to facilitate group cohesion and productivity, and 3) it drew upon the pragmatic nature of adult learners to engage participants and foster ownership.

This article describes the first phase of a project to develop a parent-developed, parent-run parent training program in which a diverse group of parents were brought together to develop a training curriculum. The article describes the approach by which responsibility for developing the curriculum was vested with parents rather than professionals, the empowerment formula the parents incorporated into the resulting curriculum, and the influence of participating in the process on participating parents. Implications for practice are discussed.

Over the past four decades, hundreds of parenting programs have been developed. Maughan, Christiansen, Jenson, Olympia and Clark (2005:268) note that "over 400 published reports of data-based research on parent training have been published." Programs vary considerably in content (e.g. parent/child communications, effective and appropriate discipline techniques and appropriate expectations depending on child development stages), delivery setting (e.g. clinic-based, group training sessions or home-based), teaching techniques (e.g. parent discussions, practice with child, or role play) and characteristics of families served (e.g. general, select or indicated populations) (Kaminski, Valle, Filene & Boyle, 2008:568). However, it is generally accepted that parent training is effective. Programs that stress the development of positive parent/child relationships, encourage positive discipline methods, enhance monitoring and supervision, promote reduced family conflict, and advance effective communication of family expectations and prosocial values have been shown to improve family functioning and, in turn, to prevent or reduce the incidence of problematic behavior among children and youth.

Direct correspondence to Dr. Kevin Wright at wright@binghamton.edu.

The success of these parent and family focused prevention and treatment efforts are documented in several reviews of the literature and meta-analyses (Brestan & Eybert, 1998; Kaminski, Valle, Filene & Boyle, 2008; Kazdin, 1993, 1995; Kumpfer, 2002; Kumpfer and Alder, 2003; Liddle, Santiseban, Levant, & Bray, 2002; Lochman & van den Steenhoven, 2002; Lundahl, Nimer & Parsons, 2006a; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005; Taylor & Biglan, 1998; Webser-Strattton & Taylor, 2001). Parent training has been shown to enhance self esteem, to reduce critical remarks and commands, to decrease the use of harsh discipline, and to increase parenting competence (see Brestan & Eybert, 1998; Kazdin, 1993, 1995; Kumpfer, 2002; Kumpfer and Alder, 2003; Liddle, Santiseban, Levant, & Bray, 2002; Taylor & Biglan, 1998; Webser-Strattton & Taylor, 2001 for comprehensive reviews). Affected outcomes for young and adolescent children include decreased conduct disorders; prevented or delayed use of alcohol, other drugs and delinquent behavior; improved school performance and behavior; and lower rates of teenage pregnancies (Kumpfer & Alvarado, 2000). These results have been observed for a variety of different parent training programs.

The three individuals (one of whom is a co-author of this article) who conceptualized the program reported here have extensive backgrounds in working with families and youth and with providing parenting training; combined they have more than 50 years of experience in the field. Over the years, these three professionals heard parents express something much more basic about their roles as parents than lacking skills. Parents to varying degrees convey attitudes in which they feel inadequate to assume the role of parent. These feelings seem to intensify for some parents as their children approach and enter adolescence. It is not simply a matter of lacking knowledge or skills to parent; it is a struggle to accept that they have the authority, power and responsibility to do so. They fear that they may not be able to help, support and guide their children.

Interestingly, most parent training programs do not directly address parents' reluctance to assume the role of parenting. Instead, programs attempt to improve the skills of parents which, in turn, are presumed to result in improved perceptions of competence by participants. Across various programs, content tends to emphasize parental reinforcement of positive child behaviors as opposed to more coercive and harsh approaches; consistency; healthy parent/child communication; responsiveness, sensitive and nurturing parenting; and appropriate and effective discipline (see Kaminski, Valle, Filene & Boyle, 2008 and Lundahl, Risser & Lovejoy, 2006b for reviews). The logic is that as parents gain skills there will a concomitant increase in confidence and an improved ability to influence the child's behavior in positive ways.

What appears to missing from existing curricula is direct and explicit attention to the struggles that many parents experience and express regarding feeling empowered as parents. While the concept and issue of empowerment has not been a central or direct focus of most parent skill training programs, it has figured prominently in the clinical literature (Nachshen & Minnes, 2005). In both clinical and school settings, Nachshen and Minnes (2005) stress the importance of encouraging empowerment by "clarifying the parent's rights and responsibilities, including the parent in planning and decision making, respecting their knowledge as caregivers and supporting their hopes for their child." This sentiment seems to apply equally to parent strengthening programming.

A variety of studies have demonstrated a positive association between parent empowerment and treatment outcomes. Taub, Tighe and Burchard (2001) observed a positive influence of parent empowerment on the externalizing behaviors of children receiving comprehensive mental health services. In a longitudinal study, Resendez, Quist, and Matshazi (2000) found that increased empowerment was associated with improved client outcomes for youth receiving mental health treatment. In a study of Australian and American samples, Dempsey and Dunst

(2004) discovered that a strong association between empowerment and care giving among parents with young children attending early intervention programs held across cultural groups.

The developers of the HOPE (Helping Our Parents to be Educators) Project set out to develop a parent training program that directly addressed and sought to empower parents to parent. In considering how to design a program that focuses on empowering parents, the program developers drew upon three bodies of theoretical work. First, they considered the role and distribution of power between “client” and “service provider” within the program setting. Next, they drew upon a group process model to gain the collective strength of a diverse parent group. Lastly, they reviewed the literature on adult learning to guide the design of program structure and pedagogy.

The Role of Power in the Program Setting

Existing parent training programs have been developed via a “top-down” strategy and method. Experts including both scholars and practitioners in the fields of child development, family relations and parenting have conceptualized, designed and written the curricula. Many have field-tested their models and sought parent input, but the content and structure ultimately rested with the experts. Implementation of programming also is allocated to experts. Trainers guide each session and are responsible for the curricular materials covered. Several writers (Ferguson, 1984; Fraser, 1989) have argued that clients of social service agencies are positioned by organizational structure and discourse to be “passive, deficient, depoliticized recipients of predefined services” (Trethewey, 1997, p. 281). This positioning of power seems to equally apply to programs designed to increase parenting capacity and family functioning.

In a study of the role of parents in the special education of their children, Fyelling and Sandvin (1999) found that parents are often alienated by the process. They feel that their input into their child’s education is “not appreciated, heard or taken serious” (p. 152). Parents report that they are not given enough information. They are reluctant to criticize the process out of feelings of inferiority or for fear that their actions may harm their child’s situation at school.

Ruffolo, Kuhn, and Evans (2006) observed similar feelings among parents of children with significant behavioral and emotional problems who were involved in professional-led interventions. Parents reported being angry and frustrated with the mental health specialists working with them to support their children. They were made to feel guilty, scared and responsible for their child’s problems. Parents reported feeling isolated, struggling to cope and needing information about how to address their children’s behaviors yet were often simply made to feel that they were “bad” parents.

In reflecting on how one might begin to change this situation, Ruffolo, Kuhn, and Evans (2006, 39-40) identify the following conundrum:

[Professionals] sometimes have trouble viewing parents as equal partners in the development of interventions for a child or youth... Through their training, professionals develop an area of specialization that places them in the role of expert in the intervention process. Sharing responsibility with parents without an implied hierarchy is often a new construct and changes the nature of the relationship between professionals and parents. Another barrier is that parents may bring a wide range of views about intervention services that often conflicts with the professional’s view of the intervention process.

A number of writers have drawn upon the work of Michel Foucault (1980, 1982, 1990) to identify the inherent difficulties that lie with the roles of helper/helped, service provider/service

recipient, therapist/client, etc. Clients are positioned as “deficient” in some way and in need of the predefined services the organization or agency has to offer rather than as individuals capable of solving their own problems. By their very nature, these roles place the recipients in an inferior position, which is both alienating and results in resistance (Foote & Frank, 1999; Guilfoyle, 2005; Trethewey, 1997; Heron, 2005).

Given the structural problems with intervention as it often conceptualized and practiced, the program developers of the HOPE Project wanted to create a program that would foster parent empowerment by shifting program development responsibility from service providers to participating parents. They drew upon a model that has been labeled as a “bottom-up” intervention approach. Ferrer-Wreder, et al. (2004: 14) describes such programming as follows:

This approach emphasizes participants’ capacity to affect positive change in their own lives and community. Interventions based on this model often create activities designed to improve participants’ sense of mastery and work with program participants in a collaborative way. Participants are thought to become empowered as they experience the possibility of affecting meaningful positive change rather than weathering the next set of circumstances thrown their way. Bottom-up approaches also often attempt to take things a step further by promoting program ownership.

Group Process

The approach to this project was influenced by the Stepladder Theory of Groups (Burkgren, 2010). The first Step is to create Safety, “*who am I?*” in this group. How will people treat me? Will people listen to me? What influence will I have? Once some security is established, the next step is building Trust and questions focus on the other members in the group, “*who are you?*” How do you think? What are your strengths? What can you do? What resources do you bring to the group? What issues do you have? Step 3 is Intimacy or Group Identity, “*who are we?*” What can we do as a group? Given our skills as people in this group, when we put that all together, what can we do? Group identity and intimacy are rooted in greater understanding of others, as well as increased closeness and comfort with them. If safety and trust are built with the members in the first two Steps, it will change the work process and the group itself.

Group members may begin to see themselves as a unit rather than individuals. This is the point where the group may begin to identify as a team, but only if members have a strong footing in Steps 1 and 2. Once members are secure in who they are as a team, they can deal with what they are supposed to be doing, the goal or task. They can focus outward and look at the work to be done. Finally, once group members know each other, their resources, and understand what they can do as a team, they can look forward to the future as a team. What are our dreams as a team? Where can we go, what is our new vision? Steps are cumulative, but not necessarily sequential. With any change in the group (e.g., addition or loss of a team member), the team must revisit Steps 1 and 2.

Principles of Adult Learning

Knowles (1980) identified a series of characteristics that are unique to adult learners and provide important guiding principles to consider in designing a program for parents. Compared to younger learners, adults have different requirements and learning styles. Adults, because of their level of maturity, tend to be much more independent learners and need to be self-directed. Approaches that vest control in the curriculum and the trainers will be less effective than methods that allow participants to identify what topics will be covered, provide opportunities for

participants to guide the learning process and allow participants autonomy in the acquisition of knowledge and skills (Lieb, 1991).

Adults bring with them a wealth of knowledge gained from life experiences. Training approaches must recognize and draw upon this knowledge and encourage participants to share their knowledge and to draw upon their collective knowledge to solve problems at hand. Furthermore, learning must be connected to the existing knowledge of participants if they are to successfully integrate the information (Lieb, 1991).

Unlike young people who must attend school and are often required by parents to participate in a training program, most adults choose to be involved in programs to enhance parenting capacity. For this reason, participants typically have specific goals they hope to achieve; otherwise, they would not have joined. The training program must recognize and incorporate these goals to the extent possible and as appropriate. It is also important to assist parents in refining their objectives and in becoming more detailed about what they wish to accomplish.

Adult learners tend to be problem-centered in their approaches to learning. As such, the content must be viewed as relevant to the adult's life circumstances. Furthermore, the content needs to be practical. Adults need to see an immediate use for the information for them to remain engaged in the process and to apply the information in their own lives.

Lastly, adults need to be shown respect. This means that not only must providers and instructors recognize the worth of the participant as an individual but also they must value and recognize what the parent brings to the program.

The Helping Our Parents Be Educators (HOPE) Project

Guided by the theoretical elements discussed in the previous section, the HOPE Project set out to develop a parent training program that would, by design, foster parental accountability and empowerment. First, the project aimed to shift power from service providers—in both the design and implementation of programming—to parents. In doing so, it recognized that this would involve a distinct change in the role of staff. Second, a parent team needed to be cultivated that would draw on the collective strength and experiences of its members. Third, because parents are adult learners, it set out to develop an approach that recognized that program participants are independent, self-directed and pragmatic (problem-centered) in their knowledge acquisition.

The HOPE Project was conceptualized as a unique approach to parent training in that it would be a parent-developed and parent-run program. During Phase One, the Project convened a diverse group of parents to formulate a curriculum to empower parents as the primary educators of their children, especially in matters of sexuality. Once the curriculum was developed, the HOPE Project began Phase Two which involved the recruitment and training of parents using the curriculum developed during Phase One. Both the recruitment and facilitation of training was the primary responsibility of the parents. This article reports on the activities and results of Phase One of the Project.

Approach

For the HOPE Project, “bottom up” programming and peer education began with creating a workgroup, a Parent Forum, of parents and primary caregivers of 10-14 year old children that would develop and implement a parenting curriculum. The first step in this process involved recruiting a diverse group of parents to participate. Project staff identified several characteristics as desirable; these included altruism, dependability, and sensitivity to cultural and socio-economical diversity. The project team also decided that only one parent from each family should participate in the first phase of the project. This decision was made to avoid having

family dynamics—conflict, domination, manipulation, etc.—influence group cohesion and processes.

The parents who agreed to participate were highly diverse in family structure, socioeconomic status, educational background, race and ethnicity. Of the 16 participants, 7 were African American, 7 were Caucasian, 1 was Asian and 1 was Latino. There were 14 females and 2 males. One parent reported an annual family income of less than \$15,000, six had family incomes between \$15,000 and \$24,999, two were between \$25,000 and \$34,999, two were between \$35,000 and \$44,999, two were between \$45,000 and \$59,999, two were between \$75,000 and \$89,999 and one indicated a family income greater than \$90,000. One participant was in his/her 20s, five were in their 30s, six were in their 40s, two were in their 50s and two were in their 60s. One parent completed tenth grade, two parents obtained GED's, two had graduated from high school, five held the Associates degree, and the remaining six completed four or more years of college. Three parents were single, eight were married, four were divorced and one was widowed. The parents also represented diverse relationships with their preadolescence(s), including biological, step- parent, grandparent, sibling and adoptive parents.

The Parent Forum met once or twice per week from mid March 2005 through April 2006. Meetings were held during the evening and lasted three hours. The meetings began with a family meal. Supervised childcare was provided while the parents met as a group after dinner. The work session part of the meetings ran approximately two and one half hours. The project provided transportation and stipends for the parents. These incentives represented tangible proof that the parent work was valued.

Prior to the first Parent Forum meeting, the project team spent time researching the materials currently available to parents, group processes and group dynamics and teaching strategies for adult learners. Tactics to achieve a parent-owned group that would facilitate open and unscripted discussions leading to the creation of the HOPE Project's goal of "bottom up" programming were defined. To be successful, parents had to establish a connection with the team, feel valued as members and find purpose in their work. The early goals of the Parent Forum meetings were for the parents to create ground rules, develop a statement of purpose, agree on a decision-making process and identify parenting topics that would serve as future agendas.

The activities and discussion topics of the Parent Forum needed to be directed by the parents, not project staff; however, the Parent Forum participants needed initial guidance in group process and communication within the group. It was important to find introductory topics and activities that would celebrate differences and draw on shared strengths. Speakers and resources on group dynamics, curriculum development, and team building were investigated and selected based on the applicability of their expertise, inclusion of interactive components and cultural competence. The goal was to facilitate team building and the discussion of group processes, communication, parenting issues, cultural awareness and value identification.

During this phase of the project, staff assumed two specific roles. On occasion, staff would serve as a *catalyst* for the parent group by providing an idea, information or assisting in skill development. Staff also served as *facilitators*, responding to the needs of the groups and providing time and resources to get what the group needed. In performing these activities, staff walked a fine line between serving the group and slipping into the role of expert, which would have resulted in the power dichotomies described earlier. Maintenance of these distinctions was considered imperative because it was believed to be essential that parents felt in control of the Forum to begin to feel empowered as parents.

Retention of the core group of decision-making parents centered on maintaining safety within the team, keeping the team productive and on task, meeting individual parent needs, and providing engaging childcare activities. The team needed immediately to acknowledge and

address safety and trust concerns. It is normal to expect some degree of conflict in a group as diverse as the Parent Forum, and conflict can often be used in team building and problem solving activities. However, if the conflict compromises the overall safety of the team, then the team tasks need to be postponed until the safety issue is resolved. An example of this occurred when Mom A of a 14 year old daughter confronted Mom B of a 15 year old son about a letter her daughter had written (but never sent) to the 15 year old boy. The confrontation escalated to the point where the boy punched through a glass window requiring an emergency room visit and sutures. The incident occurred in the midst of the other parents and children and raised many safety issues for the parents. Staff asked that the two mothers involved in the incident not attend the following week's meeting so that the team could process the event.

The team concluded that the Project Manager was to speak with the two mothers individually to communicate the team's concerns, redefine their roles within the project and to hopefully encourage them to both stay on the team. Fortunately, both parents assumed accountability for their actions and returned to the team. Although this is a more dramatic example, addressing team conflicts remained an ongoing team undertaking to ensure safety and trust and was viewed as a team growth opportunity.

Another example, which was later incorporated into the curriculum, occurred during a discussion at a Parent Forum meeting. One parent stated that certain schools have a bad reputation and referred to a local alternative school as the "throwaway" school. The parent's *intention* was to illustrate how local schools do not meet the needs of children who do not "fit" into traditional schools. Another parent who had a child at the so-called "throwaway" school felt insulted and discouraged by the lack of understanding shown by the first parent.

Team building strategies took many forms and offered tremendous opportunity for creativity. Some of the strategies used included ice breaker activities, successful facilitation of the team, "Show and Tell", a quilting project, time allotment for celebration of accomplishments and to work through issues, investing in parent training by sending parents to trainings. Staff learned that the security and confidence levels of the team are fundamental to promoting discussion of the personal and intimate topic of parenting.

As the team became stronger, staff began to shift responsibility for the group to its members. Members identified subject matter that they felt they needed more information about as well as subjects this wished to discuss. The group then prioritized these topics and began discussing how to highlight these topics within a curriculum they were building. The techniques of achieving and recovering safety and trust among the parents were crucial to the initial and ongoing success of a parent-owned forum.

Ownership for their work increased gradually. On an individual level, parents attended regularly and would contact staff if they had to cancel. Parents regularly brought in information about parenting and teens to share with team. The discussions during the forums became more balanced, and members encouraged all to participate. Individuals became more respectful of each other and could "agree to disagree" when differing opinions were discussed. Many of the parents worked outside of the Forum to further develop the concepts and ideas discussed during the meetings.

Designing the Curriculum

The parents moved towards development of the curriculum by identifying parenting strengths, parenting struggles, community struggles, shared values and, finally, by conceptualizing empowerment. They identified the five main areas that affect parenting of 10- 14 year old children as communication, having reliable and factual information, cultural and societal influences, personal struggles and individual child issues.

1. Communication: Identifying and communicating values about sexuality, marriage, healthy relationships, love versus infatuation; setting realistic expectations and deciding which battles to pick such as cell phones, discipline, friends, dating, curfews, allowances, make-up, chores, etc.; connecting with and understanding child's generation; communication with spouse/partner including agreement about values; and communication with other parents (especially parents of child's friends) including learning their values and sharing your values.
 2. Having Reliable and Factual Information. Age and gender appropriate information about teen growth and development which includes cognitive, physical, spiritual, emotional and social developmental tasks; strictness and permissiveness; awareness of services and resources available in community and how to access them.
 3. Culture and Society Influences. Dealing with schools teaching values that conflict with parent's values; schools not making parents feel supported, welcomed or involved; peer pressure and gang solicitation and involvement; media including music, TV and clothing options that conflict with parent's values; children being rushed through childhood; lack of informal support systems and networking opportunities for parents; availability and cost of after-school and summer activities for teens.
 4. Personal Struggles. Feeling unappreciated, disrespected, and ignored; controlling the inner child, lacking parenting mentor and guidance; lacking validation; fatigue and difficulties having time for one's own needs; stress management; conflict resolution; family configuration including single parent families, actual versus functional male role models, blended families; parents dating; cross generational influences; lack of family boundaries; acceptance and/or modeling of unhealthy behaviors within the family; financial stressors; working parents; health problems; and transportation.
 5. Individual Child Issues. The apathetic child; spiteful child; behavioral disorders; mental illness; sexually active child; drug and alcohol use; and unhealthy eating habits.
- The Parent Forum then identified parenting strengths:

- We are the experts—We know and love our children
- We want the best for our children
- We have knowledge and life experiences
- We have more influence in our children's lives than we think, as reported by teens themselves
- We have values to communicate
- We are the primary educators of our children.

Based upon their discussions of the struggles and strengths faced by parents, members of the Parent Forum formulated the following list of their shared values:

- Parents are the first and most effective teachers of their children.
- Parenting is hard work and parents deserve respect and support.
- Individual parenting practices are personal and unique. There are no "right" or "wrong" answers, only different strategies.
- Our culture is not always supportive of raising healthy children (media influences, schools, clothing choices, internet, etc).
- Children need parental love, respect, support and guidance to become healthy adults.
- Strong parent-child connectedness is powerful protection against risky behaviors in teens.

- Parents need the time and support to care for themselves.
- Parents prefer prevention over intervention.

With the understanding that parents have common values, the Parent Forum next began to address the question of empowerment. Specifically, they asked, “Even when parents have reliable information about adolescent developmental needs, why do parents fail to act on this information?” The parents felt that the word empowerment was “overrated” and “cliché” because it made empowerment seem “easy.” They believed that providers often fail to include or detail the actual amount of effort needed to bring about change. They viewed empowerment as a two step process. Empowerment begins when the parent realizes that he/she has permission and authority to act coupled with the tools, knowledge and resources necessary to feel competent at the task. The first equation results in an “I can” learn attitude. The next step begins when the parent begins applying the skills and/or knowledge along with the validation necessary to coach and support the parent.

Figure 1.

Empowerment Formula

<i>PERMISSION & AUTHORITY</i>	+	<i>TOOLS / RESOURCES TO ACQUIRE THE SKILL / KNOWLEDGE</i>	=	<i>COMPETENCE</i>
Experiences Verbal approval Demands Defense mechanisms		Challenges Desperation Legal obligation Commitment Mechanical		“I can” learning
<i>COMPETENCE</i> I am” Putting knowledge into action	+	<i>SUPPORT</i> Emotional Physical Coaching	=	<i>EMPOWERMENT</i> Results

The Empowerment Formula was used to develop strategies to engage parents as the primary educators of their children and to facilitate dialog between parents about parenting practices in a safe and non-judgmental manner. Strategies to promote parent-to-parent learning included interactive lesson plans, adherence to ground rules for individual and group safety, and weekly home work to test new parenting approaches with the target child.

The Parent Forum then organized the curriculum into four topical areas as follows:

1. The Parent – cultural considerations, family dynamics, family configuration, respect and individual needs.
2. Communication Basics – managing conflicts outside the home and within the home, managing stress, communicating expectations and consequences to your child, and improving parent–child connectedness.
3. Adolescent Growth and Development- physical, emotional, cognitive, and social development of the adolescent, overview of tasks of adolescence, nutritional needs, peer pressure, mental health “red flags,” and building adolescent self–esteem.

4. Teen Sexuality- healthy relationships, teen dating, teen pregnancy, sexually transmitted infections, media/cultural influences, contraceptive choices, gender specific issues.

The Parent Forum reviewed educational materials currently available to parents of preteens and teens. The members found two resources particularly helpful in understanding how to raise healthy teens and later incorporated them into the course. The first is the concept of Parent-Child Connectedness (PCC) as described by Lezin, Rolleri, Bean & Taylor (2004). Parent-Child Connectedness is characterized by the *quality* of the emotional bond between parent and child and by the degree to which this bond is both *mutual* and *sustained* over time. Research has shown that PCC is protective against a wide variety of negative life outcomes for adolescents, including sexual risk taking, delinquency and truancy, violent and aggressive behavior, poor academic performance and others.

The second resource was a list of ten adolescent developmental tasks and five key parenting strategies to assist teens in achieving these milestones (Simpson, 2001). The Parent Forum incorporated this information into two sessions by developing activities that encouraged parents to share their rules and goals for their children, an activity that allowed parents to experience the stressors that teens face, and homework assignments to learn their children’s goals and stressors.

The Parent-Designed Curriculum

The course consists of 11, weekly 3-hour sessions, for a total intervention of 33 hours. As each session was drafted, it was given to the parents to review, critique and change. The curriculum has three components, a Facilitator Manual, a Participant Workbook and Training/Implementation Guide. The Facilitator Manual contains detailed instructions for each of the 11 sessions such as time-specific agendas, supplies needed, session goals, directions and discussion points for each activity, and encouraging hints, quotes and cartoons. This manual correlates with the Parent Workbook so that the parent facilitator can easily direct participants. Participants receive a three-ring binders with the initial session handout, calendars of meeting locations, childcare events, project rules and other general information. The Training/Implementation Guide evolved throughout the project period to include step-by-step implementation strategies, tools such as checklists for meeting and childcare supplies, and facilitator training information.

Figure 2 summarizes the HOPE curriculum.

Figure 2
The HOPE Curriculum

Session	Topic	Activities	“Road-testing Assignment”
1	Project Purpose Ground Rules Introductions Parenting Fears & Struggles	Review Teen Pregnancy Rates, Parental Influence Design Your Place Card “Parenting Fears in a Hat” Role Plays	Find an example of how our culture and/or community does not support your values as a parent.
	Introductions Selling yourself as a parent Judging parents as	“Pet Peeves” Write a parent advertisement that describes why someone would want you as a parent	Look for examples of parents and yourself being judged by others within our culture, community, media,

2	“good or bad” Tolerance & Diversity	Courtroom role play of trial for “faulty fathering”	or your own family and friends.
3	Self care, Self knowledge & Group Identity	True Colors® Workshop- large & small group activities	Please have your 10-14 year old child score his/her True Colors® spectrum
4	Understanding Your Teen’s Personality Active Listening & Communication	True Colors® as teens- large and small group activities Communication Road Blocks & Building Blocks role plays	Bring an item that shows the team something about you as a person; i.e. that you are not just a parent.
5	Parents as People Approaches to Conflict	Show and Tell “Conflict Pitch” small group activity	Use conflict cards when a disagreement comes up between you and your child. What “battles” did & didn’t you pick and why?
6	Introductions Adolescent Growth & Development Part 1 Tasks of Adolescence	Icebreaker activity Large Group activity- Time Line of Parental Expectations and Teen Developmental Tasks Handout	Find out what your child’s goals are for the next few years, at least past high school. Share your goals for him/her.
7	Adolescent Growth & Development Part 2 Identifying & Communicating Values Influences on Teens & Parents Building Teen Resistance Skills	Large Group Activity- “The River” Handout- 5 Basics of Parenting Adolescents.	Find out who your child’s influences are (internal & external) (good & bad) and what his or her stressors are? How does he/she respond to stress? What signals tell you that your teen is stressed?
8	Risky Behaviors- STI’s, Teen Sexuality, substance abuse, dating violence, internet safety, contraception	Risky Behavior Basketball Game Discussion & handouts	Look for teachable moments. Identify times, places, or situations that you could talk with your child about risky behaviors.
9	Health Relationships- Teen Self-esteem Dating Safety Parental Monitoring	YES/NO/Maybe Large Group Activity Parents create a dating service video for their teen	Find out what qualities your child looks for or thinks are important when making friends.
10	Networking with other parents Federal Definition of Abstinence Education Creating a Family Safety Plan	Large group activity & Discussion	Create a family safety plan with emergency and non-emergency numbers, your expectations for your child when home alone, internet safety measures
11	“Parent for sale” Local resources Curriculum Evaluation Graduation	Write a new parent advertisement Large Group Discussion	Tell someone about your experience in the HOPE Project

The curriculum was submitted to a medical education specialist at the Office of Population Affairs to be reviewed for medical completeness and accuracy. Once this approval was completed, the HOPE Curriculum was approved for implementation.

Influence of Participation on Parents

Upon completion of their year-long activities, 11 of the 16 parents who participated in the Parent Forum were interviewed about their experiences. These interviews were conducted by the project evaluator and lasted approximately one hour. When asked about their overall impressions of the project, participants consistently offered positive responses. The most frequent benefit identified by the parents was that they learned a great deal. One parent described the experience as “mind-opening and wonderful.” Respondents found value in the group, indicating that they had made new friends and that the group had come together well, had bonded and worked well together. Members of the Forum found it helpful to exchange ideas, to hear different opinions and viewpoints of others and to receive advice. A number of individuals stated that it was good to hear about other parents’ experiences and to learn that they were not alone in the issues faced with their children. With a couple of exceptions, the parents felt that the group had handled differences of opinion and conflict well.

Participants particularly valued that the program was parent driven. One parent stated that she was attracted to the program initially because “someone was interested in hearing from parents.” Parents appreciated that the HOPE Project recognized that they might know something about parenting and that that information could be used to bring about change.

Parents liked that the program was non-judgmental. Despite the vast differences in education, class, race, family structure, household income, life experience and family functioning among the parents who participated in the program, participants came to realize that they shared many of the same struggles. With that realization, they were then able to open up and explore how they parent, how they might parent differently and how they might share that information with other parents.

Several members of the Parent Forum had been involved with social workers, counselors, principals and other social service and educational officials regarding their child or family. Frequently, parents were not treated as an equal in these interactions. They were judged and often not treated with respect. As a result, it was difficult for them to hear the message of the social service or school official, and they struggled to cooperate in addressing the problem.

With HOPE, the parents reported that it was easier to relate because everyone was on the same plane. No one was looked up to or down upon; no question was stupid; there was no judgment. One facilitator indicated that she was “more interested in listening, when she was listened to.” Another person reflected, “parent-to-parent is powerful because it strips away roles and levels the playing field. All struggle together.” Consequently, “parent-to-parent is more authentic.”

The participants reported that the program had influenced them personally in a variety of ways. Several individuals indicated that they had come away with a more positive view of themselves as people and as parents. With an increased positive view of self, individuals indicated that they were more confident to parent. As one parent stated, “HOPE makes people feel they have the right, power and expertise to do right for their kids.” Participants reported being more tolerant and understanding with their children. They indicated that they were more likely to think before reacting to their children.

Almost all of the parents reported that their participation had affected their relationship with their child/children in the targeted age range. They stated that they were using the techniques they learned and were handling difficult situations better. One parent reported being less rigid with his/her child while another stated that he/she was more consistent. Almost all of the parents indicated that their participation helped them talk to their child better.

Implications for Practice

The HOPE Project was initiated based upon an observation that parents struggle with the act of parenting. All parents, to some extent, lack empowerment and, as a consequence, may fail to articulate their values; adequately supervise their child's behavior, friends and whereabouts; hold their child accountable for his or her behaviors; and communicate effectively. The discussion among the members of the Parent Forum substantiated this view and led the group to focus the curriculum on this issue of parenting empowerment. Lack of empowerment may be particularly pertinent to parents who were not parented well themselves since they lack role models for appropriate and effective parenting. Practitioners, caseworkers and therapists, may wish to explore this possibility when working with parents.

The HOPE Project was organized around three theoretical assumptions about parents: 1) most interventions vest power and decision making with service providers rather than parents and this structural feature may limit effectiveness of the program, 2) people learn and form their sense of competence from personal experiences and the evaluations of others, and 3) because parents are adult learners they will be independent, self-directed and pragmatic (problem-centered) in their knowledge acquisition. All three of these premises were borne out in the implementation of the project.

Shifting power away from program staff to participating parents was tricky business. At times, the parents wanted the staff to take greater responsibility. The pressure of task completion and previous experience in more traditional staff roles led staff to veer toward assumption of power. In the end, providing parents with decision-making power led to personal growth and the development of a curriculum significantly different from those developed by professionals. Providers need to consider their roles and the positioning of power if their desire is to foster growth, independence and self-directedness among clients.

The interaction of the parents participating in the Forum became a powerful influence on their senses of self. Many of the participants indicated that they felt uniquely alone in the problems they faced as parents. As they began to discuss parenting, they found they had much in common and experienced many of the same problems with their children. They began to share strategies for addressing problems and told one another that they could and should take charge of the situation with their child. Parents began to report change and to demonstrate a greater sense of self-efficacy. In working with parents, providers need to be aware of the how to influence an individual's sense of self-efficacy and the strategies for supporting its development. The opportunity to learn from their own experiences and the influence of group exploration and feedback can be effective methods of influence.

Adults possess learning styles that are different from children and youth. Awareness of these attributes and inclusion of them in training efforts will enhance program success. Adults have their own specific needs; their learning must be specific to those needs and for this reason must be adaptable. Adults are also self-directed learners that necessitates that they have a say in both the process and the content of the training. Moreover, finally, adults are pragmatic (problem-

centered) in their learning so any training must be specific and tailored to their life circumstances.

Parents who work together over a period begin to form community. The relationships they form become important to them. The finiteness of most programs tends to terminate this community and loses the effectiveness of it. Developing ways to support and sustain community among clients allows this strong force to sustain personal changes that begin during the initial course of intervention.

The HOPE approach to developing parenting capacity through parent-developed, parent-led programming that focusing on empowerment embodies a distinctively different approach to prevention. The approach is based upon a different set of theoretical premises. The structure and content of the program differs significantly from other family strengthening and parenting skills train programs. The outcomes may include greater enhanced parenting effectiveness and concomitant positive outcomes for children of participants.

References

- Brestan, E. V., & Eybert, S. M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies, and 5,272 kids. *Journal of Clinical and Child Psychology*, 27, 180-189.
- Burkgren, K. (2010). *Step Ladder Theory of Groups*. Ithaca, NY: Cornell University, Office of Organizational Effectiveness.
<http://cufa.cornell.edu/cufa/cms/hr/effectiveness/consulting/upload/CUFA-HR-OE-Consulting-Services-Step-Ladder-of-Group-Dynamics.doc>
- Dempsey, I., & Dunst, C. J. (2004). Helpgiving styles and parent empowerment in families with a young child with a disability. *Journal of Intellectual & Developmental Disability*, 29, 40-51.
- Ferguson, K. E. (1984). *The feminist case against bureaucracy*. Philadelphia: Temple University Press.
- Ferrer-Wreder, L., Stattin, H., Lorente, C.C., Tubman, J.G., & Adamson, L. (2004). *Successful prevention and youth development programs across borders*. New York: Kluwer Academic/Plenum Publisher.
- Foote, C. E., & Frank, A. W. (1999). Foucault and therapy: The disciplining of grief. In A. S. Cambon, A. Irving, & L. Epstein (Eds.), *Reading Foucault for social work* (pp. 157-187). New York: Columbia University Press.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings 1971-1977*. (C. Gordon, Ed.). New York: Harvester Wheatsheaf.
- Foucault, M. (1982). The subject and power. In H. Dreyfus & P. Rabinow (Eds.). *Michel Foucault: Beyond structuralism and hermeneutics* (pp. 208-226). Brighton: Harvester.
- Foucault, M. (1990). *The history of sexuality* (Vol. 1). London: Penguin.
- Fraser, N. (1989). *Unruly practices: Power, discourse and gender in contemporary social theory*. Minneapolis: University of California Press.
- Fylling, I., & Sandvin, J. T. (1999). The role of parents in special education: The notion of partnership revised. *European Journal of Special Needs Education*, 14, 144-157.
- Guilfoyle, M. (2005). From therapeutic power to resistance? Therapy and cultural hegemony. *Theory & Psychology*, 15, 101-124.
- Heron, Barbara. (2005). Self-reflection in critical social work practice: Subjectivity and the possibility of resistance. *Reflective Practice*, 6, 341-351.
- Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.
- Kazdin, A. E. (1993). Adolescent mental health: Prevention and treatment programs. *American Psychologist*, 48, 127-140.
- Kazdin, A. E. (1995). *Conduct disorders in childhood and adolescence* (2nd ed.). Thousand Oaks, CA: Sage.
- Knowles, M. (1980). *The Modern Practice Of Adult Education : From Pedagogy To Andragogy*. New York : Cambridge, the Adult Education Company.
- Kumpfer, K. L. (2002). Prevention of alcohol and drug abuse: What works? *Journal of Substance Abuse*, 23(Suppl. 3), 25-44.
- Kumpfer K. L., & Alder, S. (2003). Dissemination of research-based family interventions for the prevention of substance abuse. In Z. Sloboba & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention* (pp. 75-119). New York: Kluwer Academic/Plenum.

- Kumpfer, K. L., & Alvarado, R. (2000). *Strengthening America's families: Model family programs for substance abuse and delinquency prevention*. Washington, DC: Center for Substance Abuse and Office of Juvenile Justice and Delinquency Prevention.
- Liddle, H. A., Santiseban, D. A., Levant, R. F., & Bray, J. H. (2002). *Family psychology: Science-based interventions*. Washington, DC: American Psychological Association.
- Lieb, S. (1991). Principles of adult learning. *Vision*
- Lochman, J. E., & van den Steenhoven, A. (2002). Family-based approaches to substance abuse prevention. *Journal of Primary Prevention*, 23, 49-115.
- Lundahl, B. W., Nimer, J., & Parsons, B. (2006a). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice*, 16, 251-262.
- Lundahl, B. W., Risser, H. J., & Lovejoy, M. C. (2006b). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review*, 26, 86-104.
- Maughan, D. R., Christiansen, E., Jenson, W. R., Olympia, D., & Clark, E. (2005). Behavioral Parent Training as a treatment for externalizing behaviors and disruptive behavior disorders: A meta-analysis. *School Psychology Review*, 34, 267-286.
- Nachshen, J. S., & Minnes, P (2005). Empowerment in parents of school-aged children with and without developmental disabilities... *Journal of Intellectual Disability Research*, 49, 889-904.
- Resendez, M. G., Quist, R. M., & Matshazi, D. G. M.(2000). A longitudinal analysis of family empowerment and client outcomes. *Journal of Child & Family Studies*, 9, 449-460.
- Ruffolo, M. C., Kuhn, M. T., & Evans, M. E. (2006) Developing a parent-professional team leadership model in group work: Work with families with children experiencing behavioral and emotional problems. *Social Work*, 51, 39-47.
- Taub, J., Tighe, T. A., & Burchard, J. (2001). The effects of parent empowerment on adjustment for children receiving comprehensive mental health services. *Children's Services: Social Policy, Research & Practice*, 4, 103-122
- Taylor, T. K., & Biglan, A.(1998). Behavioral family interventions for improving child-rearing: A review for clinicians and policy makers. *Clinical Child and Family Psychological Review*, 1, 41-60.
- Trethewey, A. (1997). Resistance, Identity, and Empowerment: A Postmodern Feminist Analysis of Clients in a Human Services Organization. *Communication Monographs*, 64, 281-301.
- Webser-Stratton, C., & Taylor, T. (2001). Nipping early risk factors in the bud: Preventing substance abuse, delinquency and violence in adolescence through interventions targeted at youth children (0-8 years). *Prevention Science*, 2, 165-1.