

The Practices, Populations, and Programs of Parent Educators in Tennessee

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ABSTRACT. This manuscript utilizes data from a telephone survey of 312 parent educators across the state of Tennessee to inform research and service efforts of a university-based parenting center. Specifically, we investigated (a) techniques used to disseminate parenting information, (b) specialized populations targeted, (c) curricula used as well as the evidentiary basis of those curricula, and (d) parent educator training and education, all at both state and within-state regional levels. Overall, results indicated that classes were generally available for individuals in various specialized populations, and a range of techniques were utilized to reach parents. Additionally, a variety of curricula were in use by relatively well-trained professionals. Results suggested several areas in which the resources of the university could be directed toward supporting the efforts of parenting educators in Tennessee. University faculty elsewhere are encouraged to similarly connect with front-line parent educators, gather data, and initiate services to help them help others.

Parent education in the United States has existed in some form since at least the early nineteenth century. The movement began in the 1800s with mothers who met in discussion groups, and was expanded in the 1820s through the formation of associations to teach parents how to instill religious and moral values in their children (Croake & Glover, 1977). At the beginning of the twentieth century, parent education efforts gained momentum. Family professionals initiated publications and programs to disseminate parenting information (Doherty, 2000). Government responses included the first White House Conference on Child Welfare in 1909 and the 1914 Smith-Lever Act, which began the Cooperative Extension Service. A survey conducted by the U.S. Office of Education in 1930 revealed that almost 400 organizations were conducting some form of parent education (Croake & Glover, 1977). The field of parent education has continued to grow, and currently more than 250,000 professionals, paraprofessionals, and volunteers are serving as parent educators in the United States (National Parenting Education Network, 2008).

Although there is clearly much parent education activity in the U. S. and elsewhere, there are substantial discrepancies in government and/or university-based support for and knowledge about the work of parent educators. Given that parenting education has been demonstrated to positively impact both parenting behaviors and child and youth outcomes (Kaiser & Hancock, 2003), and that universities produce the majority of the peer-reviewed research related to parenting practices, it is important to identify ways to harness the resources of the university to support the profession of parenting education. This task is particularly important in regions, such as Tennessee, where few centralized resources for parenting educators currently exist. The purpose of the present study, therefore, is to identify parent educators throughout Tennessee and obtain descriptive data pertaining to the information dissemination techniques they use, the populations they serve, the curricula they use, and the training they have received. We anticipate that this descriptive study will identify both research and service needs that will shape the initial work of a newly-formed, university-based parenting center.

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Additionally, we intend for the present manuscript to serve as a template for universities elsewhere currently wishing to establish relationships with parenting educators, gather baseline data, and provide centralized support for parenting education efforts in their regions.

Theoretical Frameworks Guiding Parent Education

Parent education efforts are guided and informed by many theoretical perspectives such as attachment theory, social learning theory, and Adlerian psychology. Bowlby's theory of attachment (1969) posits that attachment to a caregiver is a primal and fundamental form of behavior where people seek the comfort and security from a consistent, attuned, and responsive individual. Parent education programs grounded in this theory tend to focus on helping parents develop positive forms of attachment with their children by increasing awareness and knowledge about children's emotional needs. Social learning theory (Bandura, 1963) espouses that children learn specific behaviors and attitudes through observing powerful models. From this perspective, the goal of parent education is to increase positive parental behaviors related to communication and healthy relationships, with the expectation that this modeling will lead children to adopt similar behaviors. Adlerian psychology (Adler, 1927; Dembo, Sweitzer, & Lauritzen, 1985) emphasizes the importance of understanding children's perspectives by reflecting on their cognitive and internal motivation processes. Parent education programs utilizing this perspective stress the importance of understanding children's motivation for misbehavior and focus on providing children with explanations about the logical consequences of their behavior. Parenting programs utilizing attachment, social learning theory, and Adlerian perspectives, respectively, include Steps Toward Effective Enjoyable Parenting (Erickson, Korfmacher, & Egeland, 1992), Triple P- Positive Parenting Program (Sanders, 2003), and Active Parenting (Mullis, 1999).

Impact of Parent Education

Research suggests that parenting education improves both parenting and associated child and youth outcomes (Bunting, 2004). Bunting's review of research on multiple programs targeting a variety of audiences revealed that parenting programs have been found to improve child behaviors and parent relationships, increase maternal knowledge and self-esteem, decrease maternal depression and stress, and improve mother-child interactions. Kaiser and Hancock (2003) noted that, "there is systematic evidence over the last 30 years that teaching parents specific strategies to support their children's development can be effective" (p. 9).

In addition to the documented benefits of general parenting programs, there is evidence that classes designed for parents who share a common characteristic are also effective. Bacon and McKenzie's (2004) evaluation of ten parent education programs for divorcing parents showed significant improvements on measures of parental conflict across programs. Programs for incarcerated parents have resulted in improved participant attitudes, better understanding of effective discipline practices, and recognition of the importance of children's play (among incarcerated fathers; Maiorano & Futris, 2005) and improvements in attitude, self-esteem, and interactions with children (among incarcerated mothers; Harm & Thompson, 1997). Programs targeting teen parents have demonstrated effectiveness in improving both mother's parenting behaviors and children's developmental quotient scores (Deutscher, Fewell, & Gross, 2006) and in reducing founded child maltreatment reports (Britner & Reppucci, 1997). Additionally, programs targeting minority populations have also demonstrated effectiveness. For example, African American parents of teens who participated in an Adlerian video-

based parent education program “exhibited significantly more favorable perceptions of their children’s behavior” (p. 29) and developed more authoritative parenting views when compared to those in the control group who did not participate in the program (Farooq, Jefferson, & Fleming, 2005). Since much research suggests the value of programs aimed at specialized populations, this descriptive inquiry will include an investigation of programs offered to meet the needs of parents and children who share a variety of specific characteristics.

Techniques Used in Parent Education

Parent educators use a range of techniques (e.g., seminars, group programs, in-home programs, newsletters, hotlines, referral services, magazines, books, pamphlets, CDs, DVDs, and videos) to communicate parenting information to parents. Some techniques focus on information provision, others on support provision, and still others on skills training. One proven-effective technique is the in-person group parenting program. In this approach, parents come together for a specified period of time and receive information regarding some aspect of parenting ranging from how to help children deal with divorce (Shifflett & Cummings, 1999) to how to care for an infant who was once critically ill (Pfander & Bradley-Johnson, 1990). One group program, Common Sense Parenting, led to significant reductions in child behavior problems and improvements in parental problem solving among low- and middle- income parents (Thompson, Grow, Ruma, Daly, & Burke, 1993).

A second effective technique for reaching parents is the in-home parent education program. This approach involves a trained individual observing and assisting with child and family issues in the home environment. This may include visiting families who are at-risk for certain negative outcomes (Duggan et al., 2000) or visiting parents with intellectual disabilities (Llewellyn, McConnell, Russo, Mayes, & Honey, 2002). According to the Council on Child and Adolescent Health (1998), home-visitation programs “offer an effective mechanism to ensure ongoing parental education, social support, and linkage with public and private community services” (p. 486). Additionally, the council notes that “home-visitation programs can be an effective early-intervention strategy to improve the health and well-being of children” (p. 488).

A newsletter is another technique used to effectively reach parents. This type of parenting information is often distributed by an agency to a particular population, such as single parents (Nelson, 1986) or parents of adolescents (Bogenschneider & Stone, 1997). In a survey of 880 parents in ten states, Cudaback, et al. (1985) examined the usefulness of age-paced newsletters and found that a majority of parents believed the newsletters to be useful in increasing both their self-confidence and their knowledge of child development. Additionally, Bogenschneider and Stone surveyed 796 U.S. Midwest parents of 9th-12th graders regarding the effects of age-paced newsletters and reported closer parental monitoring by parents who received a series of three newsletters (age-paced or generic), as compared to the control group.

Given the documented effectiveness of the three dissemination strategies discussed above, they will be included in the investigation of current parent education practices in Tennessee. We also chose to collect data pertaining to hotlines and referral services due to the collaborative nature of these techniques, though little research was located concerning the effectiveness of these services.

Parent Education Curricula

A plethora of curricula exist to help parents improve interactions and overall relationships with their children. This wide variety of choices is likely dictated by the large number of variables that impact

parenting education, such as age of children, ethnic and racial diversity of participants, differences in demographic characteristics of parents, and the variety of problems that children may present (Heath, 1998). Although there is no shortage of parent education curricula available to parenting professionals, it is often difficult to evaluate the research-basis and effectiveness of each. In general, “evidence-based” programs are those for which clear evidence of effectiveness can be found. Some indicators of evidentiary basis include positive program evaluation results published in scholarly journals and/or a positive rating by an organization such as the Substance Abuse and Mental Health Services Administration (SAMHSA), or the Office of Juvenile Justice and Delinquency Prevention (OJJDP). SAMHSA (2006, p.1) defines evidence-based practice as “a practice which, based on expert or consensus opinion about available evidence, is expected to produce a specific clinical outcome” and lists qualifying programs in the online National Registry of Evidence-based Programs and Practices (NREPP). Similarly, OJJDP rates programs that reduce juvenile involvement in the justice system as exemplary, effective, or promising (<http://www.dsgonline.com/mpg2.5//ratings.htm>, n.d.). Overall, many parent education curricula exist; however, there is no general registry of effective parenting curricula or programs.

There are several benefits of using evidence-based parent education programs and curricula. First, evidence-based programs have relatively high implementation fidelity (SAMHSA, 2006), which may reduce variability in parental interpretation of presented information, thereby increasing the likelihood of successfully altering negative parent behaviors and beliefs. Also, by utilizing a curriculum with documented effectiveness, parent educators reduce the risk of inadvertently introducing harm to the family unit. For example, divorcing parents who are court-mandated to attend parent education classes may already be in a state of familial crisis (Booth & Amato, 2001). Using non-evidence-based methods may unintentionally increase familial discord. Last, the use of evidence-based curricula enhances the likelihood of receiving federal funding (Wandersman & Florin, 2003). Given the benefits of using evidence-based parent education curricula, the present study will investigate and report not only the variety of curricula in use throughout the state, but also the evidence-based status of curricula reported as broadly utilized in Tennessee.

Parent Educator Training

Although dissemination techniques and curricula are important, it is also important that parent educators have adequate education and training. Credentials and licensures are used by various professions to standardize minimum proficiency or training levels. However, there is no national credential or license specific to parent educators. As DeBord and Matta (2002) noted, providing a credential or license for parent educators is difficult due to the variety of backgrounds from which parent educators originate. Currently, certification of parent educators occurs only at the state level, and very few states offer this service. When reviewing the required skills and backgrounds for state-based parent education certificates offered by the University of North Texas, the University of Minnesota, and North Carolina Parenting Education Network, it is apparent that several types of education and training are generally deemed important by those working to establish parent education credentials. Among these criteria are substantive focus and level of formal education, and less formal training such as child development and parenting workshops for family professionals. Additionally, holding a Certified Family Life Educator (CFLE) credential from the National Council on Family Relations (NCFR) is evidence of expertise in parenting education since one of the ten core areas for the CFLE credential is parent education. No published research was located linking parent educator training with subsequent effectiveness. The absence of research on this topic may be due, in part, to the

lack of a survey-based measure of parent educator training. We therefore endeavored to create and pilot test such a measure in the present study.

Summary and Goals

Previous research has demonstrated the positive impact of parent education efforts designed for both general and specific parent populations. Also, research has shown that a variety of information dissemination techniques can be successful. Evidence-based curricula delivered by trained parent educators are beneficial for parents and children. Therefore, the present study seeks to better understand the current state of parent education in Tennessee with regard to these research-based aspects of the field. Specifically, we address the following research questions:

- (1) What information dissemination techniques do Tennessee Parent Educators (TPEs) utilize?
- (2) What specialized populations do TPEs serve?
- (3) What curricula do TPEs use?
- (4) How many widely utilized curricula are evidence-based?
- (5) How highly trained are TPEs?

Given that the racial and ethnic make-up and socio-economic levels of the Tennessee population vary substantially by region (U.S. Census Bureau, 2008), we additionally investigate whether there are regional differences with regard to each question above.

Methodology

Participants

The population for this study was all parent educators in the state of Tennessee. We defined *parent educator* broadly to include all individuals who considered helping parents with parenting a central part of their work. Because there was no statewide master list of parent educators, research team members brainstormed types of organizations that might potentially offer parent education. We phoned these organizations and asked if anyone affiliated with them conducted parent education and if they knew of any other individuals or organizations in their regions that did so. This snowball sampling technique (Watters & Biernacki, 1989) resulted in a "Potential Contact List" (PCL) of 2,440 organizations and/or individuals. We phoned all PCL listings a minimum of five times. Although the vast majority of PCL listings did not conduct parent education, this approach allowed us to successfully identify 326 Tennessee parent educators (via individuals confirming that a given person was involved in parent education efforts). We successfully reached all 326 identified Tennessee parent educators. Of these, 14 parent educators chose not to participate in the study, resulting in a final sample of 312 TPEs. In terms of professional affiliation, most of the participants were either employees of a non-governmental community resource program or center (34.3%) or Extension Agents (25.3%). Approximately 18% were affiliated with public school systems, 6.4 % were with Head Start, 5.5% worked with adoptive and/or foster parent agencies, and the remaining 10% were spread across government services, hospital settings, churches, and private practice.

Procedure

We designed a 54-item survey to gather information about key constructs of interest. Trained research team members conducted telephone interviews with 312 TPEs. Consenting TPEs were informed of the purpose of the study and were read the survey items. Survey responses were collected

with a Computer Assisted Telephone Interviewing system (CATI, 2006) and transferred to SPSS for analysis.

Measures

Techniques used. Information dissemination techniques utilized by parent educators were measured with multiple response data (i.e., a “check all that apply” format). Respondents were asked to indicate if, during 2006, they had utilized each of the following five techniques: in-person group class, home visitation, mailed and/or emailed information, a parenting hotline, and a referral service. Their responses were translated into multiple dichotomies (1 = yes, 0 = no) for further analysis.

Specialized populations served. To measure the specialized populations served by parent educators, we again utilized multiple response data. We identified 22 specific populations for which parent education programs might be provided in Tennessee. These identified populations stemmed from surveys obtained from Extension specialists in various states, the review of literature on parenting programs, and existing knowledge of programs operating in Tennessee. We asked respondents to indicate whether or not they had, in 2006, taught a parenting class specifically targeting each of the 22 populations. Responses were then translated into multiple dichotomies indicating whether each participant did (coded as 1) or did not (coded as 0) offer educational services to each specialized population.

Curricula utilized. The specific curricula utilized by parent educators were identified with the following open-ended request: “Please list the names of up to three parent education curricula that you used in 2006.” Each curriculum mentioned by ten or more respondents was entered as a variable in the dataset, and all respondents were coded 1 on each curriculum if they mentioned using it and 0 if they did not mention using it.

Evidence-based status of curricula. To measure the evidentiary basis of a curriculum, we (a) searched in PsycInfo, ERIC, Academic Search Premier, and Education Full Text for scholarly journal articles with the curriculum title in the article title or abstract, (b) searched on the curricula and/or program web pages where available, (c) contacted publishers of curricula where contact information was available, and (d) checked SAMHSA and OJJDP for program or curriculum listings. We considered each curriculum as evidence-based if one or more of the following conditions was met: (a) we were able to locate a published, peer-reviewed positive evaluation, (b) the curriculum was listed in SAMHSA’s NREPP, or (c) the curriculum had a “promising program” or better ranking from OJJDP.

Parent educator training and education. To measure relevant training, we created the Parent Educator Training and Education Scale (PETES). This scale represents a summative score of (a) the level of formal education (0 = high school or less, 1 = associate degree, 2 = undergraduate degree, 3 = graduate degree), (b) the substantive focus of formal education (0 = no related coursework, 1 = related coursework), (c) the conferral of a CFLE credential (0 = no, 1 = yes), (d) training to provide a specific parenting program (0 = no, 1 = yes), and (e) the completion of general training (i.e., workshop) related to family relationships, child development, children’s health and nutrition, and/or children with special needs (0 = no, 1 = yes). This scale utilized formative rather than reflective indicators. Since measures of internal reliability, such as Cronbach’s alpha, assume reflective indicators, we are unable to discuss the internal consistency of the scale. Based on the literature review, we believe that the scale has high content validity.

Geographic region of emphasis. In order to measure the primary geographic region of a parent educator’s work, we asked “What county or counties in Tennessee do you serve?” Because there are 95 counties in the state of Tennessee, we coded these county-based responses into six regions: Northeast, Southeast, North Central, South Central, Northwest, and Southwest. We then created an algorithm to

code participants’ qualitative responses into regions based on where they likely conducted the majority of their work. Given the stated interest in regional variation, data from the 11 individuals who indicated that they worked “statewide” were not analyzed.

Data Analyses

To report the information dissemination techniques used by parent educators, state-wide and within each region, we calculated frequencies for each dichotomously-coded technique and determined the percentages of respondents (statewide and regionally) who utilized each technique. Then, to formally test for regional variation in techniques employed, we performed a series of 2 x 6 Chi-square analyses, cross-tabulating region by each technique. This series of analyses was designed to answer the question, “Are there any differences among the regions in use of each technique?” We utilized a Bonferroni adjustment to appropriately compensate for multiple tests and reduce the likelihood of Type I error.

To report the number of parent educators offering services to each identified specialized population, we used frequencies for each dichotomous specialized population variable, statewide and within each region. To further investigate potential regional differences in offerings to specialized populations, we performed a series of Chi-square analyses cross-tabulating region by each specific population. We again utilized a Bonferroni adjustment.

To report the curricula used by parent educators, we provided frequencies (statewide and regionally) for each of the seven dichotomously-coded curricula listed by ten or more TPEs. Then, to test for regional variation in curricula used, we performed a series of Chi-square analyses cross-tabulating region by each curriculum. We again utilized a Bonferroni adjustment to appropriately compensate for multiple tests.

To investigate the level of parent educator training, we calculated state-wide and regional averages of PETES scores. Then, to test for regional variation in training levels, we performed a one-way ANOVA where PETES score was the dependent variable.

Results

Techniques employed. Table 1 presents raw counts and percentages of respondents utilizing each of the five measured techniques, statewide and within each geographic region. Results indicated that 93% of participating TPEs offered in-person group parenting classes, 81.7% offered referral services, and 59.1% offered mailed or emailed parenting information. Additionally, 45.8% of participating TPEs indicated that they provided home visitation services, and 15.3% indicated that they had provided a hotline for parenting questions. The Chi-square analyses yielded no significant regional differences in use of techniques. Given this lack of regional variation, we collapsed our six regions into three to avoid burdening the reader with non-significant distinctions, yet still provide some data about regions within the state. We determined that questions pertaining to curriculum, training, and focal population were less relevant for individuals who only offered referral services and/or mailed newsletters. Therefore, the remaining results are restricted to only the portion of the sample (93%) who offered in-person group parenting classes (all individuals engaged in hotlines and home visitation also offered group classes).

Table 1

Tennessee Parent Educators Utilizing Specific Techniques, Statewide and Regional

	West	Central	East	Statewide
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Technique	<i>n</i> = 83	<i>n</i> = 97	<i>n</i> = 121	N = 301
In-person group program	79 (95%)	88 (91%)	113 (93%)	280 (93%)
Parenting referral service	67 (81%)	86 (89%)	93 (77%)	246 (82%)
Mailed or e-mailed information	50 (60%)	56 (58%)	72 (60%)	178 (59%)
Home visitation	34 (41%)	50 (52%)	54 (45%)	138 (46%)
Parenting hotline	14 (17%)	14 (14%)	18 (15%)	46 (15%)

Populations served. Raw counts and percentages (at the regional and statewide level) of respondents providing educational services specifically designed for each specialized population are presented in Table 2. With regard to parenting classes targeting a particular child age range, participating TPEs reported emphasizing classes for parents of toddlers/preschoolers (64.6%) and elementary school children (57.9%).

Table 2

Group Program Providers Targeting Specialized Populations, Statewide and Regional

Specialized Parent Population	West <i>n</i> = 79	Central <i>n</i> = 88	East <i>n</i> = 113	Statewide N = 280
Parents of toddlers/ preschoolers	51 (65%)	62 (70%)	68 (60%)	181 (65%)
Parents of elementary school children	47 (59%)	51 (58%)	64 (57%)	162 (58%)
Divorcing parents	43 (54%)	42 (47%)	51 (45%)	136 (49%)
Parents living in poverty	39 (49%)	41 (47%)	51 (45%)	131 (47%)
Parents of adolescents	33 (42%)	41 (47%)	44 (39%)	118 (42%)
Parents of infants	34 (43%)	36 (41%)	42 (47%)	112 (40%)
Single parents	28 (35%)	26 (30%)	36 (32%)	90 (32%)
Parents of children with special needs	18 (23%)	31 (35%)	33 (29%)	82 (29%)
Teen Parents	25 (32%)	24 (27%)	31 (27%)	80 (29%)
Grandparents or other relatives	20 (25%)	28 (32%)	28 (25%)	76 (27%)
Parents at-risk for child abuse	20 (25%)	27 (31%)	28 (25%)	75 (27%)
Expectant parents	21 (27%)	22 (25%)	25 (22%)	68 (24%)
Parents with children in juvenile court	13 (16%)	21 (24%)	33 (29%)	67 (24%)
Step-parents	12 (15%)	23 (26%)	27 (24%)	62 (22%)
Parents with children in state custody	12 (15%)	22 (25%)	28 (25%)	62 (22%)
Foster parents	20 (25%)	22 (25%)	18 (16%)	60 (21%)
Adoptive parents	16 (20%)	17 (19%)	18 (16%)	51 (18%)
Parents with developmental disabilities	10 (13%)	21 (24%)	18 (16%)	49 (18%)
Men-only	5 (6%)	18 (20%)	11 (10%)	34 (12%)
Women-only	7 (9%)	14 (16%)	9 (8%)	30 (11%)
Parents who are in jail	8 (10%)	12 (14%)	9 (8%)	29 (10%)
Specific racial or ethnic group	4 (5%)	6 (7%)	7 (6%)	17 (6%)

With regard to the other 17 specialized populations addressed in this study, the highest percentage of participating TPEs reported that they offered classes for divorcing parents (48.6%) and parents living in poverty (47.1%). The specialized populations least often targeted include women only (10.7%), parents who were in jail (10.4%), and specific racial/ethnic groups (6.1%). After the required Bonferroni adjustment, the results of the Chi-square analyses suggested no significant regional differences (across the six regions) in number of TPEs targeting various specialized populations. We therefore again collapsed these six regions to three for presentation.

Curricula utilized. A total of 129 different curricula were listed by TPEs. We further analyzed curricula named by ten or more parent educators. Table 3 presents statewide and regional raw counts and percentages of respondents utilizing each of the seven curricula mentioned by ten or more TPEs. The results of the Chi-square analyses yielded no significant regional variation (across the six regions) in curricula use following the Bonferroni adjustment. We therefore again collapsed the six tested regions to three for presentation.

Table 3

Group Program Providers Utilizing each Curriculum, Statewide and Regionally (for each Curriculum Utilized by 10 or more Participants)

Curriculum	West <i>n</i> = 79	Central <i>n</i> = 88	East <i>n</i> = 113	Statewide N = 280
Parenting Apart: Effective Co-Parenting ^a	18 (23%)	13 (15%)	11 (10%)	42 (15%)
Active Parenting ^a	8 (10%)	8 (9%)	20 (18%)	36 (13%)
Bowdoin	6 (8%)	7 (8%)	7 (6%)	20 (7%)
Positive Parenting	3 (4%)	8 (9%)	6 (5%)	17 (6%)
Parent to Parent	7 (9%)	4 (5%)	3 (3%)	14 (5%)
Children in the Middle ^a	3 (4%)	3 (3%)	5 (4%)	11 (4%)
Parents as Teachers (PAT) ^a	1 (1%)	1 (1%)	8 (7%)	10 (4%)

Note. ^a = Evidence-based curriculum

Evidentiary basis of curricula. We further investigated the evidentiary basis of the seven curricula used by ten or more participants. Given the stated criteria, Children in the Middle, Parents as Teachers (PAT), Parenting Apart: Effective Co-Parenting, and Active Parenting were deemed evidence-based. Children in the Middle was the most extensively researched curriculum with eight positive, published, peer-reviewed articles. Additionally, Children in the Middle was listed in SAMHSA's NREPP and had a "promising program" ranking at OJJDP. The PAT curriculum was also listed as a "promising program" by OJJDP, and we located three positive evaluations of this program published in peer-reviewed journals. Parenting Apart: Effective Co-Parenting and Active Parenting each had a positive evaluation published in a peer-reviewed journal, but did not have a SAMHSA or OJJDP rating.

Parent educator training and education. PETES scores ranged from 1 to 7 with a mean of 4.86 (*SD* = 1.20). As indicated by the F-test, there were no significant regional differences in TPE training and education.

Discussion

The primary goal of the present study was to describe current parent education efforts in Tennessee, thereby identifying initial research- and service-related projects for a new university-based center for parenting. The secondary goal of this study was to demonstrate the need for university involvement in

parent education and provide a template for other university faculty to follow to identify, engage, and support front-line parent educators in their regions. We reported on the techniques used to share parenting information, the populations targeted by parent educators, the curricula in use, as well as the extent to which those curricula are evidence-based, and the levels of parent educator training and education. Overall, the findings suggest that classes were generally available for the identified specialized populations, and a range of techniques were utilized to reach parents. Additionally, the results indicate that a wide variety of curricula were in use by relatively well-trained professionals.

With regard to the techniques used by parent educators, a large majority of parent educators utilized in-person group parenting classes. Furthermore, many Tennessee parent educators offered referral services and mailed or emailed parenting information. The high percentage of respondents who offered referral services is encouraging, suggesting that the majority of responding parent educators were not relying exclusively on their own programs to meet the needs of parents. Also, given that reviewed research suggested the effectiveness of newsletters (Bogenschneider & Stone, 1997), it is noteworthy that this is a widely offered service in Tennessee. The lower percentages of parent educators offering in-home classes (45.8%) compared to in-person group classes (93%) is likely related to funding and personnel constraints. Although the percentage of parent educators who indicated that they offered a hotline was quite low relative to the other techniques (15.3%), this statistic is difficult to interpret without additional information regarding the quality and scope of the hotlines provided. Overall, respondents were using a wide range of techniques to reach parents in each of the six regions.

With regard to specialized populations served, parent educators in all six regions of Tennessee were targeting nearly every identified population. It is encouraging that parent educators are starting early in their effort to reach parents, with a high percentage of respondents (64.6%) targeting parents of toddlers and/or preschoolers. This is likely a result of the mandatory parent education component within Head Start. The high percentage of parent educators (57.9%) who offered classes specifically for parents of elementary school students likely reflects the efforts of the Department of Education funded Family Resource Centers. Given that Tennessee is ranked 5th in the nation for divorce rate (Center for Disease Control, 2005), and that we have mandatory parent education for divorcing parents, it is both unsurprising and encouraging that a high percentage of parent educators (48.6%) offered programs specifically for divorcing parents. Many parent educators (47.1%) also reported offering classes specifically for parents in poverty. It is heartening that nearly half of the responding family professionals were *specifically* targeting this population because, in 2007, 15% of persons in Tennessee were below the poverty level in income compared to 12.7% of the U.S. population (U.S. Census Bureau, 2008).

The specialized population targeted by the fewest number of TPEs was parents of specific racial or ethnic groups. Only 17 of the 290 respondents (6.1%) who offered group classes taught one or more classes for parents of a specific racial/ethnic group. Whether or not this finding is problematic likely hinges on one's position in the cultural adaptation debate. Scholars on one side of the debate suggest that since ethnic minorities are under-represented in development of interventions, most evidence-based interventions and curricula require cultural adaptation prior to dissemination in a given minority population (Kumpfer, Alvarado, Smith, & Bellamy, 2002). From this perspective, the fact that only 6.1% of the parent educators in the sample offer classes specifically for ethnic minority parents is troubling. However, scholars on the other side of the cultural adaptation debate argue that the need to adapt existing interventions for particular ethnic minority groups has not been sufficiently demonstrated. Moreover, they suggest that cultural adaptation might actually reduce the fidelity and effectiveness of the program (Castro, Barrera, & Martínez, 2004; Elliot & Mihalic, 2004). Thus, this line of argument suggests that the low rate of targeting ethnic minority parents in the sample is not

problematic. Rather, it is important for ethnic minority parents to have access to general parenting classes.

It is noteworthy that the 312 respondents reported that they used 129 different parent education curricula. This finding suggests that a variety of curricula were in use, potentially meeting the various needs of diverse parents. However, with so many curricula in use, it is likely that many are not evidence-based. As the review of literature indicated, there are good reasons for family professionals to prefer and select evidence-based curricula. Also, we believe evidentiary basis to be more of a continuum than a dichotomy. Clearly a positive peer-reviewed publication is less evidence of effectiveness than a SAMHSA or OJJDP rating given that (a) the published article might demonstrate program effectiveness in only one setting, and (b) journals vary in their expectations of methodological rigor. However, OJJDP and SAMHSA both target specific outcomes, and general parent education has broader goals. To limit the measure of evidentiary-basis to those two standards would be inappropriate.

To our knowledge, previous researchers have not offered a multi-item measure of parent educators' training and education experiences. Therefore, a contribution of the present study is the creation of the Parent Educator Training and Education Scale (PETES). The respondents' PETES scores suggest that, overall, Tennessee parent educators are well-prepared. In fact, 34.0% have bachelor's degrees with related coursework, and an additional 44.9% have graduate degrees with related coursework. Caution should be exercised, however, in interpreting these findings. Preparation, in the form of training and education, is important, but does not guarantee fidelity and quality of implementation. Stringent, observation-based protocols have been developed to evaluate parent educators' adherence to standards and mastery of presentation (Forgatch, Patterson, & DeGarmo, 2005). The PETES is a low-cost, survey-based measure of level of preparation, but not a measure of implementation fidelity or parent educator effectiveness.

Although this study does much to describe the state of parenting education in Tennessee, it is limited in several ways. First, we utilized a snowball sampling technique resulting in a non-generalizable sample. Caution should therefore be used when extrapolating from the sample results to possible state-wide or regional population patterns. Next, the regional analyses yielded much more information than state-level data alone would have; however, each region is still quite large. Thus, it would be inappropriate to assume that because a service is offered in a region, it is reasonably available to everyone in that region. Additionally, the data allow us to discuss the extent to which specialized populations are targeted, but we lack comprehensive benchmarks against which to compare these data. As a result, we are unable to discuss whether certain populations (i.e., parents in prison, grandparents raising grandchildren) are potentially underserved. Lastly, the PETES measure, while beneficial, currently demonstrates only face validity.

Informing the Research and Programmatic Efforts of the Center for Parenting

Both the results of this study, as well as its limitations, suggest directions for future research and programmatic efforts. It is noteworthy that although we identified 280 individuals offering group parent education with 129 curricula, we were able to find few peer-reviewed studies evaluating the effectiveness of any parenting education effort in the state of Tennessee in the last 20 years. Future efforts should seek to identify the source of this large disparity between activity and evaluation. Perhaps programs simply lack the funds to conduct a rigorous evaluation. Perhaps data are being collected but not analyzed. It is also possible that program personnel are wary of evaluators. The recently-formed Center for Parenting (C4P) can first seek to identify the causes for the lack of program/curriculum evaluation in Tennessee and then attempt to meet the identified needs. We can

seek to develop trust with various stakeholders if program evaluation seems threatening, and we can engage in collaborative grant writing if funding is the primary problem. Ideally these resulting evaluations would focus on fidelity of implementation (i.e., process) as well as summative (i.e., outcome) measures, and move beyond the outcomes of interest for SAMHSA and OJJDP rankings to include measures of positive youth functioning as well.

The results related to newsletters and hotlines suggest a need for networking and centralized support for parent educators. Forty-six individuals offered hotlines, but it is unclear how many different hotlines that might represent, as well as what the foci, hours, and locations of those hotlines might be. By bringing together various individuals and organizations involved in parenting hotlines, the C4P could facilitate the coordination of services, identify potential gaps, and publicize the resulting services. Additionally, 178 individuals offered mailed or emailed newsletters. Again, it is unclear what the substantive and geographic foci, content, and timing of those newsletters are. The C4P could facilitate the coordination of parent educator newsletters, perhaps vastly increasing the amount and quality of information disseminated via this technique.

Given that Tennessee has the sixth fastest growing foreign-born population in the U.S. and the fastest growing Mexican-born population (Miller, 2004), the C4P should ascertain the extent to which the needs of ethnic minority parents are being met in this state. This effort could include needs assessments, as well as program evaluations comparing outcomes of ethnic minority parents participating in general parenting classes with those attending classes targeted to their specific minority group. The limited offering of programs for minority populations combined with the growth of that sector points to a need to identify and train parent educators who not only speak the languages of these minority populations, but who also understand the cultures of these groups. Given that there are many evidence-based culturally-specific curricula available (c.f., Gorman & Balter, 1997), we plan to educate TPEs on the availability of such curricula and offer low- or no-cost training in these curricula. Additionally, when technique and curricula evaluations are conducted, the C4P should gather data on PETES scores of parent educators so that predictive validity of the scale could be demonstrated.

The fact that we had to generate the original sampling frame points to a need for centralized support of and formal networking opportunities for parent educators in Tennessee. The C4P should provide workshops, professional networking opportunities, and perhaps other forms of centralized support. It will be important to conduct qualitative needs assessment focus groups with parent educators across the state in order to begin to establish trust and to identify, beyond this descriptive account, what they really need that the university is in a position to provide.

Overall, this study provided an important first step toward identifying and describing parent education efforts in Tennessee and identifying related first steps for a university-based Center for Parenting. Although several states have active, centralized support for parenting education, the vast majority do not. Given increased stresses and challenges facing families, as well as tightening budgets in social services, it is important that we utilize the resources of universities to assist parenting educators to more effectively meet the needs of parents. To that end, we wish to encourage the development of university-based parenting centers in other regions lacking a centralized resource for parent education, and we offer this within-state baseline study as a template for identifying and supporting parent education efforts elsewhere.

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