Mutual Self-Help Parent Support Groups in the Prevention of Child Abuse and Neglect

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Mutual Self-Help Parent Support Groups in the Prevention of Child Abuse and Neglect

Mutual self-help parent support groups are gaining recognition and momentum as an integral part of our strategies to prevent child abuse and neglect. The popularity of support groups is evident with estimates of the number of Americans participating in these groups being as high as ten million (Kessler, Mickelson, & Zhao, 1997). Over the past four decades, research on risk factors and conditions that are associated with child abuse and neglect have been pointing to the need for social support and the benefits that a parent support group can provide. This paper explains the underlying premise of mutual aid and self-help and presents specific justifications for the formation and continuation of research and evidence-based parent support groups. The historical development of organizations that promote and facilitate the initiation of parent support groups is covered. The paper ends with a discussion of evaluations of parent support groups, including ongoing evaluations in three states. The objective is to understand why parent support groups should be continued and strengthened as a viable option in our child abuse and neglect prevention strategies.

The Underlying Premise of Self-Help and Mutual Aid in Support Groups

Support groups are considered part of a social movement and have been viewed as alternatives to standard forms of physical or psychosocial care (Yoak & Chesler, 1985). Their connection to a self-help paradigm in which people give as well as receive help has made them part of a revolution in the "concept of help" (Riessman, 1997, p. 6; Riessman & Carroll, 1995). The emergence of self-help support groups has also been associated with an interest in forming small groups as part of a movement to counter societal fragmentation, isolation and anonymity. This movement was also identified as an approach to foster spirituality within the human community (Wuthnow, 1994).

Descriptions of these groups vary according to the characteristics of the population served and their purpose. More general explanations describe them as "voluntary small group structures for mutual aid and the accomplishment of a special purpose" (Katz & Bender, 1976). Another description refers to them as "highly personal, intimate and peer-oriented norms of caring and exchange" (Yoak & Chesler, 1985, p. 430). A third description refers to them as "contexts for supportive, help-intended transactions between members" (Roberts, Salem, Rappaport, Toto, Luke, & Seidman., 1999, p. 843).

The basic premise of self-help is those who help others also benefit. This has been referred to as the "helper therapy principle" (Riessman, 1997). The benefits from helping others refer to "increased feelings of competence, equality, social usefulness, independence and social value" (Roberts, Salem, Rappaport et. al., 1999, p. 843). Those who help others recognize their strengths as well as needs and this allows them to "take on new roles and responsibilities in a safe environment" (Roberts, Salem, Rappaport et. al., 1999, p. 843). Because people with problems can also be help givers, Riessman and Carroll (1995) explain that the helper-helpee ratio changes in the mutual self-help support group in the following ways:

1. The number of individuals involved exclusively in helpee roles is vastly reduced, and the number of helpers increases dramatically.

2. Even when receiving help the receiver knows that tomorrow or even later at the same meeting he or she will provide help to someone else, which removes the loss of status experienced by one who is only a helpee.
3. The help-giving power of the entire unit is expanded because of the power that emanates from so many individuals playing the helping role (Riessman & Carroll, 1995, pp. 4-5)

The attraction of self-help in group practice has been attributed to several features articulated in Riessman & Carroll (1995, pp. 21-26). First on this list of attributes is the opportunity in self-help to transform needs or problems into assets. People who have experienced problems have firsthand knowledge of that problem and ways to manage it. As a result, those individuals can become resources for others with similar problems by offering their advice and guidance. Another attractive attribute is the possible interchangeability of the helper and helpee roles. In addressing one problem, someone might assume the helper role and in addressing another problem, that person might become the helpee and obtain advice from others. Another appeal of self-help in a group is the positive ethos with cooperation and honesty between the members of the group necessary for success. The ability of the group to create a sense of belonging is also considered part of this ethos. For advocates of self-help, the emphasis on empowerment and an active approach to solving a problem are viewed favorably. Simply stated, another attribute is knowing that helping others is helpful in and of itself. Helping others also increases one's confidence and self-esteem. As a final positive feature, the self-help group combines traditional democratic principles and more modern principles that encourage self-revelation and nonpolitical approaches. These attributes explain the popularity of and shift to the self-help paradigm.

Mutual aid is similar to self-help in several ways. In fact, there is substantial overlap between the two concepts and their implementation in social work practice. The differences seem to be more a matter of emphasis with the existence of the group, the interaction of members of the group, and a problem solving process being key in mutual aid. Self-help can occur without a group but mutual aid incorporates some principles of self-help in the group process. The desired outcomes and the success of both are more likely when they work together. Steinberg (1997) acknowledges the importance of the problem solving process in mutual aid but adds "there are many other dynamics as well, such as sharing information and mutual support" (Steinberg, 1997, p. 3). There are three functions of the mutual aid orientation and practice in groups (Steinberg, 1997, p. 10). These functions are "harnessing the strengths" of the members in the group, using those strengths to "build the group," and teaching the group members to engage in mutual aid through "purposeful use of the self" (Steinberg, 1997, p. 10).

Indicating the complexity of mutual aid, Shulman (1992) presented nine dynamics of mutual aid and their relevance in group practice. Listed in an abbreviated fashion, these principles are sharing data, allowing a dialectic process for debate or the exploration of differences, openness to the discussion of topics and issues that are taboo, discovery of commonality and shared feelings among members of the group, mutual support through caring about members of the group, mutual demand or the expectation that members of the group will work on their problems, applying individual problem solving in a way that is meaningful for the entire group, relying on the group as an arena for rehearsing new ways to communicate or behave, and gaining strength from others in the group (Steinberg, 1997, pp. 24-40). Through these principles, a system of mutual aid is achieved.

The Presence of Mutual Self-Help Parent Support Groups in Child Abuse and Neglect Prevention Frameworks and Plans

In the actual prevention of child abuse and neglect, mutual self-help parent support groups have been gaining in numbers and in recognition. Based on a survey in the U.S. conducted in the early 1990s, 100,000 parent support groups meet annually (Carter, 1995). Specific references to the parent support group appear in two of three tiers in a public health framework for child abuse and neglect prevention, the secondary and tertiary tiers (Thomas, Leight, Hughes, Madigan, & Dowell, 2003, p. 8). The tier for secondary prevention activities serves those who have multiple risk factors associated with child abuse and neglect, such as low socioeconomic status, young age or substance abuse. Programs in this tier are also described as those that might be located and available in neighborhoods and communities that have a high incidence of these factors. Parent support groups are also included in the tier for tertiary prevention activities. This tier serves families in which abuse and neglect has already occurred. The focus in the secondary tier is helping parents cope with stress and parenting challenges and in the tertiary tier, the primary focus is actually on modifying parental behavior.

States are also identifying these groups in their child abuse and neglect prevention plans. One example is Florida's State Plan for Prevention of Child Abuse, Abandonment, and Neglect (July 2005 through June 2010) which identifies parent support groups in the second and third tiers of the prevention framework (State of Florida, 2005, pp. 23-24). Another is Wisconsin's plan which mentions support groups in a recommendation that calls for the establishment of a universally accessible continuum of family support services in all communities in Wisconsin (State of Wisconsin, 2006, p.14). In Alaska, the Child and Family Services Plan lists parent support groups as services that are available in several programs designed to improve parenting skills (State of Alaska, 2004, pp. 35-58).

Justifying and Building the Case for Mutual Self-Help Parent Support Groups in Preventing Child Abuse and Neglect

Mutual self-help parent support groups have a current presence in child abuse and neglect prevention. Understanding why they have a presence and why that presence should continue and expand are the objectives of this section. Developing a case for parent support groups is accomplished by covering several specific justifications for replicating this form of assistance in child abuse and neglect prevention. Each justification highlighted here has relevant research cited to expand our understanding of this intervention and promote its implementation in the prevention arena.

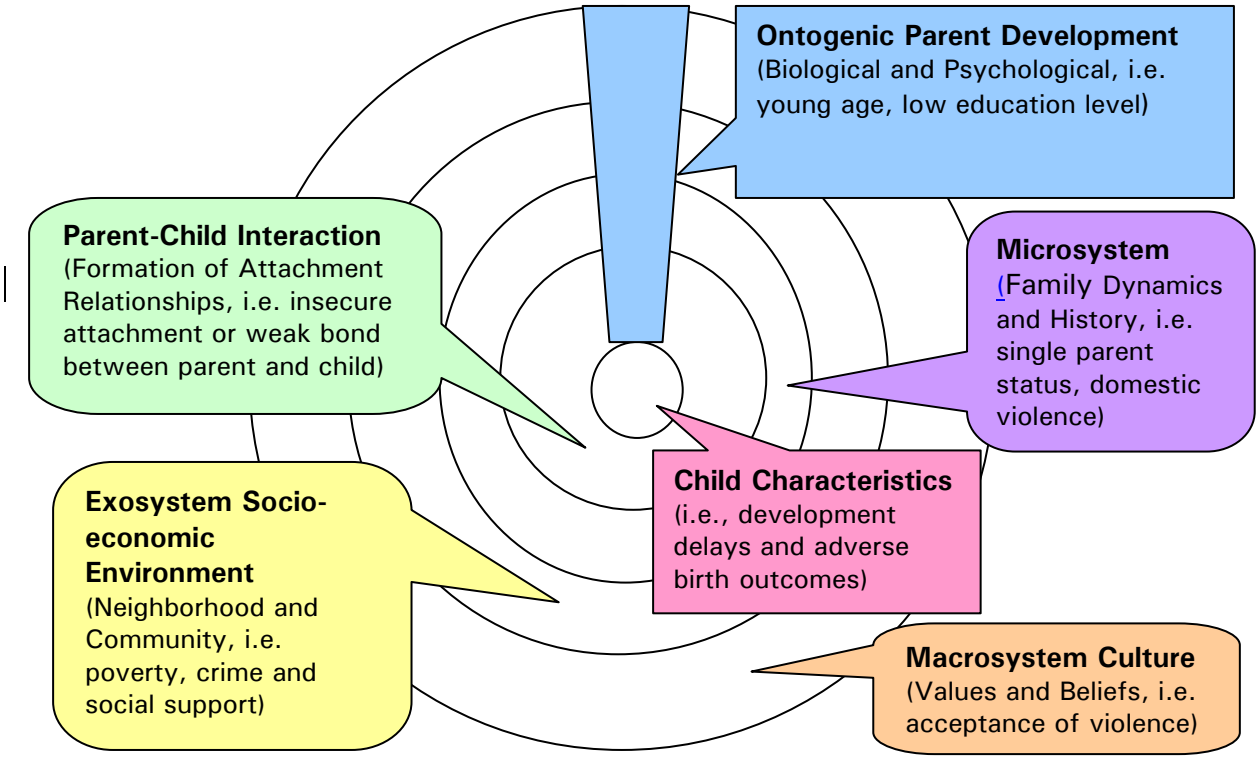
First, the understanding and prevention of child abuse and neglect often refers to a theoretical or conceptual model that incorporates neighborhood factors and the interaction between the family, the neighborhood and the community. The conceptual models take on a variety of forms and emphases with customizing as necessary to fit a particular program. In all instances, models are an attempt to bring order into our comprehension of child abuse and neglect which is recognized as a multifaceted and very complex phenomenon. One common model used to explain child abuse and neglect is an ecological-transactional model with multiple levels of factors related to child abuse and neglect. Current versions of this model have as their foundation the Bronfenbrenner (1979) theory of human development, an emphasis on the environment or the culture and community in which abuse and neglect occurs in Belsky (1980, 1993), and a transactional or dynamic nature with each level of the model impacting the others

reciprocally (Cicchetti & Lynch, 1993). In Cicchetti & Valentino (2006), the primary levels of the model are identified and described as follows:

1. Macrosystem includes cultural beliefs and values that influence abuse and neglect. The acceptance of violence has been cited as one example of a cultural belief that is related to the occurrence of abuse and neglect.
2. Exosystem includes aspects of the community that contribute to the incidence of abuse and neglect. This level typically refers to poverty or the determinants of poverty. The lack of social support has also been identified in this level as a factor related to abuse and neglect.
3. Microsystem includes factors in the family that contribute to the occurrence of abuse and neglect. Single parent status and the presence of domestic violence are considered important factors related to child abuse and neglect in this level.
4. Ontogenic development includes individual factors that are associated with or lead to being a perpetrator of abuse and neglect. Examples of these factors are young parental age, low educational levels and experiences with abuse and neglect as a child.

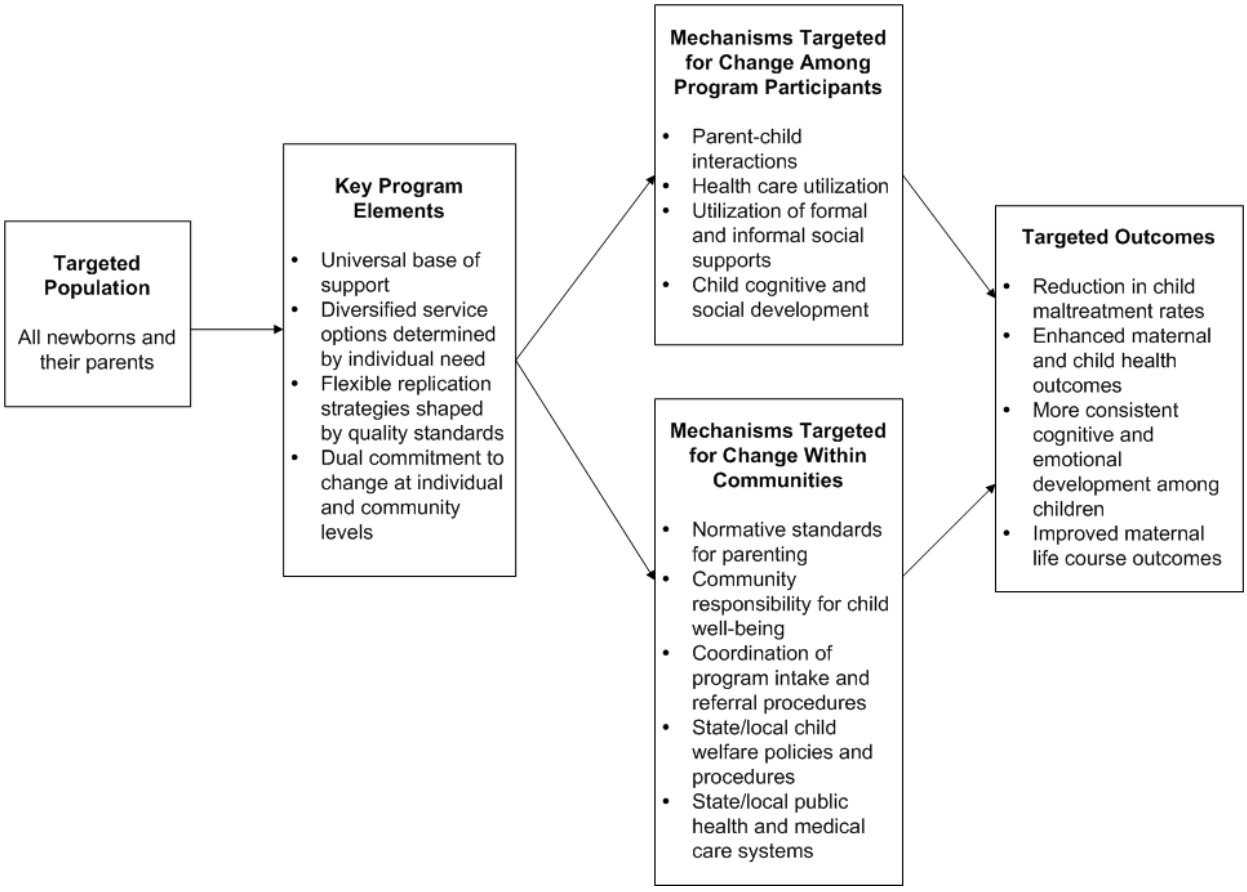
In Sidebotham & Heron (2006), child characteristics are added to the ecological model. Some of these characteristics include health of the child, behavior or developmental problems and disabilities. Parent-child interaction is also inserted as part of the parent and child components. The model of child abuse and neglect that incorporates all of the levels and components described above is in Figure 1 below.

Figure 1: Ecological Model of Child Abuse and Neglect



In addition to the ecological model or framework above, there are other models to explain the occurrence of child abuse and neglect. One alternative model or framework explains and promotes social change in the prevention of child abuse and neglect (Daro & Harding, 1999). Displayed in Figure 2, this model identifies mechanisms for change at the individual and the community levels with the utilization of informal and formal social supports as one mechanism. Other models specify causal relationships between constructs and factors and the occurrence of child abuse and neglect. A single model is probably not sufficient to cover all of the factors and their interactions in any analysis of child abuse and neglect, but comprehensive models highlight or specify components that refer to child, parent, family, neighborhood and community.

Figure 2: The Theory of Change for Healthy Families America



While our conceptual and theoretical models and frameworks attempt to explain the occurrence of child abuse and neglect with multiple levels of influence and interaction, our child abuse and neglect prevention programs tend to focus on the individual, parent and/or child and the family without sufficient attention given to the intermediate levels that connect family, neighborhood and community. In the 2003 federal publication, *Emerging Practices in the Prevention of Child Abuse and Neglect*, only two major parent support group programs were listed, Circle of Parents and Parents Anonymous, Inc. (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003, p. 12). In other child abuse and neglect prevention programs, referrals to

community resources are the only primary connection to the community (Powell, 1993; Gomby, Culross, & Behrman, 1999).

To recap this important justification, the family to neighborhood and community connection is a key component in our theoretical understanding of child abuse and neglect. The parent support group can serve as this connection to bridge family to neighborhood and community in the prevention of child abuse and neglect. As additional endorsement, this bridge represents a community-focus and allows the program to "go beyond the boundaries of the individual child and family to the parents' social network and community integration" (Nelson, Laurendeau, & Chamberland, 2001, p. 7). The importance of ties between the individual, the family and the community has also been endorsed by the view that it takes a village to raise a child (Marshall, Noonan, McCartney, Marx, & Keefe, 2001). The family to community connection realized through parent support groups is not only essential in our understanding of child abuse and neglect but also in our strategies to prevent it.

Second, mutual self-help parent support groups address a key child abuse and neglect risk factor, social isolation. The strong relationship between social isolation and child abuse and neglect has been observed and reviewed among mothers with small peer networks (Disbrow, Doer, & Caulfield, 1977; Polansky, Gaudin, Ammons & Davis, 1985; Corse, Schmid, & Trickett, 1990) as well as those who receive less help from their family members (Polansky, Chalmers, Buttenweiser, & Williams, 1981; Grietens, Geeraert, & Hellinckx, 2003). However, it has been noted in the research that social isolation is a complex construct and what is significant might actually refer to a more specific component of social isolation, such as the strength of the emotional relationships in the social network (Coohey, 1996). As other examples, disinterest in being a neighbor and in forming long-term relationships were also found to be present in maltreating families (Crittenden, 1985; Polansky, Chalmers, Buttenweiser, & Williams, 1981). Despite the variation in the specific aspects of social isolation that surface as contributors to child abuse and neglect, social support is still considered an effective antidote (Belsky, 1993). Social support provided through participation in parent support groups has potential to counter social isolation and its impact on child abuse and neglect.

Third, parent support groups are versatile as a service or therapeutic approach. Formally, they can work within or as supplements to other child abuse and neglect prevention programs and therapeutic approaches. Examples of these are considered multi-component service models or hybrids in which parent support groups work parallel to or alternating with other model components. Parent support groups can also work totally independent of other models and approaches. Parent support group versatility as a therapeutic approach is also evident by their varying dosages or frequencies of meetings each month and the length of time for each session. They can be short-term lasting several weeks or long-term extending through multiple years.

Parent support groups appear as formal components in several child abuse and neglect prevention program models. While some of these examples are not the purest strain of "mutual aid" or "self-help" due to the facilitation of a parent support group by a professional, there are similarities. In the Home Instruction Program for Preschool Youngsters (HIPPY), which is a "two-year home-based early education intervention program," parent group meetings are a core element of the model (Baker, Piotrkowski, & Brooks-Gunn, 1999, p. 116). This program alternates bimonthly home visits and parent group meetings. During the parent meetings, an introduction to the next home visit activities occurs, parents are encouraged to interact in sharing questions and concerns, parents participate in "enrichment activities," and parents listen to

presentations by school and community officials. Parents as Teachers or PAT is another child abuse and neglect prevention program that includes parent support groups as a component of the model (Wagner & Clayton, 1999, pp. 92,179).

The versatility of this service allows a parent support group to perform as a supplement to other programs designed to prevent child abuse and neglect without being a formal component of the program model. Parent support groups fit as a service in this way for home visiting programs like Healthy Families America. Healthy Families is the prime example in Florida with strong collaboration efforts existing at the state level. Parent support groups affiliated with these programs strengthen the services of another program by reinforcing and extending what is learned and practiced among parental peers.

Mutual self-help support groups also exist independent of other programs as a social service delivery model and as a therapy that works on its own. One example, the Family Empowerment Club, is described as a "series of groups developed to provide a support network in which parents develop additional resources, strategies and emotional armor to deal with day-to-day challenges, learn better parenting practices and prevent crises" (Zlotnick, Wright, Cox, Te'o, & Stewart-Felix, 2000, p. 97). Another example is in the United Kingdom and is called Parents Altogether Lending Support (PALS). This is a six-week program in which parents meet weekly. In the groups, parents begin by "identifying their existing strengths as parents and teachers, and eventually go on to create action plans for facilitating change in their children's behavior" (Zeedyk, 2003, p. 22).

Fourth, mutual self-help support groups embrace the importance of cultural competence and respect. As indicated in theoretical models and frameworks that explain the occurrence of child abuse and neglect (Cicchetti & Valentino, 2006; Belsky, 1993; Cicchetti & Lynch, 1993), culture must not be ignored. Even though multiculturalism in psychosocial interventions is becoming an essential feature, guidance on how to make treatments fit within a diverse set of cultural backgrounds and orientations is still far from clear (Bernal & Saez-Santiago, 2006, p. 121). What has been noted in the literature is that interventions that are "culturally sensitive" have an awareness of culture, allow the acquisition of knowledge about cultural aspects, and the capacity to make a distinction between culture and pathology (Bernal & Saez-Santiago, 2006, p. 122). At a minimum, a therapy that appeals to its target population must be aware of culture and have the capacity to accommodate cultural preferences through language and lifestyle. Parent support groups have these features. With support group participants taking on an ownership perspective that promotes respect of their cultural milieu, they have the opportunity to be an impressive example of a service with this essential feature.

Fifth, empowerment of parent participants is a goal for parent support groups. Empowerment is an approach in social work practice that works to achieve a more positive or potent sense of self, knowledge and a capacity for comprehension of one's political and social environment, and a functional competence to work toward personal and collective goals (Beck, 1983; Lee, 1996, p. 224). In a mutual aid support group, empowerment can be both a process and an outcome (Lee, 1996 p. 228) adding to its value in the social service arena.

Within the empowerment approach, achieving a more positive or potent self might correspond with the ability to reduce stress, maintain high self-esteem, control one's life or improve one's sense of competence in parenting. Relationships between several mental conditions of the mother, including maternal external locus of control, maternal sociopathy, low

self-esteem, maternal anger and maternal dissatisfaction, and the occurrence of child neglect or physical child abuse have been found to be statistically significant (Brown, Cohen, Johnson, & Salzinger, 1998). Parents with a healthier mental outlook based on several indicators have a lower risk of child abuse and neglect.

In parent support groups initiated through Circle of Parents, participants are encouraged to develop personal leadership skills and assume leadership roles within the group. Empowerment and strength-based strategies in family wellness proactive or prevention programs have been found to be effective in improving parent attitudes and behavior (MacLeod & Nelson, 2000). To sum up, the empowerment approach better equips the parents to maintain a healthier mental state, understand their social environment and develop the functional capacity to overcome their parenting challenges and prevent the abuse and neglect of their children.

Sixth, the potential for a lower program cost per participant is also a strength of parent support groups. There are many reasons for this potential. Several can be attributed to goals set for the participants and others depend on resources that are available in the community to accommodate support groups. In many parent support group networks, the groups are initiated and maintained by one group facilitator. This is often a staff member of another social program or agency. In some instances, a child advocate or community parent leader volunteers their time to initiate a group in the community. Parent participants are encouraged to assume leadership roles and work to keep the group going and growing. After the initiation of the group, the shift of the responsibility to the participants adds to its strength in the benefits to costs comparison. Continuation of the parent support group beyond the time during which formal program resources and facilitation are available can add longevity and strength to its impact on the prevention of child abuse and neglect. The need for social services over the long-term is reduced instead of escalated. In-kind donations of meeting space and program supplies also contribute to the potential cost effectiveness of the groups. Group meetings can be located in a facility that has multiple purposes or uses but is available during the hours and days that a parent support group can meet. These locations can be near public transportation routes to facilitate parent participation. Finally, the utilization of community speakers and resources can also result in lower costs associated with implementing and supporting parent support groups.

Seventh, the mutual self-help support groups are inclusive. They have a broad target population that allows the program to reach anyone in a parenting or child caregiver role. Primary universal coverage of the general population is possible with the parent support group even though high-risk families are typically the target population in many prevention programs. Considering the participation of family roles and members, these groups can serve several different members of a family or a combination of these.

In the parent dyad, fathers as well as mothers can be served. The importance of fathers in the parenting role has been firmly established as part of the Federal Administration for Children and Families Healthy Marriage Initiative (http://www.acf.hhs.gov/healthymarriage/index.html). Examples of programs for expecting or current fathers have been implemented with curricula that cover parenting skills and referrals to community resources. Some of these programs use group formats and conduct their activities in ways that are very similar to parent support groups. In Florida, Nurturing Fathers programs and DADS are two examples of fatherhood programs. The DADS Family Project is described as one that "integrates psycho education and mutual aid by providing education on parenting skills to the dads in a peer supportive and interactive context" (Cornille, Barlow, & Cleveland, 2005, p. 55).

Parent support groups also include grandparents and other relatives that perform care-taking roles for children. One program began in 1990 and was administered by the San Francisco General Hospital for grandmothers taking care of their grandchildren (Willis, Holden, & Rosenberg, 1992, pp. 85-86). Some of the grandmothers in these groups were faced with caring for grandchildren that had already been abused or neglected due to their daughter's substance abuse or lack of care for her children. In these circumstances, the program became a tertiary prevention program. Another example of a support group program for grandparents caring for their grandchildren was the focus in a study conducted in two boroughs in New York City (McCallion, Janicki, & Kolomer, 2004). In this study, the children of the participating grandparents were developmentally delayed or disabled.

As the eighth and the final justification presented here, there are many specific parenting challenges that can be addressed in these groups. Caring for special needs children, for example, has been one purpose or focus that has gained prominence in parent mutual self-help support groups. Outside the U.S., there have been several studies of parent support groups for parents of children with disabilities (Solomon, Pistrang, & Barker, 2001; Kerr & McIntosh, 1999; Shu & Lung, 2005). Potential benefits identified for parents participating in these support groups included a psychological sense of community, emotional support, role models, offering ideas for coping, opportunities to help others, social companionship, and a sense of mastery and control (Solomon, Pistrang, & Barger, 2001, p. 114). Other examples of needs met in parent support groups are a parent support group for parents with children in special education in Michigan (Troester, 2000) and support groups for parents of children admitted to an in-patient unit for severe mental illness (Slowik, Wilson, Loh, & Noronha, 2004). In Florida's Circle of Parents, support groups for parents and caregivers of children with special needs are flourishing in Volusia and Flagler counties. Specialized groups are offered to parents of children with Autism and Asberger syndrome, Down syndrome, Bi-polar disorder and depression, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder.

Another topic that can be addressed in parent support groups is to understand and work toward preventing or recovering from substance or alcohol abuse. With its beginnings in the mid-1930s, Alcoholics Anonymous and its Twelve Steps is probably the best-known program to address recovery from alcohol abuse with the support group format (Riessman & Carroll, 1995). Recognizing that recovery therapy must be addressed holistically, the family of the addict is also served through another program with a group format in Al-Anon (Kurtz, 1994). Families at risk of child abuse and neglect often have problems with substance or alcohol abuse (Chafin, Kelleher & Hollenberg, 1996; Kelleher, Chaffin, Hollenberg, & Fischer, 1994). For substance or alcohol abusing parents or those assigned with the responsibility to care for children who have substance abusing parents, a parent support group should be an important part of the recovery process.

Another need for parent support groups that has emerged more recently is as a constructive response to the aftermath of natural disasters. Parents dealing with hurricane recovery, for example, can find the mutual self-help support groups to be a lifeline or safety net empowering them and their children to make a comeback from such disasters. During the 2006 Prevent Child Abuse America Conference, America's Families: We All Play an Important Role, a session on how Circle of Parents support groups can assist families in their recovery efforts after Hurricanes Katrina and Rita was part of the program (Prevent Child Abuse America, 2006 National Conference, May 21-24, 2006).

Circle of Parents: The National Network for Parent Support Groups

In several states, the current voluntary network in place for mutual self-help parent support is the Circle of Parents®. Circle of Parents grew out of earlier formal endorsement of parent support groups across several organizations. In 1999, the National Family Support Roundtable (Roundtable) was formed by 17 state and regional organizations to develop and share resources, support one another, and expand the availability of mutual self-help parent support programs throughout the country. Many Roundtable members had more than 20 years extensive experience providing self-help parent support groups under a different national network that was no longer meeting their needs. The Roundtable and Prevent Child Abuse America (PCA America) agreed to collaborate during the spring of 2000 to seek a newly offered, four-year grant from the Office on Child Abuse and Neglect (OCAN), a division of the Children's Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. This grant supported the development and operations of a national network on mutual self-help parent support and the creation of new programs in underserved areas. The collaboration lobbied for additional funding through the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice (OJJDP). This funding supports the expansion and enhancement of self-help parent support programs in individual states and regions. In 2002, the collaboration and its statewide networks formalized its name to 'Circle of Parents' to create an attractive, strength-based identity for the collaboration. In October 2004, the Circle of Parents became its own 501(c)3 organization, with a strong collaborative effort with PCA America still in place. Today, there are 28 state and regional Circle of Parents networks throughout the nation.

Evaluations of Parent Support Groups

Evaluations of parent support groups do not have a large visible presence in the evaluation research literature. The most comprehensive and rigorous evaluations identified and covered here are those in which the parent support group was a component in a larger program. Evaluations of three parent support group programs that are stand alone or independent programs were also identified in the research literature and are included here. Recent and ongoing evaluation of parent support groups in the Circle of Parents networks in three states, Florida, Minnesota and Washington, are the final evaluations covered with results from those evaluations highlighted.

Evaluations of Parent Support Groups as a Formal Component in a Multi-Component or Hybrid Program Model

Evaluations of family support and child abuse and neglect prevention programs in which parent support groups are a formal component were among several showcased in the 1999 Future of Children issue on evaluations of home visiting programs (Gomby, Culross, & Behrman, 1999). The evaluation of the Home Instruction Program for Preschool Youngsters (HIPPY) is one example included in this category (Baker, Piotrkowski, & Brooks-Gunn, 1999). In HIPPY, parent group sessions are held every other week during the weeks when home visiting does not occur. During the group sessions, the activity packet for the following week is introduced and the parents interact with each other, share concerns and questions, participate in enrichment activities, and hear presentations by school officials. There were three different evaluation studies of HIPPY conducted in Arkansas, Michigan, and New York. The outcomes for the

evaluation of this program focus on measures of child development and achievement. In both the New York and Arkansas studies, the children who participated in HIPPY in at least one of the cohorts appeared to be "better adapted to the classroom in first grade than their peers" (Baker, Piotrkowski, & Brooks-Gunn, 1999, p. 123).

Qualitative evaluation research techniques were used to understand implementation challenges, specifically the participation of the parents (Baker, Piotrkowski, & Brooks-Gunn, 1999, pp. 129-130). In the "out of home" component of the program, the group meetings, parental participation was low. Coordinators of the group meetings were consulted to determine the reasons for low parent turnout. Differences in the purpose and promotion of the group meetings were shared by the coordinators that might have had some impact on the number of group meetings scheduled. While there was a statistically significant correlation between the participation in the in-home and out-of-home participation, it was not large. Also noteworthy was that the predictors of participation in the in-home and out-of-home components were different. Of particular interest in these findings is that being a single parent with fewer adults and more children in the home was associated with more participation in the out-of-home component and associated with lower in-home participation. In their summary, the evaluators strongly suggest further research is needed to clarify the mixed results on child achievement outcomes and those findings regarding parental participation.

Parents as Teachers (PAT) is another home visiting program that includes parent groups as part of its model (Wagner & Clayton, 1999). In PAT, parent group sessions in English and Spanish are scheduled periodically and participation is voluntary. During the sessions, parents discuss issues and receive social support from other parents and the program staff (Wagner & Clayton, 1999, p. 95). Evaluations of two demonstrations of this program using randomized experimental designs were conducted in California. The outcomes in these evaluations measured parenting knowledge, parent attitudes, parent behaviors, child development, child health and health care. Results were mixed across PAT demonstrations with more benefits emerging for Latina mothers and children (Wagner & Clayton, 1999, p. 104). Variations in benefits due to level of program exposure were examined but exposure was based on the number of home visits, not the number of group sessions attended. One of the only major findings referring specifically to parent group sessions was the low percentage of parents participating in them, only 15 percent. Similar to what was concluded by the evaluators of the HIPPY program, the evaluators of PAT state that the "inconsistent findings regarding the influence of the level of program exposure on outcomes mirror the inconclusiveness of other home visiting and family support research in which intensity has been found to contribute to greater impact in some studies but not in others" (Wagner & Clayton, 1999, pp. 109-110).

Evaluations of Parent Support Groups as Stand Alone or Independent Programs

Evaluations of programs that have parent support groups as their central service and are not a formal component of another family support program are also discussed here. The target population for each program highlighted in this subsection is different with one serving single mothers with children three to nine years of age, a second one serving grandparents who care for children with disabilities, and a third serving parents or child caregivers of children up to 23 years of age. The evaluations use different research designs but all of them have multiple sites and several outcomes.

The program for single mothers with children three to nine years of age was located in Canada and offered for 10 weeks with one group session a week between February 2000 and April 2003 (Lipman & Boyle, 2005). The evaluation used a randomized control trial design with 59 randomly assigned to the intervention group and 57 to a control group. The control group received a list of community resources and was given the option of participating in program group sessions after the study period ended. The outcomes of interest in this study were maternal well-being (mood, self-esteem, and social support) and parenting. Measures were collected at baseline or before the program began and at three times after the program began with two of these follow-up points being at three and six months. The results indicated a significant effect in the short term or between baseline and the end of the intervention. When compared to the control group, those participating in the group sessions showed improvement in their maternal mood and self-esteem but not their social support or parenting. After the intervention ended, the significant differences between the control and intervention groups disappeared. The evaluators mention several study limitations, including the possible participation of the mothers in other activities or programs external to the study program that might have influenced the results.

The program for grandparent caregivers of children with disabilities or developmental delays was in New York City (McCallion, Janicki, & Kolomer, 2004). This program conducted case management for all of those recruited for the study and six group sessions were held for those in the intervention. The research design was a partial crossover design in which a wait list control group was offered the intervention three months after the post assessment of the intervention in the treatment group. This design allowed comparisons of the pre and post assessment differences in the intervention group and the wait-list control group. The outcomes measured were depression using the CES-D, family empowerment using the Family Empowerment Scale, and grandparents' sense of caregiving mastery using the Caregiving Mastery Scale. When comparing the experimental and wait-list control group measures, the expected trends in the outcomes occurred for those participating in the intervention. There were decreases in symptoms of depression, increases in family empowerment, and improvements in the grandparents' sense of caregiving for the experimental group from zero to three months. The improvements measured were even greater for the wait-list control group when it participated in the group sessions.

The final evaluation discussed here is of a program called Parents Altogether Lending Support (PALS) located in the United Kingdom (Zeedyk, Werritty, & Riach, 2002). The program offered was a six-week course with a group discussion format. Each of the six sessions had a particular aim, such as using our existing strengths for session one, managing behavior for session two, and starting to change behavior for session three. The objective in the last two sessions was to develop an action plan for making changes. The research design for this evaluation did not include a control group and measures were collected after the first and final session. The measures of interest recorded the participant's feelings about the course, whether it was enjoyable and helpful. The results reported were generally favorable regarding the program. One benefit recorded was specific changes in their behavior that they were able to achieve and another was the opportunity to meet other parents and to share parenting challenges. One of the "lessons learned" in the evaluation of the program was the need for the group members to "feel ownership of the program" (Zeedyk, Werritty, & Riach, 2002, p. 331).

Ongoing Evaluation Circle of Parent Support Groups in Three States: Florida, Minnesota and Washington

Parent support groups that have been implemented with the resources and facilitation provided through the Circle of Parents in at least three states have been evaluated on an ongoing basis. The states are Florida, Minnesota and Washington. The ongoing evaluations provide important feedback for the group facilitators and other program staff responsible for administering the program and for the private and public funding agencies. The information provided through the evaluations indicates the strengths of the program and where there is need for improvement and modification. More specifically, the evaluations have been valuable in understanding the following:

1. How do parents learn about the parent support groups?
2. Why do parents join parent support groups?
3. What are the characteristics of the parents who participate?
4. What are the changes, if any, in program performance measures? These measures refer to several domains, including parent self-management, quality of the parent-child interaction, parenting skills, and parent awareness and access to community resources.
5. Are there specific participant characteristics or program experiences related to performance?

In this section, the origin of the Circle of Parents program and the evaluation of the support groups in each state are explained, the reasons for conducting an evaluation are shared, the research methodologies and measurement approaches are presented and key results are highlighted.

When did Circle of Parents and the evaluation of the programs begin?

In Florida, the Ounce of Prevention Fund began implementing the Circle of Parents in March 2004 under a contract funded through the Florida Department of Children and Families. The Prevention Services Unit oversees the implementation of the program as an initiative of Prevent Child Abuse Florida. Prior to the implementation of the Circle of Parents network in Florida, the Family Source of Florida supported the formation of parent support groups. Circle of Parents has allowed Florida to create a network of parent support groups and form new groups. Training of group facilitators also occurs as part of this network. Evaluation of the parent support groups in the Florida Circle of Parents network is conducted by the Research, Evaluation, and Systems Unit at the Ounce of Prevention Fund of Florida and this research began in April 2004. Since that time, the Ounce of Prevention Fund of Florida has received 418 completed survey questionnaires from participants in parent support groups.

In Minnesota, Circle of Parents began in 1979 as a chapter of Parents Anonymous. In 1997, the Minnesota network became Family Support Network, under the Family Support Roundtable. In 2004, Circle of Parents was formed as a separate 501(c)3 organization, and became a state chapter of this national network. Minnesota Circle of Parents has helped develop 54 mutual self-help support groups and 29 children's programs, reflecting 83 groups throughout the state.

The current evaluation design used for Circle of Parents in Minnesota began in 2001. The evaluation research is conducted by an external consultant, Center for Evaluation Research, Inc. In addition to conducting annual credentialing reviews of the chapters, each chapter engages in a yearly self-assessment for goal setting. A semi-annual demographic survey of all participants of Circle of Parents groups is conducted in order to inform practice, revise and update items from previous work, and find out what is done well. Finally, every three years they undertake an extensive focus group-based analysis of the program to capture details about the effect of the program on its participants.

In Washington**,** the Parent Trust for Washington Children (PTWC) has a 28-year history of providing family support services and family violence prevention programs to 3,000 or more Washington State families each year. PTWC has developed and maintained parent education and support programs since 1978. In 2001, PTWC joined the Circle of Parents national network and has operated over 30 Circle of Parents programs for parents/caregivers serving over 800 parent group participants each year. PTWC has worked in partnership with an independent research firm, Organizational Research Services, to create effective program evaluation systems. PTWC began collecting outcomes evaluation data for the parent/caregiver program in 1997. Since 1997, PTWC has collected and analyzed over 1,000 surveys.

What are the reasons for evaluating parent support groups?

As stated earlier, the results based on evaluations of parent support groups provide useful information to the group facilitators, the administrators of the program, and the funding agencies. These results help to identify the strengths of the program and where improvements are needed. In Florida, the contract with the Florida Department of Children and Families to administer the Circle of Parents network in Florida requires an evaluation of the support groups. As part of this requirement, performance measures and a measure of participant satisfaction must be calculated and reported to the department quarterly. In Washington, the PTWC has contracts with the Division of Children and Family Services, Division of Alcohol and Substance Abuse and the Washington Council for the Prevention of Child Abuse and Neglect (Children's Trust Fund). All of these contracts require extensive reports on outputs and outcome effectiveness. PTWC receives funding from dozens of other funders. Although outcomes evaluation is not required by all funders, it improves the competitiveness of any funding application to delineate the research basis of the program and to measure performance.

What are the research designs and data collection methodologies?

In Florida, the participants in all parent support groups are surveyed each quarter using a retrospective pretest methodology. Participation in the survey is voluntary and the anonymity of those who do respond is maintained. In order to calculate performance measures that indicate improvement across several domains that correspond with parenting skills and expertise, the retrospective format allows the participant to provide a "before" parenting group and "during or after" parenting group comparison. All of the measures are based on self-report by the parent participant. Training on the administration of the survey is provided for new group facilitators. Questionnaires are available in Spanish and English. Questionnaires and instructions for the group facilitators to use in the administration of the survey are accessed through the Ounce of Prevention Fund's Web site in the PCA Florida section.

In Minnesota, participants are surveyed once each year. In addition to completing questionnaires in hardcopy form, participants have the option of completing questionnaires on-line. The research design is longitudinal and allows measurement of changes in parenting behavior across multiple years. The survey instrument includes questions from earlier tools to capture both outcome information and process information about the groups. Several new items were drafted for the current version to capture parenting behavior based on theories that promote the importance of attachment between the mother and child. Participation in the survey was entirely voluntary. The survey was made available to participants on the Internet or administered in a paper and pencil version. All responses were kept confidential.

Similar to the data collection method used in Florida, the PTWC surveys are called "slice-in-time surveys" due to their combination of pre-measures and post-measures in one tool. Survey tools (in English and Spanish) are mailed to group participants every 4 months. PTWC facilitators are trained on how to present the survey tools to group members. This presentation includes urging the participants to understand the surveys are confidential and anonymous and to be completely honest because how they answer will help the facilitator improve the program and will help the parents increase their parenting skills by measuring strengths and areas for improvement. Survey packets are sent to the Circle of Parent programs. Each program receives an addressed, postage paid envelope to mail their completed questionnaires back to the Outcomes Evaluation Director for data entry and analysis.

What outcomes are measured?

The outcomes measured in the evaluation of Circle of Parents support groups in each state correspond with each of several domains. The domains and their definitions are provided in Table 1.

Table 1: Performance Domains & Definitions for Florida, Minnesota and Washington

Florida Domains	Minnesota Domains	Washington Domains
Self-Management Skills Ability of participant to manage daily activities, life stressors and anger in order to care for themselves and others	**Self-Management Skills** Not included in the 2006 survey	**Family Management Knowledge and Skills** Participant knowledge of positive parenting skills, stress management and setting clear limits
Quality of the Parent/Child Relationship Strength of the bond between participant and their children as measured by the amount of time spent together and communicating with each other	**Quality of the Parent/Child Relationship** Strength of the bond between participants and their children as measured by the amount of time spent together and communicating with each other	**Nurturing and Healthy Family Relationships** Parental acceptance of each child as unique, focusing on the child's strengths, understanding the child's feelings, and ability to have fun with the child
Parenting Skills or Practices Participant knowledge and understanding of child development and appropriate discipline techniques	**Parenting Skills or Practices** Participant knowledge and understanding of child development and appropriate discipline techniques	
Support System Awareness/Use Participant knowledge and use of formal community resources such as self-help groups and faith-based community resources and informal networks such as family, friends and neighbors.	**Support System Awareness/Use** Not included in the 2006 survey	**Social Support Network** Participant feeling accepted, having people to talk to about parenting, working on problems, and giving and receiving support and advice

As displayed in Table 1, Florida has four domains in their performance measurement. Washington uses three domains, but they are similar to those in Florida. Prior to 2006, Minnesota included the four domains used in Florida. In 2006, Minnesota did not include two of their domains, self-management skills and support system awareness and use.

The four performance domain measures in Florida are based on responses to several statements or items on the questionnaire using a 5-point Likert scale. On the scale, 1 represents low frequency (never) and 5 represents high frequency (always). The statements and their assignment to each domain in the Florida survey questionnaire are listed in the Appendix. Improvement in each domain is indicated by a response on the Likert scale that is higher after participation in the parent support group sessions compared to before participation. The Minnesota items were developed as behaviorally anchored rating scales. The response choices in the scales themselves were scrambled to avoid "tipping off" the "correct" response to the participants. In Washington, the responses in each performance domain rely on a 10-point response scale with 0 representing no knowledge and skills and 10 representing 100 percent proficiency in knowledge and skills. Improvement is indicated with a higher point response on the after participation in parent group session scale compared to the before participation in parent support group scale.

What are the evaluation results?

In this presentation of the results, one objective is to compare recent participant characteristics, participant interest in parent support groups, and performance outcomes across the three states. This comparison allows the identification of the similarities and differences that can be shared with each other and additional states as they consider the initiation or expansion of their current parent support group networks. Table 2 displays some of the major findings that were appropriate for this comparison.

Table 2: Comparison of Evaluation Findings for Circle of Parents in Florida, Minnesota and Washington*

Key Research Findings	Florida 2005-2006 (N=188)	Minnesota 2005-2006 (N=101)	Washington 2003-2006 (N=564)
Socioeconomic and Demographic Characteristics of Participants			
Female	97.1%	77%	80%
Married	34.6%	41%	43%
High School Graduate	27.7%	86%	NA
White Non-Hispanic	18.5%	44%	51%
White-Hispanic	39.3%	20%.	32%
African American	39.3%	17%	4%
Native American	1.7%	3%	7%
Asian/Pacific Islander	NA*	11%	3%

Key Research Findings	Florida 2005-2006 (N=188)	Minnesota 2005-2006 (N=101)	Washington 2003-2006 (N=564)
Low Income (< $20, 000) Median ($20,000 -$44,999) Above Median (>= $45,000) Unknown Income	NA	37% 58% 3% 2%	74% 4% 1% 21%
Unemployed	71.6%	NA	NA
How did participants learn about the support groups?	76% from Healthy Families staff 13% from current support group member, friend or family	Friends/family, social workers and brochures	Friends/family, social workers, other support group members, flyers and brochures
Why do parents join the support groups?	63% learn parenting tips/ideas 49% learn more about parenting 42% meet other parents	Parenting tips and ideas	NA
Previous Experience with Abuse and Neglect	37.2% reported growing up in a home in which at least one type of abuse and neglect occurred.	74% reported growing up in a home where abuse or domestic violence was present.	44% have current or past involvement with Child Protective Services
Number of Group Sessions Attended			
1st meeting Over 10 meetings	21.6% 11.9%	5% 90%	NA
Performance in Outcome Domains (performance objective for Florida was 65% and performance objective for Washington was 60%)			
Domain 1: Improvement in Self-management Skills	Statistically Significant Improvement (t-test, p< .001)	NA	NA

Key Research Findings	Florida 2005-2006 (N=188)	Minnesota 2005-2006 (N=101)	Washington 2003-2006 (N=564)
	79.9% of participants improved		
Domain 2: Quality of the Parent/Child Relationship	Statistically Significant Improvement (t-test, p < .001) 67.6% of participants improved	Statistically Significant Improvement	Statistically Significant Improvement (t-test, p < .05-.001 range across indicators) 72% of participants improved All participants improved by an average of 26%
Domain 3: Parenting Skills or Parenting	Statistically Significant Improvement (t-test, p < .001) 74.5% of participants improved	Statistically Significant Improvement	Statistically Significant Improvement (t-test, p <.05-.001 range across indicators) 78% of participants improved All participants improved by an average of 27%
Domain 4: Support System Awareness and Use	Statistically Significant Improvement (t-test, p< .001) 70.1% of participants improved	NA	Statistically Significant Improvement (t-test, p <.05-.001 range across indicators) 71% of participants improved All participants improved by an average of 26%

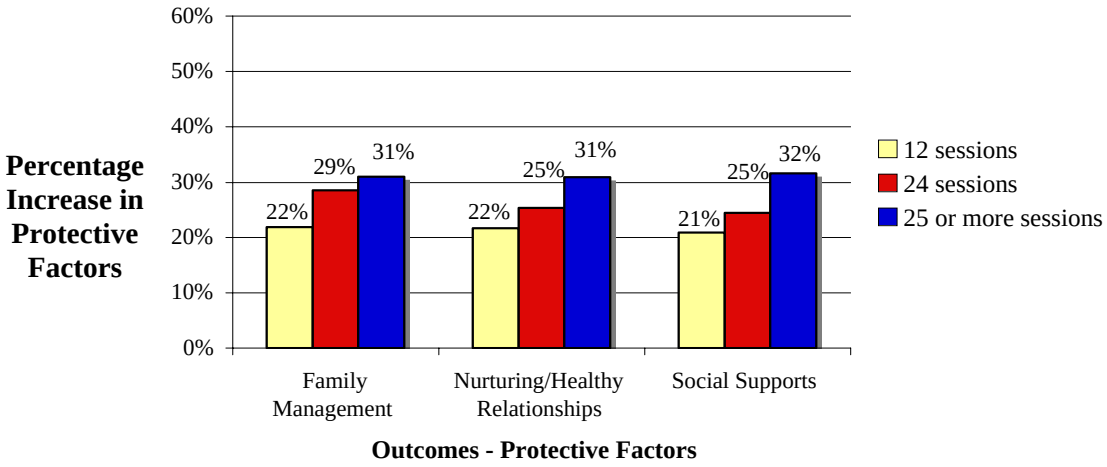
* NA is Not Available

Referring to the findings in Table 2, there are several similarities and differences across the state networks. The characteristics of the participants vary across states, but the participants are still predominantly female and a little over a third are married. A high percentage of parent support group participants is unemployed or has a low income. The racial/ethnicity distributions are very different across states with Florida having a much higher percentage of White Hispanic and African American participants. Parent support group participants are learning about parent support groups in Florida through a home visiting program, other parent support group members, friends or family members. In Washington and Minnesota, parents learn about the groups from social workers, friends and family members. In Florida and Minnesota, interest in learning parenting tips and ideas is an important reason for joining parent support groups. Previous experience with abuse and neglect is evident based on the information collected from participants in all three states. In Florida, 37 percent had experience with abuse and neglect in their home when they were growing up. In Minnesota, 74 percent of the participants reported growing up in a home in which abuse and domestic violence were present. In Washington, 44 percent were either currently involved with child protective services or had experience with child protective services sometime prior to their participation in the support groups.

Performance in the parent support networks has been impressive with the program meeting its contracted objectives for improving across all domains or outcome categories. Performance categories used in all three states refer to parent-child relationship and parenting skills. In Florida and Washington, support system awareness and use was an additional performance domain for which improvement occurred. In Florida, self-management skills is also a domain for which performance is measured and in which the program has been successful in meeting the contracted objective.

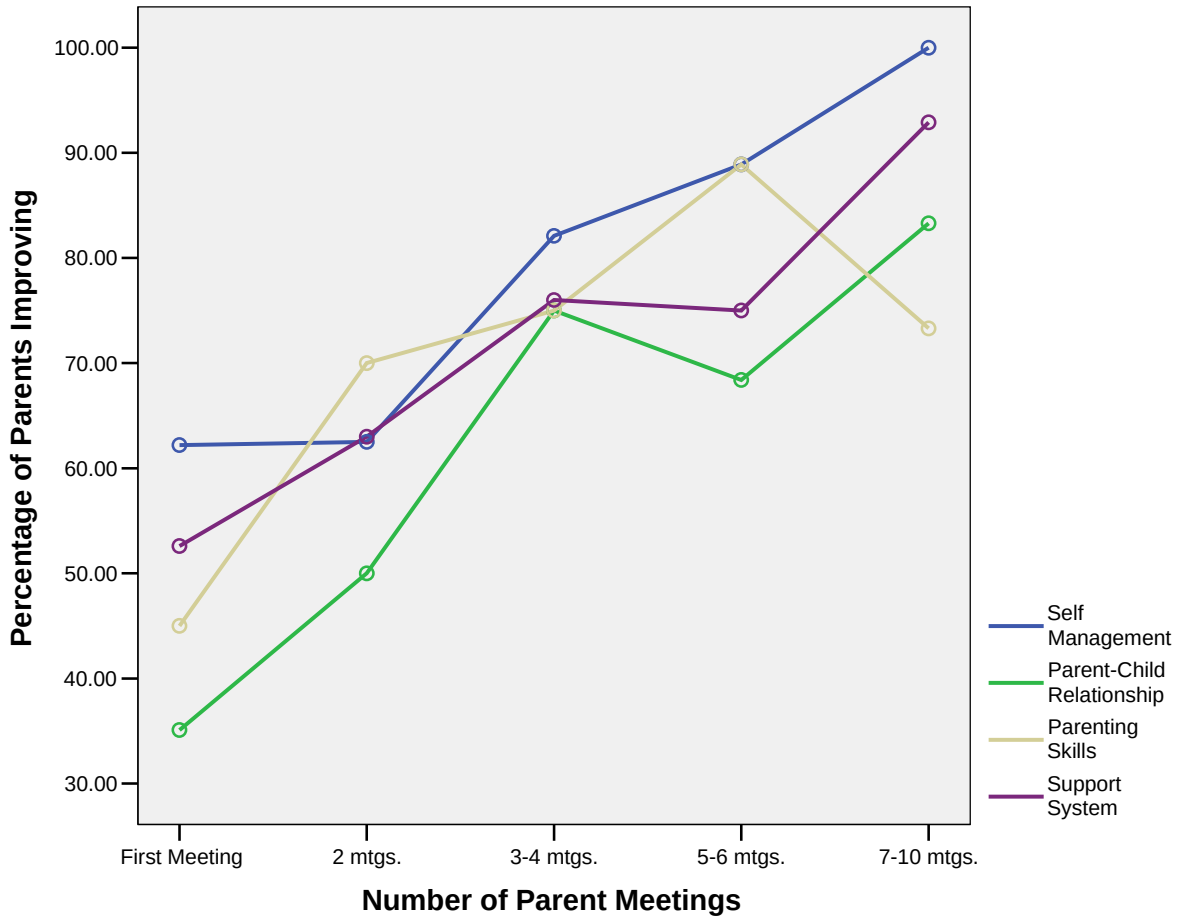
One of the relationships of interest in analyzing the parent support group data is number of support group sessions attended and measures of performance. For Washington, the percentages of participants increasing their protective factors were higher for those attending a higher number of group sessions (12, 24, and 25 or more sessions). Figure 3 illustrates this relationship for each outcome or domain PTWC measures.

Figure 3: Washington Parent Support Group Outcomes by Number of Sessions (2003-06)



In Florida, the relationship between number of group sessions attended and performance in four domains during fiscal year 2004-2005 is pictured in Figure 4.

Figure 4: Florida Circle of Parents Performance on Four Parent Domains, Percentage of Participants Improving, Fiscal Year 2004-05



As participation in the number of support group sessions increases, the percentage of the participants who improve in most of the domains also increases. These types of analyses assist in our understanding of how participation in the group sessions might be impacting the participants.

What are the challenges in evaluating parent support groups?

Through ongoing evaluation of parent support groups is important, several challenges remain. Some of the ongoing challenges presented and discussed at the PCA America Conference in San Diego in May 2006 included:

- Participating in the program and the evaluation is voluntary which leads to lower response rates.
- Translating the evaluation tool into several languages is necessary in order for it to be used by all participants.

- Administering a written survey is difficult as the literacy of participants can be limited.
- Making the evaluation activity meaningful for parents can be a challenge.
- Testing in each ethnic and racial group participating in the support groups is necessary to determine the validity and reliability of the tool.
- Modifying the data collection tool for participants who have been in the program for an extended period of time and have completed the questionnaire multiple times would provide more accurate information on the impact of long-term participation.
- Anonymity of the participants in their survey responses limits the research designs and analytical techniques that can be used to test for improvements over time.
- Outcome evaluation or performance monitoring provides one level of information about participant performance and the effectiveness of the program, but a more rigorous research design is the next logical step in documenting the effectiveness of parent support groups in each measurement domain.

Summary

The investment in mutual self-help support groups has short and long-term benefits as a strategy for preventing child abuse and neglect. Parent support groups serve as an antidote to social isolation that is a risk factor for child abuse and neglect, which positions them to address the family to neighborhood and community levels in theoretical models that are important in explaining and preventing the occurrence of child abuse and neglect. Interest in parent support groups as an approach for preventing child abuse and neglect has been building and parent support groups currently appear in two of three child abuse prevention tiers (secondary and tertiary) in a public health framework promoted at the federal level. These groups are also included in state child abuse and neglect prevention plans. Circle of Parents is a national network of mutual self-help parent support groups that works through state chapters affiliated with Prevent Child Abuse America.

Self-help and mutual aid are the founding principles for success in the mutual self-help support group and have evolved as approaches in social work practice. The Circle of Parents mutual self-help support groups embrace cultural competence, focus on participant empowerment, and accommodate a wide array of participant needs or problems presented by those in a variety of different care-giving roles for children. Parent support groups are also versatile in that they can be successfully implemented as a formal component of another program, as a supplement to another program or as an independent program and still have the potential for lower cost per participant than other interventions.

Evaluations of parent support groups have provided evidence of their strengths as well as limitations. Ongoing evaluations in the Circle of Parents networks in three states, Florida, Minnesota and Washington, will continue to add to the reservoir of information on participant characteristics, reasons for joining the groups, and performance in important parenting domains.

Appendix

Assignment of Questionnaire Items to Performance Domains for Florida Circle of Parents

Item	Question or Item	Domain
3	Have appropriate expectations for the age of your child?	Parenting Skills
4	Hug or show your child (ren) affection?	Parent-Child Relationship
5	Listen to others when they disagree with you?	Self-Management Skills
6	Take your child to the doctor when needed?	Parenting Skills
7	Try to set a good example for your child's behavior?	Parenting Skills
8	Follow through with rules and limits that are set for your child?	Parenting Skills
9	Make time to nurture yourself?	Self-Management Skills
10	Tell your child (ren) you love them?	Parent-Child Relationship
11	Handle stress in a non-violent, non-abusive way?	Self-Management Skills
12	Be with people who support you?	Self-Management Skills
13	Ask for help when you need it?	Self-Management Skills
14	Accept and enjoy each of your children for who they are?	Parent-Child Relationship
15	Reward your child's desirable behavior?	Parenting Skills
16	Have fun with your child?	Parent-Child Relationship
17	Express your feelings (positive and negative) in a non-violent, non-abusive way?	Self-Management Skills
18	Set family routines?	Parenting Skills
19	Handle family conflict in a non-violent, non-abusive way?	Self-Management Skills
20	Feel hopeful about the future?	Self-Management Skills
21	Feel good about your parenting?	Self-Management Skills
22	Listen to your child?	Parent-Child Relationship
23	Learn about community resources?	Support System Awareness
24	Contact services in your community to help with family needs?	Support System Awareness

Assignment of Questionnaire Items to Performance Domains for Minnesota Circle of Parents	
Domain	**Items on Survey Questionnaire**
Parenting Skills/Practices	10. I use spanking to discipline my child. a. Never b. On occasion c. When it is justified by the situation d. Only when I lose my patience e. On a regular basis
Quality of Parent/Child Relationship	11. Which of the following is closest to your belief about loving and supporting your children? a. My children know that I love them because I provide for all of their needs. b. I think love is best demonstrated by setting high expectations c. I think children are better off without a lot of rules and demands d. By providing an adequate amount of nurturance
Parenting Skills/Practices	12. Do you believe that your child is responsible for your happiness? a. Yes b. No
Quality of Parent/Child Relationship	13. When you are upset, do you look to your child for comfort? a. Yes b. No
Parenting Skills/Practices	14. How often does your child do tasks that would typically be done by older children or adults, for example, taking care of a younger child, household chores, yard work, cooking etc.? a. Every day b. Few than 5 times per week c. Fewer than 10 times per month d. A few times each year e. Never
Parenting Skills/Practices	15. What kind of tasks does your child do?_____
Parenting Skills/Practices	16. Your two year old wants to play with china on a hard kitchen floor; you: a. Let her enjoy herself b. Remove the child and plates and try to redirect her attention c. Slap her hand and say, “No” sharply d. Caution her by saying, “Now honey, be careful with the plates. They can break.”
Quality of Parent/Child Relationship	17. When you are on the phone and your child clamors for attention; you: a. Raise your voice asking the child to leave you alone b. Get off the phone as quickly as possible c. Tell her that it is impolite to behave that way d. Leave the room to have the conversation where you won’t be disturbed
Parenting Skills/Practices	18. What activities does your child usually engage in just before bedtime? a. Watches TV b. Reads or is read to c. Active play d. Quiet play e. Eats a nutritious snack

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