

Parenting Resource and Management

A primary prevention program for first-time parents

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Parenting Resource and Management (PRAM), a primary prevention program for first-time parents, was initiated in Melbourne in 1986. It was an adaptation of the American program, Minnesota Early Learning Design (MELD), utilising non-professional couples as leaders who were selected, trained and supported by professionals. The advantages of this program included cost effectiveness, a self-help emphasis and involvement of both parents. Difficulties in establishing the program will be discussed. The program was proactive, and intensive publicity to generate interest was required. Anonymous evaluation reports from the participants indicated a positive response, recognising that the program filled a significant gap in the existing community support structures.

The importance of education and support for people experiencing crisis is becoming increasingly recognised in contemporary society. This includes those undergoing normal life crisis – like the birth of the first child (Caplan, 1961). It is by providing assistance at these vulnerable life stages that the incidence of subsequent mental disorder may be significantly reduced (Bloom, 1963; Caplan, 1961; Danish and D'Augelli, 1980).

Results from a study by Larson (1980) indicate that intervention of a preventative nature is more effective if commenced during pregnancy. Fein's (1976) study also identified a need and desire for parenting education coinciding with the first experience of fathering. Following a process analysis of parents at home, White et al (1979), in their programs for the development of parenting skills, found that first-time parents are more open to change in child rearing practices than parents of two or more children.

A person's effectiveness as a change agent is influenced by their personal characteristics (Bandura, 1969); non-

professionals are perceived as being easier to identify with by some people (Rioch, 1966), and thus are more acceptable as a model. The implications of this are very important when considering the role of non-professionals in community services. A non-professional program also avoids families losing autonomy to professional 'invaders' (Lasch, 1977), and may be less financially exclusive.

MELD

In America MELD generally runs as a two-year program providing information and support for first-time parents in a peer self-help group format. Couple leaders are selected, trained and supported by professionals. Couples join when they are expecting their first child. The group meets two evenings a month, allowing both parents to attend, until the children are two years old. Meetings follow a carefully designed curriculum that focuses on health, child development, family management and parental development.

MELD's philosophy is that there is no one *right* way to parent. Respect and appreciation for the uniqueness of each individual is encouraged. Both parents and facilitators receive a great deal of support from the caring network that is developed. MELD has been running in America for approximately twelve years and has become known as one of the

more successful approaches to parent education.

PRAM

Parenting Resource and Management (PRAM) was conducted under the auspices of the Children's Protection Society, Victoria, during 1986-87; it was financed by the Tattersalls Fund. The program was an adaptation of the American program, MELD. The PRAM trainers were family counsellors from the Victorian agency, Southern Family Life Service Association, who had conducted a pilot program in 1984. The pilot program was the first of its sort in Australia and indicated a need for support for parents in the post-birth period.

AIMS

- To foster parental confidence and ability in child nurturing.
- To increase parental awareness of the physical, social and emotional needs of their children in the early stages of development.
- To prevent maladaptive interactional behavioural patterns between parents and children from developing.
- To provide a social support network for first-time parents.

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PROCESS

Publicity and community outreach

This included written material (press releases to local newspapers) and negotiation with key agencies, that is, infant welfare services, hospitals, community health centres, medical practitioners, hospital physiotherapists.

Recruitment and training of couple leaders

The following criteria were used in the selection of suitable couples:

- Ability to communicate confidently in a group setting.
- Preferably some previous group experience.
- Child rearing skills.
- Healthy relationship and good interaction with each other.
- The ability to be assertive, supportive and flexible.

The initial training for couples focussed on:

- Remembering own pregnancy, parenting, and role expectations.
- Different ways of giving and receiving support.
- Becoming familiar with, and understanding MELD material.
- Practising group activities, through role play and discussion.
- Understanding how adults learn.

Recruitment of participant couples

The plan was to have three groups running concurrently in three different localities, with most referrals coming from ante-natal physiotherapy classes. As a result of too few referrals, groups 1 and 3 amalgamated. Group 2 was postponed for six weeks, as there were only three couples awaiting its commencement, allowing time to locate more parents with newborn babies.

A contributing factor to the low level of participation in the PRAM program was that there were four other groups in the area being offered to parents with babies, thus competing for the new parents' time.

The Program

The MELD handbook outlined a curriculum for the leaders to refer to as appropriate, namely:

The father's role in the family
Mothering

Birth and becoming a new parent
Why babies cry
Handling criticism and advice
Coping with feelings of frustration and helplessness
Childhood illness
Home safety and coping with emergencies
Sexuality
Communication
How babies think and learn
Child development
Nutrition
Language development
Play
Parents are people too

Sessions

- The content of the first session was set by the trainers. Following this, the groups chose their own topics, the trainers acting as resourcers for the leader-couples.
- Introductions, getting acquainted exercise, explanation of the purpose of PRAM.
- Maternal and child health nurse – giving information about their service. Film 'When Baby Comes Home', nappy folding (Group 1).
- Baby massage (Maternal and child health nurse).
- Fathering and mothering roles.
- Accident prevention.

Following this, the groups joined together for sessions which included guest speakers (about once a month), covering the following topics:

1. Post-natal blues (psychologist).
2. Common baby ailments – when to take baby to the doctor (paediatrician).
3. How babies learn through play – what games parents can play with babies (paediatrician, occupational therapist).
4. Couple communication (social worker – one of the trainers).
5. Final meeting – social evening.

EVALUATION

Telephone survey

After three sessions, all parent couples were telephoned to establish whether the group was meeting their needs (Appendix 1). The majority expressed enthusiasm, especially the fathers, who felt they could safely discuss and learn about their babies in the group – their only opportunity outside the home. However, one male participant, who came from a large

supportive family, thought that the program would benefit from more 'expert' involvement. The mothers generally felt that they liked being with other people with babies of the same age, they especially enjoyed sharing the experience with their husbands.

One mother ceased participation in the group shortly after its commencement. She had experienced a difficult birth, her baby had thrush and weight problems and she was feeling insecure in her new mother role. Another mother, who had registered to attend with her husband, did not attend at all. Her baby was screaming a lot and she did not want to unsettle her further. In both instances the Maternal and Child Health Nurse was alerted and supportive involvement was increased. Both of these mothers stated that the program was a beneficial service.

Questionnaires

Anonymous questionnaires were completed by each parent (husband and wife separately) at the final session of the program (Appendix II). All twelve participants completed the questionnaire. Two-thirds of the participants rated the program on the highest scale – 'Very useful'; the remainder rated it as 'Satisfactory'. The words they used to explain what was gained from the program primarily fell into two categories – 'support' and 'information'.

When asked if there was anything they thought should have been done differently, two-thirds replied 'No'. The remaining comments were basically constructive criticisms, for example, 'more couples, perhaps more advertising'; 'two hours goes too quickly'; 'it would be better to have it as an ongoing process with new couples joining'.

All of the participants responded positively to the attitudes of the leaders. The responses to whether the guest speakers were helpful were also positive, with one suggestion that the paediatrician should have been there at the start.

When asked if a program like PRAM is useful or whether there are already enough resources for new parents in the community, it became apparent that the participants believed PRAM to be a unique service, especially in terms of meeting others in a similar situation. Some suggested it needed to be more widely advertised.

When asked whether they would like to be leaders in a future PRAM group, two participants answered 'Yes', four 'Possibly', five 'No', and one 'No answer'.

The constructive suggestions offered by the participants were to keep the groups small, and encourage commitment of members in the initial stages to facilitate group cohesion.

Leader couples' feedback

The four leader couples said they benefitted from the program. They enjoyed their involvement as a couple as it gave another dimension to their marital relationship. They also felt they had gained in knowledge both concerning child care and group skills. All leader couples expressed interest in being involved in facilitating another group in the future, and their disappointment at the discontinuation of the program. Two less experienced leaders felt very positive about the initially low numbers in their group, as it ushered them into group leadership gradually.

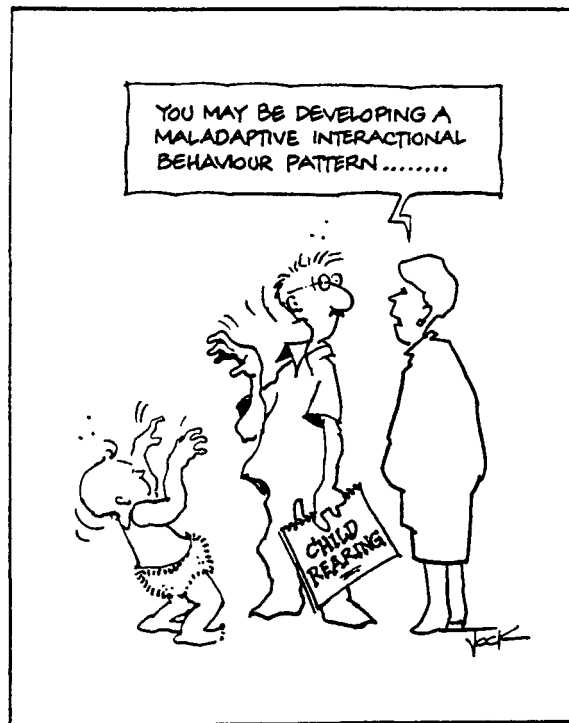
Summary

It would appear that the program has been perceived by both participants and leaders alike as very worthwhile and both leaders and parent couples expressed disappointment at its discontinuation. Whilst PRAM did attract two parent couples who were experiencing serious difficulties with their babies, the leaders were unable to gain their continued attendance. Trainers made contact with these parents and arranged follow-up from relevant local authorities.

Discussion

While the program was successful in that it appeared to benefit participants and volunteer leaders, the numbers of participants were disappointingly low. Considering that the program was a new concept in the Australian community, it was probably unrealistic to attempt the commencement of three groups simultaneously. A more appropriate approach would have been to stagger the commencement of the three groups throughout the year, in the one geographical area. This would have provided access for parents of babies born during most of that year. It may also have assisted publicity, group members recommending it to others whose babies were due later. Of course this approach would have extended the duration of the twelve month program, which would then have presented funding difficulties.

Publicity and the associated networking proved to be very time consuming, but crucial. Community feedback concerning



the concept was very positive. Although medical practitioners supported it verbally, there was no active support in that none attended the first meeting of key community workers or made referrals to the program. Promotion of the program by general and obstetrical practitioners with relevant expectant parents would have been very helpful. The trainers' previous experience indicates that responses to the program were very positive when doctors recommended it.

Most of the referrals were made by antenatal physiotherapists, and Childbirth Education Association leaders. Later, when it was decided to include couples who had already given birth, the Nursing Mothers' Association was particularly supportive. Although, initially, there was enthusiasm from the Maternal and Child Health Area Supervisors and Nurses, the majority of them were not generally prepared to refer to the program. However, when invited by the groups to speak at sessions, they were pleased to participate and made very helpful contributions.

The program complemented the role of the Maternal and Child Health Nurses. Some were conducting support groups, however, these were run during the day and attendees were predominantly mothers. Additionally, these groups were run by professionals, compared to PRAM which had a 'self help' emphasis, being run by volunteer parent couples.

The use of peer or non-professionals in Primary Prevention Programs would seem to be an effective and economical way of mobilising and empowering valuable community resources (Danish and D'Augelli, 1980; Zax and Specter, 1974). Research in the area of Social Learning Theory indicates that people identify with care givers, leaders and so on, who are most like themselves. As Bandura (1976) states, 'most of the behaviours that people display are learned either deliberately or inadvertently, through the influence of example' (p. 5). Paraprofessionals, in the welfare field, can achieve clinical outcomes equal to or significantly better than those obtained by professionals (Durlack, 1979).

Unfortunately, marital and family agencies and Community Health Centres are generally 'hard pressed' for funding and give higher priorities to direct problem and crisis oriented service delivery. The

tendency is to intervene at secondary and tertiary levels, which attract funds more readily than primary prevention and associated research (Clark and Viney, 1979).

Lack of evaluation of programs is also a continuing concern (Schultz, 1985). In the case of this program it may be argued that evaluation would have been more effective with a control group (which trainers used previously with the MELD pilot program) and long term follow-up (Schultz, 1985). However, the numbers of would-be participants were not sufficiently high and there were funding constraints. More importantly, Eastman (1983), in her study of available programs and their evaluation, found that the results of studies without control groups were consistent with studies using traditional empirical design.

Comments from both participants and leader couples indicated that they believed their marital relationship was enhanced by their involvement, as a couple, in the program. Beck (1975) has concluded that improvement in the couple relationship has effects that extend beyond that relationship. 'Improvements to not only the couples' relationships with their children but also to other aspects of family functioning, to total family functioning and to the interaction of family members with the larger social network' (p. 154).

According to Eastman (1983) there is conflicting evidence as to whether this

style of family education program is suitable for a broad section of families or only for the middle class. Payne and Leung (Payne and Leung, 1978 in Eastman 1983, p. 47) claim that, often, working class couples prefer segregated roles. The experience of PRAM, however, indicated that couples from a wide cross section of the community were attracted to the program and continued to attend.

There is ample evidence of a link between lack of social support and maladaptive parenting (Avis, Turner and Noh, 1986; Gray, Cutler, Dean and Kempe, 1977). Feedback from group participants indicated that they gained much needed support from attending this program. Two couples who were experiencing obvious problems with their parenting discontinued attendance, however, they were then linked into other services. It seemed that in both cases at least one partner had difficulty communicating within a group setting. These couples were able to accept a 'one to one' helping relationship more readily.

Carefully selected and trained leaders with on-going support was critical for the maintenance of a high standard of service delivery and subsequent consumer satisfaction. Some couples who requested to be leaders had to be rejected. Reasons for rejection tended to be communication difficulties and inability to flow together as a couple, or a particular attitude which would be non-facilitative in a group setting, for example, tendency to operate in an authoritarian manner.

Group needs within the Australian context appeared to differ from the American experience. MELD tends to follow a set curriculum, while the PRAM groups preferred to choose their own format and topics. Although the MELD handbooks were available (and comprehensively set out), and drawn on by parent leaders and trainers from time to time, generally information and materials were obtained from local sources. It also must be noted that in the USA there is no Maternal and Child Health network and therefore Australian mothers are more informed in some areas.

This program is quite different to existing approaches to parent education in Australia. The length and timing of the program, the use of the peer support model, the involvement of volunteer parent couples to run the program, and the participation of both fathers and mothers make this a realistic primary prevention program. ☉

Recent enquiries by the author reveal little evidence of parenting programs operating today which include the positive features of this model. Most appear to be run by professionals, meet during the day and start some time after babies are born. There appears to be room for more development of early start programs, using peer input, timed and located for access.

Editor.

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APPENDIX I

Telephone Survey - Conducted after three sessions.

1. Is this group what you were hoping/looking for?
2. What do you like about it?
3. What don't you like about it?

APPENDIX II

Questionnaire - distributed at conclusion of program.

1. Did you gain from attending? Very useful, satisfactory, to some extent, not very satisfactory (please tick appropriate rating). If you gained, can you explain in what way(s)?
2. Is there anything you think should have been done differently?
3. What was the overall attitude of the leaders? (Enthusiastic, indifferent, helpful, encouraging, etc.)
4. Were the guest speakers helpful? Would you like to have heard different topics and/or speakers?
5. Is a program like PRAM useful or do you think there are already enough resources for new parents in the community?
6. Would you like to be a leader of a PRAM group in the future?
7. Please make any constructive suggestions you wish on the method of presentation and any other comments.