The Family Life Education Programme

David Mellor and Shane Storer

This paper describes the development of the Family Life Education Programme, an innovative group approach to parenting issues. The programme aims to (i) utilise the strengths of a multidisciplinary allied health team and (ii) to avoid focusing on the limited issues of child management and discipline. Previous styles of parent education groups are discussed, together with their shortcomings and the authors' frustrations with such approaches. The rationale for the format of the new programme is described, and the detailed structure outlined. Two innovations are highlighted. Firstly, the programme focuses on issues from both the child and parent perspective (eg, child's play/parents' recreation). Secondly, the six-week programme uses professionals from various disciplines as weekly consultants, while one member of the team provides week-to-week continuity as an anchor. The programme is evaluated in terms of the impact on the multi-disciplinary team, and the feedback from participants. It is argued that the Family Life Education Programme offers a balanced approach to the many issues confronting parents of young children and it could be implemented not only within multi-disciplinary teams, but also co-operatively across agencies.

During the 1950s and 1960s parent education programmes tended to follow a didactic format designed to impart knowledge from 'teachers' to 'learners'. More recently though, the focus has been on experiential and more dynamic learning methods, resulting in the development of highly-structured, theoretically based packages. Examples of such packages include the STEP programme (Dinkmeyer & McKay, 1976) and the PET programme (Gordon, 1970). These types of programmes focused on a variety of aspects of family life including parent role performance, techniques of management and discipline, the importance of communication within the family, and personal growth.

These programmes have been very popular in Australia, as noted by Davies (1978), Allan and Schultz (1988) and Eastman (1983). One reason for their popularity may be seen to be their ready availability and useability. Another is that the packages have allowed leaders to rely on the security of delivering a complete and structured programme. However, such programmes can be criticised as being too mechanical and technical in their approach, scapegoating parents, claiming to have all the answers and oversimplifying the dynamics and range of family life. They may also have the potential to reduce parental self-esteem and confidence, and generate unnecessary feelings of guilt by focussing on what parents do wrongly (Doherty & Ryder, 1980, Allan & Schultz, 1988).

Fortunately, the last few years has been an exciting period in the field of parent education with many new and innovative programmes emerging as practitioners began to question the formats of frequently-used programmes from the 1970s and 1980s. *The Parent Help Programme News and Information Bulletin* has been one medium through which many of these new ideas and approaches have been telegraphed. The bulletin 'advocates the development of flexible programmes which build on the confidence and existing skills of parents' (1991, p.1). Some of the programmes described in the bulletin include:

- fathers parenting groups;
- teenage parents groups;
- groups for parents from non-English speaking backgrounds;
- programmes for isolated mothers;
- separated parents groups;
- work with vulnerable families.

One of the advantages of the new lateral thinking in parent education is that flexible programmes are being created and constructed in a way that best balances family needs and agency resources.

It was within this context that the authors developed the programme described in this paper.

The programme evolved within the confines of the Health Department Victoria South West Child and Family Health Services, which offers an allied health service to families with children between the ages of 0 and 6 years. The Allied Health Team includes the following disciplines:

- Occupational therapy;
- Dietetics;
- Psychology;
- Physiotherapy;
- Social work;
- Speech pathology.

The service is based in the south west of Victoria and covers the region with a visiting service. Many of the agency's referrals come through Maternal and Child Health, pre-schools, parents and paediatricians.

The authors had long felt that traditional parenting programme styles (STEP, PET and Responsive Parenting) fail to utilise the strengths, knowledge and diversity that abound within the allied health team. This notion, and the teams' relative role rigidity had previously excluded the majority of allied health team members from involvement in parenting programmes.

David Mellor, Lecturer in Psychology, School of Psychology, Deakin University, Warrnambool, Victoria.

Shane Storer, Social Worker, Child and Adolescent Psychiatry Team, Warrnambool Base Hospital, Victoria.

The authors also felt that parenting was only one aspect of family life that educational programmes should reflect on. Indeed, past experiences of running parenting programmes left the concern that their focus was in effect disempowering parents. Although cognisant of parental desires to develop effective methods in child management, a great need for parents to place this in perspective was evident - that is, effective parenting is just one component of family life that deserves reflection.

It was argued then, that it is essential for parents to see that effective parenting is dependent on many other aspects of their family life. This is consistent with Davies' (1978) conclusion after his comparison of six models of parent education used in Australia. He recommends that in addition to parenting skills emphasis, other dimensions of parenting should be targeted. These include:

- knowledge of the normal developmental and psychological needs of children;
- more emphasis on the family as an interactive unit;
- some emphasis on cognition, because Piaget and others have shown that socio-emotional and cognitive development go hand in hand;
- involvement of parents in the planning and implementation of their own parenting programmes, so that professional intervention does not lead to loss of confidence in their self-worth and common sense.

While Davies' suggestions are a good start, the author's view is that in addition, programmes for parents should take an even more holistic view of family life. For example, they should also consider:

- individual, family and societal changes;
- ages and stages of individual and family development;
- intra-familial relationships;
- balancing work and recreation/play;
- general family health.

To focus just on the behavioural component leaves many parents only partially satisfied. The authors felt that this was unsuitable for those parents who had difficulties or lacked skills and knowledge in other aspects of family life.

It soon became apparent that we had to rid ourselves of the phrase 'parenting programme' because the term created an image of misbehaving children and consequently methods of controlling them. These notions excluded much of the allied health team. In short, the aim was to develop a complete family life education programme.

The authors felt that in developing any new programme they would need to free themselves of the standard parenting programme mind-set, and aim to achieve the following:

- Utilise the strengths of the entire allied health team in an area from which they had been previously excluded;
- meet the needs and expectations of the participants;
- strike a balance between education, prevention and group self-support and learning;
- allow the team members to develop their skills through the challenge of achieving the above goals.

The Model

The next task was to develop a model that would include all allied health team members. The problem was to avoid the development of an impersonal, disjointed educational group that prevented parents from reaching out and helping each other. The need was to ensure a balance between educational input and supportive group development.

For these reasons it was decided to use the social worker as the 'anchor' for the programme, with a different team member contributing their expertise to the group each week. The purpose of this was to:

- ensure continuity;
- encourage group dynamics to take their course;
- allow each of the team members to contribute their expertise within the overall sequential framework of the programme described below.

Six themes relevant to the expertise of the team were chosen: families and change; growth and physical development; communication; play; behaviour; and food. It was recognised that each of these is an essential aspect of family life.

However, as stated above, the purpose of this programme was to divert away from the narrow parenting focus of other programmes. It was decided therefore to have a dual focus of child and parents concerns within each session.

It was argued that the 'anchor' role could be very useful in meeting the above concerns. Each session would be divided into two parts. In the first part, the visiting team member focused their theme on children and developmental issues, while in the second, the facilitator/anchor would direct the same theme toward the parents and family issues.

It was felt however, that the anchor person ought to facilitate the entire first week alone to encourage group cohesion from the outset.

Recruitment and Target

As has already been pointed out, the Child and Family Health Services has an early childhood focus. It was families with children in this age group therefore, that were targeted.

The group discussed in this paper was made up of thirteen parents recruited through the local Maternal and Child Health Centre. The centre was chosen for two reasons. Firstly, it would ensure that all parents would have a very young child, guaranteeing some commonality between participants. Secondly, this was an agency with which the Child and Family Health Services already liaised well. This limited the amount of 'set up' and 'hard sell' work required. Maternal and Child Health Sisters would recommend the programme to parents, with the recommendation coming from a familiar and trusted person. Subsequent programmes targeted pre-schools for similar reasons - that is, similar aged children, and use of established networks.

On receiving a list of interested parents, each parent was followed up with a phone call. The programme was explained at some length in the hope of eliciting enthusiasm and to secure commitment from the parents. Parents were encouraged to propose topics in which they were especially interested. These were recorded and fed back to the planning sessions

conducted with the allied health team. Folders were then created and sent to applicants. These were carefully designed to encourage parents to respect the professionalism, organisation and commitment of the programme. Folders were simple manila folders but were headed with the applicants' names, programme title and artwork. Inside, the folder included a letter of invitation and explanation, a list of applicants and a programme outline.

The table below gives an outline of the programme model.

Week 1: Families and Change

The first week had three broad goals:

- to begin the process of group cohesion and trust;
- to establish the group's goals for the programme;
- to look generally at the topic of families and change.

The social worker led the group for the entire session. It was felt that this would be important in encouraging the group off to a secure and relaxed start.

Topic	Child Focus	Parental Focus
Week 1 Families and Change	Individual, family and society change. How is it influencing children? **Social worker**	Individual, family and society change. How is it influencing parents? **Social worker**
Week 2 Families, growth and physical development	Ages and stages: what to expect **Physiotherapist**	Ages and stages in family life: moving through **Social worker**
Week 3 Families and communication	Children's speech development: what to expect **Speech pathologist**	Getting the message across: finding solutions and keeping in touch. **Social worker**
Week 4 Families and play	How and why children play: getting the most from play **Occupational therapist**	Balancing work and play: our needs and our children's needs **Social worker**
Week 5 Families and behaviour	Is it all fun? Out of control **Psychologist**	It's not all fun Taking control **Social worker**
Week 6 Families and food	'I don't like that' Why bother? What food **Dietitian**	Food facts and fallacies. Social aspects of eating. Managing the media. **Social worker**

After appropriate joining exercises the group listed their goals for the programme. These were recorded on butchers paper. It was intended that these would provide direction for group leaders as well as providing the benchmark for the evaluation in the last week.

The general topic of families and change was explored through such questions as:

- why are families different these days?
- how children have changed?
- how parents have changed?
- how parenting has changed?
- how roles have changed?
- how social expectations and rules have changed?
- what were the participants' aspirations for family life?

Week 2: Families Growth and Physical Development

The first hour provided a focus on children's physical growth and development by the team's physiotherapist.

The emphasis of the hour was to give parents information on what to expect and how best to facilitate a child's physical development at different ages.

The second hour shifted the focus away from children's growth and development to the parents' growth and development, including personal ideals and values (where they come from and how they change), influence of family of origin, and individual and family life cycle development.

Week 3: Families and Communication

The first hour saw the speech pathologist focus on children's speech and language development and what parents should expect in the areas of comprehension, sound and language, memory, perception and fluency.

Parents concerns were addressed regarding their own children's speech development.

The second hour focussed on communication between couples and between parents and children. Topics discussed included 'couple' talk, conflict, management, speaking to be heard, and hearing your children.

Week 4: Families and Play

The occupational therapist looked at how children play, why they play, how to get the most from play, how have children's play conditions changed, skills children develop through play and considerations for parents.

The social worker then looked at how parents balance the needs of both work and play. Issues discussed included balancing our health and our children's health, protecting parents' time from child interference, keeping your job, keeping house and keeping calm.

Week 5: Families and Behaviour

The psychologist discussed children's behaviour, what motivates them and ways of managing them. The second part of the session directed the focus to understanding and changing parental behaviour.

Week 6: Families and Food

The dietitian directed the discussion of food in relation to the entire family. Issues discussed included eating habits, feeding the family, avoiding food problems and confrontations, and enjoying food.

The second part of the session allowed for a review of the goals as stated in the first week. To conclude, an overall assessment was completed by the participants.

On the night

As has been explained, each session was divided into a child and parent focus. All information was recorded on butcher's paper and clearly marked as to which week it pertained. Each week the butchers' paper was put back up on the wall, so that parents could review their work and take some pride in and ownership of their output. It also allowed both parents and presenters to refer back to points arising during past sessions.

All information was minuted from the butchers paper on to A4 paper and given to group members the following week. They put these into their individual folders or 'manuals' as they became known. Presenters also gave out information on their topics from week to week which parents included in their manuals.

The manuals thus became a creation of both parents and professionals. Parents spoke of their manuals as a resource they could go to for help.

To link the programme from week to week, parents were asked to carry out a simple homework task as decided by the following week's presenter. This provided a ready made warm-up exercise and linked the group to the following presenter.

Evaluation

The team had a number of ways of evaluating the programme's effectiveness. Parents were asked to fill out evaluation sheets at the end of each session. This asked for a rating of the session out of ten, plus answers to a number of questions. The mean ratings for each session are shown in the following table.

Session	1	2	3	4	5	6
Rating	9.2	7.6	9.1	8.6	8.0	9.3

The questions asked included:

- what did you like about this session?
- what could have improved it for you?
- was there anything you disliked or felt uncomfortable about?
- what was your major learning?
- are there any comments you want to make about previous sessions?

Although it is not possible to quantify responses to these questions, in general the quality of the responses indicated that participants felt positive about the sessions and believed that they had benefited from each of them.

A second evaluation was filled out at the end of the final session. Before the evaluation was completed, the group reviewed the goals as chosen at the outset of the programme. These goals, their achievement and their appropriateness were considered.

Questions asked in the second questionnaire (with their mean ratings) included:

1. In your opinion were our goals met? (8.8)
2. How useful was this programme to you? (9.4)
3. How useful did you find doing the homework? (7.7)
4. Did you find the session structure useful? (eg, guest therapist discussing child-oriented issues in the first half, and social worker discussing adult-related issues in the second) (8.8)

Additional questions sought qualitative response. These included:

5. What could have improved the programme? (Responses: ongoing meetings, more discussion time, not being so tired at night, twelve sessions instead of six).
6. If you were to inform a friend about this programme, what would you say was your major learning? (Responses: raising children can be fun, parents should be confident and enjoy their children, your background has a major influence on your family aspirations, how to be in control of yourself and your life, how to deal with conflict, 'we're doing OK').
7. Are there any final comments you want to make about the programme? (Responses: excellent, well coordinated programme, excellent non-instructive leadership, should be continued, exactly what our family needed).

A third evaluative technique was to consider retention rates, which ought to be indicative of participants' commitment to the programme. The retention rate of participants was very high. Of the seventy-eight units of possible attendance (thirteen participants by six sessions), only four sessions were missed.

Discussion

The family life education programme was successful in a number of ways. Most importantly it achieved the aims and goals directing the programme's inception in the first place.

Firstly, it 'met the needs and expectations of the participants'. Parents regarded the program as highly relevant and beneficial. Both the weekly and overall feedback sheets indicated participants regard in this respect. The low dropoff rate was further testimony to this. Participants in this group felt strongly enough about the programme to send a letter to the local paper complimenting and recommending it to other parents. The group also planned a reunion for three months after the conclusion of the programme, to which

all participants returned. It was apparent on that night that a number of close and supportive friendships had been formed as a result of the group. The group developed a strong self-support component.

Another goal from the planners' perspective, that the group would 'strike the balance between education, prevention and group self-support and learning' was also met. Parents held their F.L.E.P. manuals in high regard. They spoke enthusiastically about them as resource manuals loaded with helpful information. The feedback sheets indicated that parents felt sufficiently 'in-serviced' from an educational perspective the other component of the above-mentioned goal.

A further goal for the planners was to create a programme that shifted the emphasis away from child management and onto family life generally. Parents responded enthusiastically to this holistic approach. The emerging view in the groups was not limited to the linear approach of 'this behaviour causes this response', or, 'he does that because...' Rather, this group and subsequent groups developed a more systemic/circular view of family life. Parents made connections between:

- Individual and family life cycle issues;
- what couples brought with them from their families of origin;
- family and individual decision making processes;
- general family health;
- the process of managing the balance between work and home;
- the interconnectedness of family relationships, individual needs and family values and beliefs.

It is noteworthy that the qualitative responses to the questions about the programme generally focused on the positive and healthy aspects of family life. To this end, it was felt that participants left the programme with an enhanced and enlightened view regarding the dynamics of family life, a primary goal of the programme.

The programme was also successful in achieving another important goal, that being that it had been able to 'utilise the strengths of the entire allied health team in an area from which they had been previously excluded'.

The process allowed some of the therapists to develop workshop styles they had not tried before. They were able to utilise their discipline specific knowledge in a format that embraced group processes. Whereas in the past these disciplines had not seemed relevant in the old child management focused parenting programmes, they were now critical to the success of this new approach.

> *The very process of working co-operatively to develop a programme that ensured the purposeful input of all, forced the team into a new stage of professional growth.*

The development of the family life education programme affected the team in a number of ways. It broadened the focus of team members, enhanced team functioning and lead to a more cohesive group of professionals. The very process of working co-operatively to develop a programme that ensured the purposeful input of all, forced the team into a new stage of professional growth. In many ways the circular thinking about the dynamics of family life for parents was paralleled in the allied health team. That is, the team had to dispel notions of delivering individual, self-contained segments and change to a format in which all topics had a connectedness that held the programme together. This ensured one dynamic programme rather than a series of educational talks.

The programme style has proved to be both adaptable and versatile. A number of other Child and Family Health Programmes across the state have been able to adopt variations to suit both team constellations as well as consumer preference and need. This again highlights the capacity of the programme format to run the balance between maximising the use of agency personnel and resources, while keeping in touch with consumer need and demand.

The programme also has the capacity to operate across agencies, to improve inter-agency cooperation, understanding and networking. Programmes running under a similar design have been developed between School Support Centres, Psychiatric Services and public hospital staff within South Western Victoria. This proves to be a very efficient and collaborative use of resources. It is particularly useful in rural areas where services are thinly spread at the best of times.

In conclusion, the notion of bringing parents together to discuss issues of parenting has always been of great benefit to them. The models and approaches to programme delivery continue to change to meet both the availability of resources and parent demand. The last few years has seen the development of many new and innovative ideas in this field. Workers and agencies have a new liberated thinking toward the design and delivery of such programmes. The delivery is limited only by our imagination and ability to work creatively and co-operatively with other workers. The Family Life Education Programme is an example of an innovative and flexible approach. ♦

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