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The role of narrative therapy techniques in fostering parent self-efficacy

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Therapy Techniques in
Fostering Parent Self-
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ABSTRACT

The purpose of this study was to explore whether narrative therapy techniques helped to foster self-efficacy in the context of parent education. In particular this researcher was interested in whether utilizing a narrative approach while facilitating a parent education class would result in parents feeling more confident in their abilities as parents then in a parent education class utilizing a different pedagogy. Two focus groups were held with two parent education groups, two interviews were conducted each with one facilitator from each parenting group and a pre- and post- parent self-efficacy measure was given at the beginning and at the end of each of the parent education series. The findings of this study suggest narrative therapy, when used in the context of parent education, may contribute to an individual's propensity to make meaning from her past experience, and that this meaning making may contribute to learning and ultimately increased parent self-efficacy.

THE ROLE OF NARRATIVE THERAPY TECHNIQUES IN FOSTERING PARENT

SELF-EFFICACY

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Masters in Social Work.

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INTRODUCTION

Growing up I felt as though I was perpetually engulfed in a cloud. Unable to see or think clearly, I was incapable of focusing and paying attention. I struggled in school and never felt that I was smart enough or capable enough. This experience affected my self-confidence deeply. Not only did I doubt my intellectual ability, this insecurity bled into all aspects of my life. My story was one of incompetence.

For my thesis I found myself drawn to the idea of self-efficacy. Perhaps this stems from my own experience, from learning that if I didn't believe in my own capacity to achieve I had nothing. Additionally, during my first placement in a therapeutic day school I began to notice the impact of the clinician's attitudes on the relative progress and healing of the students. There were times when clinician's made comments, which seemed to drench the students in their own story. For instance, when describing one student's behavior the clinician reported "that's just Joe being his narcissistic self." During that same placement I came upon a book entitled "narrative therapy: the social construction of preferred realities" by Jill Freedman and Gene Combs. It was in this book that I found what I thought might be a therapeutic approach that could offer a paradigm from which all of those formally pathologized students could be liberated from the problem saturated, stigmatizing stories that were holding them captive.

Since my year of volunteering with AmeriCorps when I was a teacher's aide in a North Philadelphia classroom in the lowest income school in the state of Pennsylvania I was drawn to working with parents. I thought if parents received support then the children were the immediate beneficiaries.

Last summer I found an article that described two parent education classes using the same curriculum. The major difference between the two groups was that one group was being led by a facilitator using a narrative therapeutic approach. It seemed that this was an opportunity to explore the relationship between narrative therapy and parent self-efficacy. Here in lied my question: *Do narrative therapy techniques help to foster parent self-efficacy in the context of parent education?*

The purpose of this research was to explore whether narrative therapy techniques could support parents to believe in themselves as effective parents. The literature demonstrated that parent self-efficacy may lead to positive parenting practices (Ardelt & Eccles (2001) yet there was minimal literature on approaches to parent education that were likely to foster or promote the development of parent self-efficacy. This study aimed to broaden the conversation regarding parent education from being focused on teaching particular skills, to thinking more about *how* the skills are taught and whether that approach impacts the learning experience for the parent.

CHAPTER II

LITERATURE REVIEW

Introduction

The focus of my paper is to explore whether a narrative therapy approach to parent education is effective in developing parent self-efficacy among parents. The need for further inquiry into the topic is as a consequence of research that shows parent self-efficacy leads to more competent parenting practices. This is particularly true for low-income parents who face significant environmental stressors (Ardelt & Eccles, 2001; Elder, Eccles, Ardelt & Lord 1995).

Bandura discusses four main sources for developing self-efficacy. These include mastery experiences such as having success with a particular task. Vicarious learning which may involve observing a person with whom the individual identifies experiencing success with a task and thinking to him/herself "I can do that." Social persuasion involves another individual offering encouragement and communicating his/her belief in the person's ability to accomplish a task. Finally, somatic or emotional states occur when a person feels a positive mood that she associates with her particular accomplishment.

Historically, there have been few parent education or training programs that emphasize the development of parental self-efficacy as the main goal of the program. Conversely, parent education programs often emphasize teaching parents certain

information on child development or skills centered on themes such as communication and discipline.

Narrative therapy, its theoretical orientation, philosophy, and techniques offer an approach which provides a person with the learning opportunities for the development of self-efficacy outlined by Bandura. A major tenet of narrative therapy is that individual's problems are developed and occur within a social context as opposed to existing as inherent to the individual (Semmler & Williams, 2000). A particular technique reflected in this concept is "externalization of the problem," that is separating the person from the problem. For instance if a person describes situations in which they experience extreme stage fright, then in the process of deconstructing that experience the client may describe how scared and fearful he/she is as a person. However a narrative therapist applying the externalization technique may ask the client how and when he/she notices this fear beginning to take over. This way the fear is a separate entity from the individual, one that is negatively impacting the person.

Some narrative therapists argue that the power dynamic in traditional forms of therapy, where the therapist is the interpreter of the client's experience, inherently undermines the client's own experience of his/her own competence (Monk, Winslade, Crocket, & Epston, 1997 as cited by Semmler & Williams, 2000). Similarly, in the context of more traditional approaches to parent education, where the facilitators' teach "parenting skills," the power dynamic of the holder of knowledge and the receiver of that knowledge inherently questions the parent's experience of her competence as a parent. The researcher hypothesizes that features of the narrative therapy approach provide a framework to support parents in the development of parental self-efficacy.

This research has implications for parent educators/trainers as well as for practitioners who work with children and families, particularly those who live in isolated and dangerous neighborhoods. The results from this study could indicate whether narrative therapy techniques could be a useful tool when working with parents who are struggling with parental self-efficacy along with their effectiveness as a parent. The purpose of this research is to explore whether the use of narrative therapy techniques can support the development of parental self-efficacy. The research question being asked is: *In the context of parent education do narrative therapy techniques help to foster parent self-efficacy?*

The literature review will cover the theoretical and empirical research that demonstrates why parental self-efficacy leads to more competent parenting practices. Bandura's (2004) theory for the sources of the development of self-efficacy will be presented as well as some studies that demonstrate the role of parent self-efficacy in child development. Information on the history of parent education will be offered highlighting some of the gaps in the literature: For instance, lack of emphasis on the sources of learning self-efficacy in addition to the dearth of literature regarding the methods by which parent education and training programs teach parenting skills. Finally, the narrative therapy approach to parent education will be briefly outlined. Articles using narrative therapy with parents will be highlighted and parallels will be illustrated between Bandura's theory for the sources of learning self-efficacy and some specific narrative therapy techniques.

Self-Efficacy

Bandura defines self-efficacy as "self-perceptions of one's behavioral competency or ability to execute specific actions in certain situations" (Coleman & Karraker, 1997). Parental self-efficacy is defined as "the parent's belief's in his or her ability to influence the child and his or her environment to foster the child's development and success" (Ardelt & Eccles, 2001). For Bandura, parenting self-efficacy should include both the degree of specific knowledge the parents believe they have in addition to the extent that the parent feels confident in their ability to facilitate the parenting behaviors (Coleman & Karraker, 1997).

The empirical literature on parent self-efficacy suggests a strong correlation between maternal self-efficacy beliefs with maternal competency. For instance, Teti & Gelfand (1991) found that parent self-efficacy was a mediator between various psychosocial factors and maternal competence. In other words, adverse environmental factors are not necessarily what make parenting difficult, but rather when mothers don't believe in their ability "to influence the child in his/her environment" then that belief translates to a self-fulfilling prophecy.

Promotive parenting strategies could be considered evidence of maternal competency. Promotive parenting strategies are activities that help to foster children's interests and skills in part, to prevent future problematic or negative behaviors and experiences (Furstenberg, Cook, Eccles, Elder & Sameroff, (1999). Ardelt & Eccles (2001) found that parents with parental self-efficacy are more likely to use promotive parenting strategies.

In their year-long study of adolescents living in inner city Philadelphia Furstenberg et al (1999) indicate three predictors of emotional well being in youth each

of which are highly correlated with parent self-efficacy. These include a positive emotional atmosphere at home, consistent and fair disciplinary practices, and supporting the development of autonomy in the child. Additionally, Furstenberg et al. (1999) found that the features of an autonomous child, namely being self-directed, motivated etc. are similar traits that predict academic success. Other benefits to parental self-efficacy include effectiveness in implementing discipline and generally how involved a parent may be in his/her child's life (Furstenberg et al., 1999).

Conversely, research demonstrates that a lack of parental self-efficacy contributes to "problem behaviors in children." In fact, income level and parent's education level have little to do with problem behaviors but rather whether a parent can reach out to the community for support is a much stronger factor. Again a parent's relative capacity to practice these promotive parenting strategies is highly correlated to the parent's level of parent self-efficacy (Ardelt &Eccles, 2001; Coleman & Karraker, 1998; Furstenberg et al., 1999). This research emphasizes the important role parental self-efficacy plays in a parent's capacity to implement effective parenting strategies. Therefore it seems important for parent education programs to support the development of parental self-efficacy beyond just teaching particular parenting techniques. This clinician hypothesizes that a narrative approach to teaching parenting strategies will help facilitate the development of self-efficacious beliefs in parents.

The relative importance of parent self-efficacy and its effect on competent parenting practice is impacted by environmental factors. The environment in which a child grows up, in and of itself doesn't directly have a negative impact on the

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development of the child, but rather indirectly, through discouraging the parents' belief in their ability to parent effectively despite the environment (Coleman & Karraker, 1997).

There seems to be a difference in the importance of parental self-efficacy between Black and White parents. Ardelt & Eccles (2001) hypothesized that the positive effects of parent self-efficacy on promotive strategies, children's self-efficacy and their academic success would be stronger for Black parents than White parents because of the more dangerous neighborhoods with fewer resources for youth in the Black communities. The results of their study showed this to be true for parents' promotive strategies and child's academic success but not for child-efficacy (Ardelt & Eccles, 2001).

Parent self-efficacy has a positive impact on children because they experience their parents as role models and therefore if they observe their parents with an "I can do it attitude" then, similarly, the children develop self-efficacious beliefs. For children, this can be a protective factor in terms of their success in school as well as other social situations (Bandura, 1997; Whitbeck, 1987).

Once developed, self-efficacy fosters resilience in parents. Whereby when a parent comes across a challenging situation she feels confident she can manage and persevere. Additionally, even if she has some drawbacks or what she believes to be failures as a parent, "efficacious people interpret failure only as a temporary setback that can be overcome with enough effort" (Ardelt & Eccles, 2001, p. 949) Once again, this attitude is then transferred to the child (Ardelt & Eccles, 2001).

Authors also found that parental efficacy beliefs are more important than parents offering protective and preventive measures in fostering self-efficacy in their children. This suggests that the parents' modeling that they believe they have the power and

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control to accomplish tasks even in the face of severe challenges, is a greater protective factor than the actual strategies taught at numerous parent education programs (Ardelt & Eccles, 2001). Therefore, it seems that the emphasis in parent education programs should be in supporting parents to develop the self-confidence that they in fact do have the agency and the power to effect and impact their children.

How then does one "teach" or help to foster self-efficacy in parents? Bandura proposes four main sources for learning self-efficacy. First, mastery experiences which include the opportunity to have success with a certain task. Second, vicarious experiences provided by social models. This essentially involves an individual observing someone else, who reflects an identity similar to the observer, and based on that observation of the other, the individual thinks, "I could do that." The third is social persuasion, when people are persuaded verbally that they can achieve a certain task. The fourth is somatic and emotional states. For instance, having a positive mood will encourage perceived self-efficacy (Bandura, 1997). The site of a parent education group is rich with opportunity for exposure to all four sources for learning self-efficacy. Yet in the literature there is little attention paid to whether in fact parents are feeling more confident in their ability to parent.

Based on the literature cited above it is apparent that parent self-efficacy plays an important role in effective parenting practices. When parents' believe in their ability to be effective parents the consequences are significant. They are more proactive in getting their children involved in activities, they are more likely to practice consistent and fair discipline practices, and most importantly when parents themselves have a sense of self-efficacy they demonstrate and model resourcefulness and resiliency in the face of

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challenges. Wouldn't it then be desirable to support parents in the development of self-efficacy within the context of parent education programs?

Self-Efficacy Measure

There are numerous self-efficacy measures, however Bandura argues that self-efficacy should be measured according to a specific domain (Cowley & Whittaker, 2006). Therefore, it is important in this study to use a self-efficacy measure specific to the parenting domain. Additionally, there are some parenting self-efficacy measure's which are task-specific, however my interest is not how self-efficacious a parent feels about his/her ability to perform certain parenting tasks, but rather I'm interested in measuring a parent's self-efficacy in the broader experience of parenting. The more general parenting domain is the focus of the PSAM (Whittaker, 2006). Additionally, the PSAM has been tested for reliability and validity both by the authors themselves (Dumka et al., 1996) in addition to being tested internationally in the United Kingdom (Whittaker, 2006). There are a number of tools that measure parent self-efficacy.

Approaches to Parent Education

The researcher is curious as to whether the approach used in parent education to facilitate the learning of specific skills, and acquire knowledge is important. Does the facilitator's approach affect the level of parent engagement, commitment, or the parent's retention of information? Does the manner in which the learning takes place effect how the individual feels about him/herself as a parent?

Some studies show that approach does matter. Hills and Knowles (1987) conducted a study that asked whether there would be greater retention of skills if there were an opportunity for the development of personal meaning for the parents. In this

study there were two different parenting groups, one using an integrative approach while the other was focused on technique. In the integrative group participants were encouraged to search for meaning within the content presented and to provide feedback to each other through discussion. In the technique group the more traditional educational model was employed. Participants were presented the skill, shown a demonstration of the skill and then asked to practice it under supervision. The skills taught in both groups were identical. While there were reported improvements in behavioral scores in both groups, during the follow up phase of the study the behavioral scores in the integrative group continued to improve while those in the technique group returned to the pre-test scores (Hills & Kowles, 1987).

The idea of parents finding meaning in the learning, and that finding meaning could contribute to self-efficacy and long term retention of skills, is built upon by a study conducted by Canning and Fantuzzo (2000) who compared an empowered parent education strategy with a more conventional approach. In an empowerment model of education "collaboration and partnership replace the more hierarchically structured conventional approaches which emphasize the contribution of an expert to a recipient" (Canning & Fantuzzo, 2000, p. 181). The measure used in this study was the Empowered Parent Education Scale (EPES). This scale was designed in collaboration between the authors and parents who have attended trainings previously. The term empowerment incorporates both concepts of self-efficacy and self-determination (Canning & Fantuzzo, 2000) therefore I opted not to use the EPES scale because I wanted to focus solely on the concept of parent self-efficacy. The measure identified various types of participation in the training both for presenters and parents. Some items that were measured included the

degree of interest the presenter showed in the lives of the participants in addition to whether the role of 'expert' was assigned to the leader or the parent's. Results demonstrated that parents participating in the empowered parent-training program were more involved and felt more respected than those in the conventional group. The researchers argue that "participation that is meaningful for parents and which results in an outcome observable to them . . . may reinforce a sense of self-efficacy and entitlement that would make it more likely for those parents to involve themselves in future opportunities" (Canning & Fantuzzo, 2000, p. 190).

<div align="center">Narrative Therapy</div>

Alice Morgan (2000) describes narrative therapy as an approach that:

seeks to be a respectful, non-blaming approach to counseling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives (p. 2).

Richard Lange (2004) uses narrative therapy techniques in facilitating a parent education group. In his research he explored how results from the parent education group, which used narrative therapy techniques, differed from the more traditional parent education group. The facilitators in each group were responsible for teaching the same curriculum. The only difference was the approach used. Evaluations of the program from parents involved in the group using narrative therapy, reported that they learned how to listen to their children, while the parents in the more traditional group reported that they learned how to talk to their children (Lange, 2004). Additionally, the narrative

group reported learning more skills than the non-narrative group. The author and researchers speculate that participants in the narrative group gained more skills through the non-expert leadership style. Lange wonders if these skills were learned when participants shared their various viewpoints. He also postulates that learning could have taken place through listening to the reflective team.

David Besea (1994) used a single-system research design to evaluate whether narrative therapy techniques are effective in limiting parent child conflict. Six families were treated using specific narrative therapy techniques. Parents measured the child's progress with regards to the frequency of the behaviors displayed at the baseline in addition to the interventions stages. Some narrative therapy techniques he used included externalization, assigning between-session tasks, relative influence questioning and some others. The results showed that narrative therapy techniques were in fact effective in reducing parent child conflict. This is significant for parent self-efficacy because in reference to the model proposed by Ardlet & Eccles (2001), there is a "reciprocal relationship between parental efficacy beliefs, promoting parenting strategies and the child's developmental success" (Ardelt & Eccles, 2001, p. 947). This reflects the concept of the self-fulfilling prophecy that if the parent believes they can make no difference in the child's life then they in fact don't even try.

Four Sources of Self-Efficacy in Narrative Techniques

In beginning of my exploration into this topic I used Albert Bandura's concept of the four sources of self-efficacy as a reference point. I also looked into the specific techniques used in narrative therapy. Many of the techniques used in narrative therapy have the potential to address Bandura's four concepts of the sources for self-efficacy

development. For instance, the "reflecting team" is a narrative technique used in Lange's

parent education group. As Lange describes reflective teams (Anderson, 1987), as cited

by Lange (2004)

> typically involve additional therapists observing a therapeutic or family session
> from behind a one-way mirror . . . After the session ends, the observing therapists
> are invited to reflect on their thoughts with the individual or family to allow the
> individual or family to hear multiple reflections, not just the reflections of their
> therapist

The reflective team could be an example of Bandura's concept of *social persuasion*.

When a parent listens to a group of people reflect back to him or her what they saw which

often includes strengths and skills, which the individual or family being observed,

weren't able to recognize themselves it can be a powerful experience.

Additionally, Lange (2004) suggests that some of the learning in the parent

education group that used narrative techniques took place as a consequence of parents

sharing their various viewpoints. This could coincide with Bandura's concept of

vicarious learning. As parents sit in a group together and share their own thoughts and

experiences of parenting at some point they may listen to an intervention that worked

with another parent and child and think to themselves "I could do that."

A narrative therapy technique used in Besea's (1994) study was between session

tasks. This technique could correlate to Bandura's concept of *mastery experiences*. The

idea that one has some success in completing a task her self-efficacy increases.

Additionally, if, as Besea's (1994) study suggests, narrative therapy techniques can be

effective in limiting parent child conflict then this in and of itself is also addressing the

concept of mastery experience. The parent will feel more successful if parent-child

conflicts decrease.

I have briefly reviewed how aspects of techniques used in narrative therapy may coincide with Bandura's four sources of self-efficacy. Based on this exploration I am curious as to whether using a narrative approach to parent education would support the development of self-efficacious beliefs in parents. In order to explore this idea further I plan to measure parent self efficacy in two parent education groups; one using a narrative approach and one using a more traditional psychoeducational model.

In this literature review I have defined self-efficacy and cited studies that demonstrate the effect of self-efficacy on positive parenting practices. I have reviewed literature which suggests that the approach to parent education impacts participating parents' level of engagement, commitment, and their retention of learned skills. I've defined the narrative therapy approach and cited some studies that demonstrate the effectiveness of using this approach with parents. Finally, I drew parallels between Bandura's four sources of self-efficacy and the specific techniques used in narrative therapy in order to demonstrate the likelihood that such an approach to parent education may facilitate self efficacy in parents. In the methodology section I will describe the study question, design, sample and type of data I will collect in order to explore further the relationship between narrative therapy and parental self-efficacy in the context of parent education.

Definition of Concepts

1. Parent self-efficacy refers to parents' beliefs in their ability to effectively manage the varied task and situations of parenthood (Sanders, M., & Woolley, M., 2004).

   Narrative Therapy Techniques:

2. Externalizing- a narrative therapist encourages the person to speak of the problem as if it were an external entity. (Besea, 1994)

3. Relative influence questioning- two types: The first type of question asks about the influence the problem has had on the person's life (White, 1987) as cited by Besea (1994). The second type addresses the person's influence on the problem.

4. Between session tasks- continue the work which was started in the session

5. Double description- the therapist first describes the client using the "old story," then the therapist presents a "new-story" that is being developed (White, 1986b) as cited by Besea (1994).

6. Counterdocuments-celebrate the victory over the problems conquered. Documents often include the new description of the person, or highlight special achievements.

7. Reauthoring- this process is a more comprehensive one that aims to distinguish between the "old story" with the developing new story of a more capable person. (White, 1986b) as cited by Besea (1994).

CHAPTER III

METHODOLOGY

Research Design

The purpose of this research was to explore whether narrative therapy techniques helped foster parent self-efficacy in the context of parent education group(s). Narrative therapy adopts a non-expert stance and utilizes techniques that offer the possibility that problems are not inherent in people, but rather have the potential to negatively impact their lives (Freedman & Combs, 1996). Parent self-efficacy is a parent's belief that he/she has the ability to be an effective parent. There is significant literature that suggests parental self-efficacy leads to positive parenting practices. Self-efficacious parents are also more likely to raise children who believe in their ability to achieve. This research aims to explore whether a narrative approach to parent education helps to develop self-efficacious beliefs in parents.

This was a quasi-experimental study utilizing both quantitative and qualitative data. There were two educational parenting groups. One group was described by the facilitator as using a postmodern or narrative approach the other facilitator didn't claim one particular theoretical perspective. The only difference between the two groups was *how* the group process was facilitated. Both groups had the same curriculum and offered

the same structure. A parent self-efficacy measure, the PSAM, (Appendix A) (Dumka et al., 1996) a brief measure including five statements using a likert scale that focused on a parent's level of self-efficacy was distributed at the start and finish of each eight-week parent education group series. These measures were distributed to individual parents as the admission to both groups occurred on a rolling basis. In addition the facilitators from each group were interviewed in order to get a better sense of how the two groups differed. Finally, a focus group with each group was conducted in order to supplement the quantitative data from the measure with some qualitative data from the group members. Participants also completed a demographic questionnaire with questions including: age, race/ethnicity, education level, number of children in the family, and whether the parent was a mother or father (Appendix E).

<div align="center">Recruitment Process</div>

The screening process for the group members had already occurred through the agency. For my recruitment process I spoke with the facilitators of each group provided them with a copy of the informed consent letter. I arranged with the facilitators to attend the second session of the group in order to meet the parents and explain the project. At that second session I learned that the group attendance and participation occurred on a rolling basis. Therefore, I presented the informed consent form with all of the parents who were present that day. Both the facilitator and I made it clear that this was a voluntary study and that there would be no penalty for those who don't wish to participate. I then arranged with the facilitators that as more parents came to the group they would present the informed consent. If parents agreed to participate than they were given a numbered envelope. Inside the envelope was another copy of the consent form

(for their own records), one copy of the PSAM, and one copy of the demographic tool; each with corresponding numbers. When they completed all three forms they placed them back in the envelope, sealed it and returned it to the facilitator. The facilitators were instructed to keep the sealed envelopes in a secure location, such as a locked drawer, until I returned for the focus groups. On the day that I came to the agency I reminded the group that if at any point up until the time of the discussion group someone wished to withdraw from the study they could email me (my email address was on the informed consent) and I would shred their PSAM, demographic tool and the informed consent at that time. Finally, I composed a letter reminding the participants to return on April 30, 2009 for the focus group (Appendix D). I faxed this letter to one of the facilitator's and he mailed it to the participants one week prior to the focus group.

<div align="center">Sample</div>

Both groups were comprised of parents screened and selected by the agency. All of the parents were referred through Child Protective Services (CPS). In the past demographics of the groups were very similar both in terms of gender, ethnicity and referral source. A brief demographic questionnaire was used in case differences between the groups regarding educational level, race, financial situation, etc was notable. Some characteristics of participants included a small percentage mandated by the court to attend the parenting group. Additionally, most parents had minimal education.   The participants were all parents of school-aged children. Inclusion criteria included mothers or fathers of any race. Exclusion criteria include anyone who was not a part of the parenting groups at this agency. The sample size was five parents in the non-narrative group and five parents in the narrative group plus each of the facilitators with a total of

twelve participants in all. Parents were not told of the differences between the groups.

Parents were assigned to groups based on their availability. The narrative group took

place in the evening therefore parents who worked or couldn't attend the group during the

day were placed in the narrative group.

<div align="center">Data Collection</div>

Data collection included interviews with the facilitators of each group, a focus

group with the parents in each group, and the quantitative data collected from the parent

self-efficacy measure. Both the interviews and the focus groups took place at the agency

where the parenting groups were held and both were recorded on audiotape. The

interview consisted of semi-structured, open-ended questions. The questions were aimed

at exploring each facilitator's theoretical perspective and how that influenced the

approach to the parenting group. The focus group questions emphasized the participants

experience in the focus group. For instance what they learned in addition to how they

perceived of themselves as parents. The quantitative data was collected at the start and

finish of the eight week parenting group. The parent self-agency measure contains five

statements with accompanied likert scale of one through five. The survey measures the

degree to which the parents feel self-efficacious. The facilitators gave out this measure at

the start and finish of the eight week parenting session for each individual parent.

The Day of Data Collection

I conducted the non-narrative focus group first. The facilitator of this group

informed me that she was more comfortable staying in the room during the discussion.

She did not participate however she was sitting around the table for the majority of the

time while the discussion was taking place. Following the focus group I interviewed the

facilitator. Following this I interviewed the narrative facilitator and then conducted the focus group after the interview.

Risks and Benefits

There is very little risk involved in this research project. However, a potential risk was that participants worried that if they offered some negative evaluation of the service there may have been a consequence and therefore perhaps they were concerned about issues of confidentiality. I kept all demographic information, all PSAM surveys and audiotapes from the focus groups locked at my place of residence.

Conversely, completing the survey could make the parent reflect on their learning and could foster feelings of pride thus contributing to their overall increase in parental self-efficacy. Additionally, they could feel that their feedback and voices were important. Finally, there were potential benefits to the children of these participants. During the meeting when I facilitated the focus group pizza was provided. This project could have benefited the larger community because it may have provided information to providers on how to better serve parents seeking support for parenting practices in the surrounding community.

Precautions to Safeguard All Identifiable Information

When the study was completed all information including those recorded on notes, tapes, questionnaires etc. were kept locked at the researcher's place of residence for at least three years. It was destroyed upon completion of the project. All data stored electronically was saved on a separate flash drive used only for data related to this research project. Said flash was also locked with the other materials. After three years all of the information was destroyed.

Data Analysis

This researcher transcribed both the focus groups and the interviews. Upon completion, in consultation with the research advisor the data was analyzed and themes were identified. Specifically, differences between the two groups regarding issues of parent self-efficacy were noted.

Strengths and Limitations

The strengths of this study include the fact that both of these parenting groups took place at the same agency. Additionally, the narrative and non-narrative groups were already established and the parents for each were recruited by the agency.

A major limitation of the study was that the groups were developed on a rolling basis. Therefore, there was no real group cohesion in either group. Additionally, this researcher had no control as to how many participants were in each group. Consequently, there were significantly fewer participants in the non-narrative group then in the narrative group. Additionally, aside from mailing out a letter reminding the participants to return for the focus group this researcher had little control as to who would return and participate for the focus groups.

CHAPTER IV

FINDINGS

The purpose of this study is to explore whether narrative therapy techniques help to foster parent self-efficacy in the context of a parent education program. This is a quasi-experimental study utilizing both quantitative and qualitative data in order to attain a thorough measurement and assessment of parent self-efficacy. Two parent education facilitators were interviewed and two focus groups were held with each of the corresponding facilitator's groups. One facilitator claimed a narrative and postmodern approach to his classes while the other didn't define herself through a particular theoretical lens, but rather was guided by some basic assumptions: one assumption was that "if people know better they'd do better." She also held themes of acceptance and taking a non-judgmental stance at the center of her approach to teaching the parenting classes.

This chapter describes the findings from interviews with facilitators from each parent education class in addition to data collected from the two focus groups. Finally, this chapter includes results from the pre- and post- parenting self-efficacy measure.

The structure of this chapter will be presented in five sections: The first section offers a description of the key underlying assumptions and theoretical framework(s) of each facilitator and the facilitator's report of perceived learning for the parents in his/her class. The second section provides some demographic data of the participants in each of the parenting groups. The third section describes data from each of the focus groups that

reflect the four sources for learning self-efficacy described by Alfred Bandura. These include mastery, vicarious learning, social persuasion and somatic or emotional states. The fourth section presents results from the pre and post self-efficacy measure(s) for both groups of parents as well as highlighting trends found in these findings. Section five will discuss limitations of the study including the researcher's biases.

Non-Narrative Facilitator

Underlying Assumptions and Theoretical Perspective

This facilitator describes herself as not having one particular theory from which she draws, yet simultaneously there are some important underlying assumptions that guide her in teaching the parent education groups. These perspectives are characterized by: "a non-judgmental stance, acceptance and a balanced approach of meeting the parents 'where they are,' building trust and from that place providing concrete feedback when the parents are doing the 'wrong thing.'" She describes herself as a nurturer but also views herself as no different from the parents in her group and communicates that to them. She cited one of her core beliefs about people as "if people knew better they'd do better." Therefore, within the nurturing, trusting, community she tries to build within the class and among the parents she can also be very instructive. Finally, this facilitator is clear that this is not a therapeutic group. If parents want to discuss their personal issues she refers them to an individual therapist.

Facilitator's perception of parent's learning experience.

When asked to reflect on what is most beneficial for the parents in her group or what learning takes place this facilitator frequently describes the experience of being in the group as simultaneously restorative and corrective for the parents. Restorative

because she recognizes that few parents who attend these classes have had an experience with a caring, non-judgmental adult who accepts them.

> People have always looked down on them or made assumptions about them. "Your child is in DYFS or in foster care you must be a bad mom," when in fact it's just a mom who has been overwhelmed or who never had a parent to teach them. To answer your question, I guess that's my theory.

She frequently states the troubled background of many of the parents referred to her group and mentions the parents' own comments of how they look forward to coming, or their change in attitude from thinking they don't need the help in the beginning, to believing it was the best thing they ever did for themselves by the end, as evidence of a positive experience.

This facilitator states that communication is one of the key skills she emphasizes in her classes. She teaches this skill through a variety of modalities: through videos, through modeling listening as well as directive and corrective statements. She feels that she has the ability to tell the parents when they're wrong because they know she has their best interest in mind. Once again she measures change through parent self-reporting. For instance, when a parent arrives and states that she said "no" to her child and it worked.

<div align="center">Narrative Facilitator</div>

<div align="center">*Underlying Assumptions and Theoretical Perspective*</div>

This facilitator describes himself as having a postmodern perspective. He describes the major underlying theme that guides his teaching as "understanding how a parent's own story dictates how he/she understands and sees the world." He describes his approach to teaching as a process of "listening deeply to the parents and to their stories in

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order to offer alternative possibilities or alternative stories." He describes this process as: "more then just a 'lesson,' but rather as 'a rethinking of the whole situation.'"

The narrative facilitator's original description of his own process of learning highlighted and explained why he led his group the way he did. He described his beginning experience of listening to parents explain when DYFS came in and "took" their children etc. Even though as a beginning social worker he thought "that can't be how it actually happened," in fact he realized that that was how the parent perceived it. Therefore, his approach was to listen to parents' stories in order to understand how they perceive the world and then he aimed to introduce alternatives to those stories.

He offers an example when one parent came to class complaining of her son who is acting out in the classroom.

> One example was when the parent came in and said the kid was really acting out a lot at school and I said "That kid is really powerful" And the mother was like "What do you mean?" and I said "He is totally running the classroom, he's got the teacher under his thumb," and she was like "Your right," and I said "That's a good skill."

He renarrated the story instead of the child being a "bad" kid he described him as a "powerful" kid. He then shared with the parent that there are many ways of working with this type of child. One can work with the child and with the teacher etc. He also shared with the mother that frequently people who do well in life don't always get good grades in school, but that they are "people" people and that in and of itself is a strength. The facilitator then stated that his approach, of providing more space for dialogue and deep listening, informed his choice of limiting the number of topics he teaches. He reports that

formally he taught one new topic each week, but that currently he teaches four topics because he feels it allows more time for dialogue. These topics include choices, natural/logical consequences, problem solving and basic communication skills.

Facilitator's perception of parent's learning experience.

When asked to describe an "aha" learning moment he discussed a mom who shared a complaint that her daughter was stealing from her purse. He described a role-play that he did in order to demonstrate an alternative story or possibility. He stated that the mother came back to class the following week and reported that the stealing stopped. This facilitator reported that as a result of the role-play the mother

> . . . realized that the daughter was going through her purse because the mother went through her stuff, and just by the mother saying "may I look at your book bag? May I look in your drawers? May I check this?" The daughter says "Mom I need some money may I go in your purse and get it?" And it ended all the stealing.

Focus Group Demographics

Participants in Non-Narrative Parenting Group

There were four mothers and one father in the non-narrative parenting group. One participant attended some college, one participant graduated high school or received her GED. One participant self identified as Multiracial, one as African American, one as Spanish, and two as White. Two participants reported earning 20-25,000 dollars per year, one reported earning below 20,000 dollars per year. Two participants had 4-6 children and one participant had 2-3 children. One participant was in the third week of the parenting program, one was in the fifth week, one was in the second week, and one

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had completed up to four sessions but had to stop because of personal health reasons and now was restarting and this was her first session of beginning the class again.

Participants in Narrative Parenting Group

There were three mothers and two fathers in the narrative parenting group. Two participants attended some high school, two participants graduated high school, and one participant attended some college. One participant identified as Hispanic, another identified as Hispanic and Italian, one identified as Black American and another as African American, and one participant identified as Vietnamese. One participant receives government support, two participants earn below 20,000 dollars per year, one participant earns 20-25,000 dollars per year and one participant earns 25-30,000 dollars per year. Four parents have 1-2 children, and one participant has 2-3 children.

Sources for Learning Self-Efficacy

Non-Narrative Group Sources for Developing Self-Efficacy

Mastery experiences - having success with a particular task.

Some themes in the non-narrative group that reflected "mastery" experiences included parents setting limits with their children and as a consequence parents reported the amount of yelling at their children decreased. The mastery of this skill was evident when parents discussed practicing giving a child a consequence and noting that the child followed the direction, and that the child was not yelling back at the parent. One parent discussed her child who was talking on her cell phone in school and not doing her schoolwork. This parent described talking with her daughter and explaining that if she did not get her schoolwork done the mother would take the cell phone away. This parent articulated that previously she may have been more lenient with her child or conversely

she may have just yelled at her child. She stated that from this class she has learned to communicate with the child instead of engaging in the previous behaviors.

Another overall theme was communication. This included both the parent's attempt at spending more time with her children in addition to using that time to speak with them. Specifically, parents who had multiple children highlighted the importance of speaking to each child individually. Numerous parents noted that it was important to them that their children felt comfortable opening up to them and talking to them about worries they may have.

Vicarious learning - observing a person, with whom the individual identifies, experiencing success with a task and thinking to him/herself "I can do that."

Most of the vicarious learning that occurred in this group was more in abstract or hopeful terms. This may have been in part due to some parents being in the group for just two or three sessions. One parent commented on the benefit of being in a group because:

> If you know something they don't know you can give them a hint on like, oh well this is what I do, and you can try it, sometimes it works, sometimes it doesn't, but at least you can give someone that advice on how to do something.

Generally, there was recognition of the advantage of the group dynamic because one parent may have an insight about another parent's experience that that parent may not see for herself. There was also a recognition or identification among the group members when a number of parents acknowledged that often they feel that they are the only people who experience particular struggles, but being in the group affirms for them that other parents have had similar challenges in life.

There was one moment in this group when after one parent spoke extensively about wanting to build confidence in her children another parent stated "she said exactly what I was gonna say, exactly . . ." This parent identified with the speaker and articulated having the same goal or hope for herself as a parent.

Social persuasion - another individual offering encouragement and communicating his/her belief in the person's ability to accomplish a task.

Sometimes it appeared that there was some overlap between the vicarious learning and the social persuasion categories. Therefore, some of the comments from the parents fell in both sections. Additionally, similar to vicarious learning, the social persuasion was discussed indirectly. For example, a number of parents articulated the validation of recognizing a shared understanding among each other. Along with that, another parent acknowledged the importance of not feeling alone in the experience. One parent discussed the concept of social persuasion very simply when she stated, "we can all help one another." Finally, there was one moment towards the end of the group when one mother was lamenting that her only daughter was a "tomboy." Another parent in the group has a couple of daughters who express their gender in different ways. This parent herself also acknowledged that she was a "tomboy" as a kid. In an attempt to seemingly comfort the other parent with regards to her daughter's "gender confusion" the mother offered, "she'll grow out of it." However, this comment was met with no reply.

Somatic or emotional states - occur when a person feels a positive mood that she associates with her particular accomplishment.

There were limited references to somatic states in this focus group. However, most frequently when I asked parents how they felt after describing an experience

demonstrating some "mastery," frequently the response related to a somatic state. Most of the parents reported that it felt "good" or more "relaxing" when their children listened to them. Some other comments related to somatic states referred to feeling good that the child felt comfortable opening up to the parent.

Narrative Group Sources for Developing Self-Efficacy

Mastery experiences – having success with a particular task.

Each parent in the group who had his/her children in his/her care had some story to tell depicting mastery experiences. The majority of these stories explained what the parent used to do, how they would have handled the same situation previously and how their behavior has changed since being in the parenting class.

One mother described her child who frequently had tantrums. This one particular day she told him to take a shower and instead of following her direction he had a tantrum that included crying, sobbing and swearing at the mother. She gave him a consequence by taking away his video game. Eventually the child got in the shower. While in the shower the child continued crying and apologizing to the mother. While telling the story the mother reported that previously she might have dropped the punishment because she felt badly. This time she reported that she maintained the consequence and explained to her son that there was no need for the tantrum. In the end mom reported that "he calm[ed] down, and then he comes out and asked where do I need to go to be punished? Before I had to drag him because he didn't want to go be punished. So it's working."

Another parent reported learning how to deal with challenging situations, and be firm but not yell. She described being able to word things differently so her son didn't feel like she was controlling him. She cited learning to give him choices as a useful skill

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to apply to her parenting practices. Other parents also cited generally learning to talk with their children more.

Each of the stories related to mastery had a component of an increased understanding about the needs and the experience of the child. One father described learning to be more flexible and how that was demonstrated through his parenting. He reported an example when his daughter left her scooter out and consequently, he ran over it with his truck. He reported that she was very upset and in response he stated that she shouldn't have left it out in the driveway. She asked him if he would fix it and he replied that he would, but that she would have to wait. He reported that previously he would have simply picked up the scooter and placed it in the trash. In a general sense he described that now he was "more or less allowing her to realize what was wrong, whereas before I never gave the opportunity for anything to kick in."

Another mother discussed that if her son broke a toy that she bought for him, previous to this class, she would get very upset with the child for what she perceived as him being careless. Now she reported an increased realization and understanding that for the child it is also a loss, "it hurts the child too." She expanded by stating that it is upsetting to the child because now they no longer have the toy and that now instead of getting angry with the child the mother might say "I feel bad, I'm sorry that that happened." She finished by stating that perhaps now the child can save money to purchase a new one and maybe he would be more careful with a toy he bought with his own money.

The parent whose child was having tantrums expanded on her story and also demonstrated some insight into her child's experience and acting out behavior. The

mother reported that during the same tantrum episode outlined earlier her son was screaming and yelling at her that he wished she would go back to drinking. She also shared that for a time her son was in foster care and in that placement he was being physically abused. She reported both that she was being lenient in her previous behavior because she felt badly for what her son went through and also she recognized that "he's hurt [and] he wants to hurt me the same way he was hurt." In response to the child telling her he wanted her to go back to drinking the mom informed him

> Let me tell you something. Right now I love you with all my heart, but I'm not doing this for you, I mean I'm doing this for you, but I'm doing this for my own self . . . I'm still your mother and you need to respect me because right now I'm stepping to the plate and I'm doing what I'm supposed to do and your going to respect me from this day on, and he looked at me like "Wow where did that-? I've [never heard] my mom talk to me-" and after that he gave me a hug and he said "Thank you mom, because you're being a mother now." You understand? He needs that attention I wasn't giving him. I thought I was doing something good, I was doing wrong when I wasn't correcting him, now he likes me to do that.

Some parents also realized that their own issues were getting in the way of effective parenting. This awareness allowed them to have more success as parents, to experience "mastery." Two parents discussed having guilty feelings about how they behaved as parents prior to coming to the parenting classes. One mother mentioned that she learned the importance of forgiving herself. She felt that if she didn't forgive herself then she would always have guilty feelings that would get in the way of her being an effective parent.

Vicarious learning – observing a person, with whom the individual identifies, experiencing success with a task and thinking to him/herself "I can do that."

During the course of the focus group there were a number of times when one parent told a story about a particular topic, for instance, "natural consequences," and then another parent would follow up with a story under the same theme. For instance, one parent told the story about when his daughter left her scooter out and the dad ran over it with his truck. This story was followed by a mother in the group who discussed the new approach to her son when he breaks a toy. She stated that it is also sad for him to lose the toy and that is consequence enough. The sharing of these success stories was also a form of vicarious learning in that one parent reported and then another parent shared a story, essentially saying, "I learned that too."

When this researcher asked the first question to the narrative focus group, "what was most helpful about participating in the parenting program?" the first and immediate response came from a father who stated "getting perspective from all of the other parents, basically how everyone else handles their situations." Immediately another parent agreed with this statement, that this was also a benefit from her experience in the group. These parents articulated in various ways throughout the discussion that they relate and identify with one another. Therefore, if parents report that it was helpful to hear how others handle various situations it is fair to assume that some "vicarious learning" took place. Social persuasion – another individual offering encouragement and communicating his/her belief in the person's ability to accomplish a task.

A number of parents discussed the non-judgmental atmosphere developed within and among both the group members and the group leader. One parent reported that this nonjudgmental environment allowed her to face the reality of some of her struggles.

At one point during the discussion members of the group demonstrated social persuasion towards another group member. There was one Vietnamese parent in the narrative group. At first he wasn't responding as much as the other parents to the questions. This researcher continued to invite him to share if he felt comfortable. At one point he reported that he could understand English but he had a more difficult time speaking English. This facilitator communicated that his English was in fact understandable. Following this exchange another group member stated that she could understand him and again another group member who identifies as Hispanic commented that she understood how he feels. In this way the group members were encouraging this parent to share his ideas and experiences.

Sometimes "social persuasion" was addressed as group members giving constructive feedback to each other. One father described himself as having the potential to be "a hard ass sometimes." When this researcher asked him how he learned that about himself he replied, "they told me." This statement was made with a smile.

Finally, parents commented on feeling that they are not alone, that other parents have similar challenges. As one parent described it there was a general sense from parents that "I'm not in this thing by myself and now coming here I got someone to talk to and relate to in certain situations." Specifically, one parent shared her realization that it's okay to ask for help. She realized that being strong does not necessarily mean doing it all by yourself. Each of these examples demonstrate a general feeling of

encouragement that the parents experience as a consequence of being a part of this parenting class.

Somatic or emotional states – occur when a person feels a positive mood that she associates with her particular accomplishment.

Upon reflecting on her progress during the course of this class one mother reported "I feel a lot better . . . I'm learning to be a parent. I don't need to drink to deal with the situation no more I can manage it myself." Some parents' reflections on learning not to feel guilty anymore reflected a shift in mood related to some sense of success or empowerment with regards to implementing positive and effective parenting practices. For instance, both parents who mentioned not feeling guilty anymore but rather choosing to forgive themselves also demonstrated significant stories of "mastery." One parent told the story of setting limits or consequences with her son around his tantrums and the other mother spoke about not giving in to her child but learning to set limits and be firm without yelling and getting angry.

Finally, one mother demonstrated her confidence in knowing what her child needs based on her "mother thing." This inner knowing is an emotional response that arises in this mother when she gives her son what he needs. She learned it early on. During the discussion this mother stated that when a child is born they do not come with an instruction manual and particularly during the first year it can be very challenging. But ultimately she knows what he needs:

> Because I'm the mom and I know, that's natural for me . . . . You know when
> they crying because they're hungry, you know when they crying because they're
> dirty, you know when their crying because they're in pain. You know because

that's your mother thing inside of you . . . You know what your child needs from

you . . .

During the course of the focus group this mother reflected on her past tendency to be

lenient with her son because she felt badly about the abuse he suffered in foster care. She

also reported that ultimately she learned that leniency was not what he needed but rather

it was limit setting and giving consequences and structure that he needed. During the

course of this parenting class this mother reclaimed her "mother thing." "So I know what

he needs, and that is what I'm trying to do right now."

Self-Efficacy Measure

Non-Narrative Group

Trends in self-efficacy measure for non-narrative group.

Two out of the three charts in the non-narrative group demonstrate no change at

all in the pre- and post- self-efficacy measures. These two participants were in week two

and week three of the eight week parenting class series. The chart that does demonstrate

a change is in the chart for the participant who was in the group for five weeks.

According to the measure, this participant stated that she felt less confident that she could

solve most problems between her and her children then she reported feeling on the pre-

measure.

Narrative Group

Trends in self-efficacy measure for narrative group.

There was some variation among the results for the narrative group. Of the three

participants who were not in their final class but rather in their third or fourth class one

parent reported feeling more confident and able to solve problems between her and her

child in addition to feeling that she knows things that would be helpful to other parents. However, another parent for whom this was her fourth out of eight classes her post measure indicated a slight decrease in how sure she felt of herself as a parent but an increase in feeling more confident that she can solve most problems between herself and her child. Other items remained the same. The one other parent for whom this was his fourth class indicated that he felt more confident as a parent in three out of the five items.

Both parents who started and ended the group together, for whom this was their last session reported feeling more sure of themselves as parents at the end of the class then at the beginning. For the other items on the measure these two parents either reported the same as on the pre- measure or an increase in self-efficacy. Neither of these parents reported a decrease in self-efficacy according to the post- measure.

Limitations

A major limitation of the study was that the groups were developed on a rolling basis therefore participants were at different sessions along the eight-week series. In the narrative group there were two members in their eighth and last session, one in her fourth and two in their third. In the non-narrative group there was one participant in her fifth session, one in his fourth, on in her third, one in her second and one participant who had been through four sessions with this same facilitator but was now returning after a few months away and was beginning the series again, this being the first session of that new series. Therefore, the participants in the non-narrative group knew each other less well as they had fewer sessions together then the participants in the narrative group.

Another major limitation was that the facilitator for the non-narrative group decided that she would feel most comfortable staying for the focus group. It is likely that

her presence for much of the discussion had an impact on what the participants were and were not willing to share. Also the for the narrative group this researcher interviewed the facilitator first followed by the focus group, however, for the non-narrative group the focus group happened first followed by the interview with the facilitator. This too may have influenced this researcher's role in the focus groups. More or less follow up questions may have been asked depending on whether the interview or focus group took place first.

Finally, for the non-narrative group there are only three out of five pre and post measures. For one of the participants this was her first session, though she had attended four sessions previously that occurred months before. Therefore, there was no possible way to give her a post measure. For one other participant only the post measure was provided. There was no pre measure given to the researcher. Therefore there are only three pre and post measures for that group.

Another limitation is the researcher's bias. This researcher feels particularly drawn to the narrative therapy approach. Therefore her interest in this approach likely skewed the number of follow up questions she asked the narrative group as compared to the non-narrative group.

CHAPTER V

DISCUSSION

Introduction

The purpose of this research is to explore whether narrative therapy techniques help foster parent self-efficacy in the context of parent education classes. This project investigated the relative parent self-efficacy of a group of parents who were divided into two different parent education classes. Each group was comprised of parents with school-aged children. While the same curriculum was used in each group, the approach used by the facilitator differed. In part, an aim of this research was to highlight some correlations between the facilitator's approach with the degree of self-efficacy parents developed while in the parent education group.

This researcher conducted interviews with the two facilitators and organized focus groups with each of the parenting classes the findings were analyzed. Alfred Bandura's theories of the four sources for developing self-efficacy were used as a tool to measure and analyze data from the focus groups. Additionally, the results from the parent self-efficacy measure were organized and trends were noted in each.

This chapter draws on information from previous chapters and will review existing literature that discusses parent self-efficacy, narrative therapy and parent education. Finally, this chapter will discuss some strengths and limitations in the study. It will close with implications for the field of social work, clinical practice and opportunities for future research.

Summary of Findings

Underlying Assumptions and Theoretical Perspective

Each facilitator described his/her theoretical perspective and how that perspective directly influenced the way in which they approached teaching the parenting class. The non-narrative facilitator didn't claim a particular theoretical perspective but rather described her approach as being non-judgmental and fully accepting of the parents, of "starting where they live." She also described herself as a "nurturer," and a "teacher, but an unconventional teacher." This facilitator was clear that she felt comfortable telling the parents when they were doing the wrong thing and she felt she could do that without offending the parents because they knew that she had their best interest at heart. The non-narrative facilitator also shared that she administers the majority of the intakes for the parents and that this experience gives her a sense of who the parents are while also allowing her the opportunity to see how the information in the written intake compares with the individual in person.

The narrative facilitator claims a post-modern, narrative perspective. This approach directly impacts his work with the parents in that he describes the learning experience as not just teaching lessons, but rather encouraging a re-thinking of the whole situation. Additionally, this facilitator stated that he chose not to look at the intake assessment, as he did not want to be influenced by the parent's social history.

Parents in Non-Narrative Focus Group

The parents in the non-narrative group appeared very comfortable and pleased with their experience in the parenting class. They each articulated enjoying coming to the class and stated that they found it helpful and supportive. Four out of the five parents reported learning new skills. There was only one male participant in this group and he

made comments that suggested he would rather not be there and that he wasn't learning anything he didn't already know. For instance, when asked what was something beneficial he gained from attending the group he replied, "my love for natural consequences isn't actually as odd as I thought it was, so that's been one of the benefits of being here." In other words, he felt he already knew these skills. The other four parents in the group, all of whom were mothers, articulated that they learned about discipline, limit-setting, communication and specifically, speaking with the children individually. They also reported a decrease in the frequency of yelling. Parents discussed the potential for helping out each other in the group such as sharing experiences and giving each other advice. Additionally, they shared their feeling of validation while sitting with other parents who were in a similar situation. Lastly, they articulated feeling "good" and "more relaxed" when they had success with their children.

Parents in Narrative Focus Group

Parents in this group shared some specific "success stories" they experienced when parenting their children. These stories depicted how the parent handled a situation differently then he/she might have previous to attending the parenting class. Some themes from these stories included utilizing "natural consequences," setting limits and staying firm, communication, and providing choices for the children. Parents also reported a decrease in the amount of yelling that occurred. Within each of these stories parents communicated a level of empathy and understanding for the child's experience. Parents in this group articulated learning from each other, sometimes this took the form of constructive criticism. They described the group as a non-judgmental atmosphere and also parents stated feeling less isolated while being a part of the group. Finally, parents

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articulated feeling better as parents when having success with implementing the learned skills and thinking.

Pre- and Post- Self-Efficacy Measure for the Non-Narrative Group

For two of the three parents in this group there was no change between the pre- and the post- measure. The only change occurred for one parent who reported feeling less confident is solving problems with her child on the post-measure then she did on the pre-measure.

Pre- and Post- Self-Efficacy Measure for the Narrative Group

Both parents who started and ended the group together, for whom this was their last session reported feeling more sure of themselves as parents at the end of the class then at the beginning. The only decrease in the post-test for the narrative group was one parent who felt less sure that she knew things that may be helpful to other parents.

<div align="center">Connecting Findings to the Literature</div>

Non-Narrative Facilitator's Approach

Morgan (2000) described narrative therapy as an approach that:

seeks to be a respectful, non-blaming approach to counseling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives (p. 2).

The facilitator of the non-narrative parenting group does not claim "narrative" as her theoretical perspective and yet much of what she described in her interview was "a respectful, non blaming approach." In fact, there was a point when she stated that many

other people whom these parents have encountered think of them as "bad" parents because their children are in DYFS custody. However, this facilitator stated that really "it's just a mom who has been overwhelmed or who never had a parent to teach them." This statement demonstrates that this individual understands that the struggles these parents face are a function of their histories.

Another aspect to the narrative approach is the belief that the individual is the "expert" of his/her own life. In her interview the non-narrative facilitator made it very clear that at times she told the parents when they did what she considered the "wrong thing." This is a perspective that suggests that she holds the "expert" stance. This reflects an aspect of her teaching style rather than her relationship with the parents.

Four sources for learning self-efficacy

Both the narrative group and the non-narrative group articulated examples of mastery, social persuasion, vicarious learning and somatic or emotional states. In particular the examples and descriptions of social persuasion and vicarious learning between the two groups were very much alike. It is possible that part of this learning stemmed from simply being in a group with other parents who demonstrated similar backgrounds and with whom there was shared experience.

One area of the findings that differed was in the parents' description of what they learned from the parenting group, or the "mastery" section of the findings. Ultimately, the skills the parents articulated learning were similar. Both groups of parents mentioned themes such as discipline/consequences/setting limits, communication etc. This is logical given the fact that both groups followed the same curriculum. However, the parents in

the narrative group demonstrated a deep understanding as to *why* they were experiencing success.

The way in which a mother in the narrative group described her son's tantrums (as described in the previous chapter) and how she learned to manage them depicts her deep understanding of why her new way of approaching the tantrums was working effectively. In the description of a time when her son had a tantrum she explained that she set limits, implemented consequences etc. However, she also demonstrated an understanding both as to *why* her son was behaving this way in addition to *why* the actions she was taking as a parent were working effectively. In the focus group she shared that before this parenting class she was much more lenient with her son. She explained that this was because she felt guilty for the physical abuse he suffered while in foster care. When she noticed that he was finally listening to her, exemplified by him asking her "where should I go to be punished?" She understood why his behavior changed. In fact, she asked the rest of the focus group, "you understand? He needs that attention I wasn't giving him. I thought I was doing something good. I was doing wrong when I wasn't correcting him, now he likes me to do that."

Conversely, in the non-narrative parenting group a mother reported that since coming to the parenting class she learned to say "no" to her children. When this researcher asked "what about coming to the parenting class helped her to say "no?" she replied:

> She told me what to do. In general, just tell them no and be persistent with
> it because the kids are going to test you and keep asking you and asking
> you. Just keep telling them no. Like at some points I want to tell them

"yea" but then I caught myself and I was like "no I can't tell them yeah, I

got to tell them no" and it worked, it works.

In this example the facilitator took on the "expert" role. She informed the parent what to do. The parent explains that "it works" however there is no insight or understanding as to the behavior of the children. For instance, what are they asking for which requires a "no" all of the time, without exception? This absolute response of "just keep telling them no" leaves no room for ambiguity, or complexity. There is no demonstration of the parent applying her own critical thinking skills. Therefore, in the short term this approach may work, however without a deeper level of understanding behind the child's behavior and/or the parents own response to the behavior the efficacy of this approach may be time-limited.

The efficacy of learning through meaning making is also congruent with the literature. The second chapter of this paper cites a study by Hills and Knowles (1987) who found that there is greater retention of material if the opportunity for meaning making was provided. In the study conducted by Hills and Knowles (1987) there were two groups: one group using an integrative approach while the other was focused on technique. In the integrative group participants were encouraged to search for meaning within the content presented and to provide feedback to each other through discussion. In the technique group the more traditional educational model was employed. Participants were presented the skill, shown a demonstration of the skill and then asked to practice it under supervision. While there were reported improvements in behavioral scores in both groups, during the follow up phase of the study the behavioral scores in the integrative

group continued to improve while those in the technique group returned to the pre-test scores (Hills & Kowles, 1987).

The non-narrative facilitators own description of an "aha" learning moment described by one of the parents in her class also supports the theory that meaning making in learning lends itself to greater retention. When the narrative facilitator was interviewed he stated that his group always walked a fine line between being psychoeducational and therapeutic. He stated that though this is not a therapeutic group he found that in order to be effective there needed to be a space where parents could express their hurt, anger, etc. Conversely, the non-narrative facilitator who is not a clinician distinctly stated in her interview that this is not a therapeutic group and that when parents go down this path she refers them to an individual therapist. However, when the non-narrative facilitator was asked to describe an "aha" learning moment for one of the parents in her class she discussed a parent who

> Was raised in foster care, had eight children, lost seven of them to DYFS
>
> and they were adopted. And she was pregnant again with her eighth and
>
> couldn't understand why they were taken. [She] did not connect that they
>
> were a series of patterns, behaviors and choices on her part that allowed
>
> some of that, not all, but some of that to happen. So when we started
>
> unraveling some of the pieces, how she was raised, when she was at this
>
> home what happened, I think that was her light bulb moment. "This is
>
> why I don't know how to parent because I didn't really ever have a
>
> parent." And this was a lady that went from home to home to home she
>
> finally aged out of the system. So she never had any type of stability she

felt as though no one wanted her. She didn't really know how to give that

emotion and make herself vulnerable and I think we got her to feel

vulnerable and make it okay for her. Once she understood that I think she

felt better and I think she started doing better, I'm pretty sure she did.

Yeah, I'd probably call that a light bulb moment.

Despite the fact that this facilitator stated that her group was not a therapeutic group,

when asked to describe an "aha" learning moment she chose a story that involved some

important clinical work. She provided an opportunity for this parent to make meaning

from her experience in order to gain greater understanding and insight into why certain

events were occurring in this parent's life.

It is apparent that there were moments when this facilitator provided opportunities

for meaning making for the parents in her group and that when this occurred the

facilitator herself viewed this as a significant learning moment. What does this have to

do with self-efficacy? The deeper the learning experience for the parent leads to a greater

retention and application of the skills, which may lead to the increased number of

mastery experiences which can also lead to positive somatic and emotional states. All of

which, according to Bandura encompass the four main sources for learning self-efficacy.

Additionally, as the literature states self-efficacy is positively correlated with

implementing positive parenting strategies and a child's developmental success (Ardelt &

Eccles, 2001, p. 947).

Externalizing, relative influence questioning and re-authoring are just some of the

techniques in narrative therapy that help to facilitate this process of meaning making. As

mentioned in some of the literature reviewed in an earlier chapter, "externalizing" is

when a therapist supports the individual to speak about the problem as though it were separate from the person. "Relative influence questioning" includes both the individual's influence on the problem as well as the influence the problem has on the person. With the technique of "reauthoring" the goal is to replace the "old" story with a "new" story, one that reflects a more competent and capable person (White, 1986b) as cited by Besea (1994). The narrative facilitator in this study spoke mostly about utilizing the "reauthoring" technique.

<div align="center">Strengths and Limitations of this Study</div>

The research question, "do narrative therapy techniques help to foster parent self-efficacy?" provided some important and significant content. The most significant finding regarding sources for the development of self-efficacy was demonstrated through the data that described parents "mastery" experiences. The parents in the narrative group demonstrated some deeper level of meaning making and thus learning. This appeared to occur in part as a function of the clinical facilitator who provided space for parents to process and make meaning from their own experiences in order to gain insight as well as have empathy for their children and their children's experiences.

A number of studies outlined in previous chapters discussed the importance of self-efficacy, in particular, for low-income parents living in high stress and high-risk environments (Ardelt & Eccles, 2001). A strength of this study is that a majority of the parents in both groups fit this same demographic.

The PSAM (parent self-agency measure) itself that was used pre- and post- the parent education groups worked effectively. It was simple, straightforward and easy to use. The rolling admissions nature of the groups was problematic because the members

of each group were at different stages of the eight week class and consequently, of the ten parent participants only two filled out the post- measure at the eighth and final parenting session. The focus groups and interviews were a useful addition to the data collection. The qualitative data helped illuminate the minimal data gathered from the PSAM. Specifically, it was effective to interview the facilitators separately and then compare the facilitator's thoughts with the reflections from the group members. However, it was problematic that the non-narrative facilitator was in the room for that focus group as the group members may have felt less free to speak openly. Additionally, for the narrative group I interviewed the facilitator prior to the focus group whereas with the other group I began with the focus group. It is possible that this influenced my role and interviewer in terms of the quality and quantity of follow up questions I may have asked. Both of these issues may have negatively impacted the reliability and validity of the study.

The sample for this study was too small. There were a total of twelve participants: Two interviews and two focus groups. As mentioned previously among the ten participants in the focus group only two parents completed the post-measure in the final session of the series of classes.

<center>Implications for Practice</center>

It may be most beneficial if parent groups were facilitated by clinicians who felt comfortable and skilled at finding a balance between psychoeducation and a therapeutic space. It may be important for parents to process their own stories and experiences in order to make meaning of their lives and develop insight into their parenting practices. Meeting with parents in a group setting appears to be highly beneficial for the

development of self-efficacy given the opportunities for both social persuasion and vicarious learning.

Opportunities for Future Research

This researcher is interested in a study measuring the effectiveness of narrative therapy techniques on the development of parent self-efficacy in long-term behavior change. If the goal of parent education is long lasting behavior change it would seem useful to further explore what contributes to this potential reality.

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Appendix A

Human Subjects Review Application

Investigator Name:____Shoshana Narva_____

Project Title:_The role of narrative therapy techniques in fostering parental self-efficacy_____

Contact Information:____Shoshana.narva@gmail.com_____

Project Title: The role of narrative therapy techniques in fostering parental self-efficacy_____

Project Purpose and Design

Bandura defines self-efficacy as "self-perceptions of one's behavioral competency or ability to execute specific actions in certain situations" (Coleman & Karraker, 1997). Parental self-efficacy is defined as "the parent's belief's in his or her ability to influence the child and his or her environment to foster the child's development and success" (Ardelt & Eccles, 2001). For Bandura, parenting self-efficacy should include both the degree of specific knowledge the parents believe they have in addition to the extent that they feel confident in their ability to facilitate the parenting behaviors (Coleman & Karraker, 1997). The literature suggests that most educational parenting programs focus on teaching skills. However little attention is paid to the process of how the information is learned and the effect of that process on the actual retention and application of those learned skills. Narrative approaches to educational parenting groups offer a potentially new way of engaging parents. Narrative therapy offers a theoretical orientation, philosophy and technique that place the parent in the role of "expert." The researcher hypothesizes that the features of the narrative therapy approach will provide a framework to support parents in the development of parental self-efficacy. The purpose of this

research is to explore whether the use of narrative therapy techniques when applied to an educational parenting group can support the development of parental self-efficacy.

The agency where this quasi-experimental study will take place is at The Parent Resource Center located at The Center for Family Services (CFS) in Camden, New Jersey. The PRC offers parent education groups for parents referred by Child Protection Services. The groups are facilitated by Masters level clinicians. Groups are limited to ten participants. An average parenting group runs ninety minutes in length. The groups run on a weekly basis for a period of eights weeks.

There has been some research and evaluation on the educational parenting groups facilitated at CFS. For instance, Lange (2004) found that when asked to report what was most helpful about participating in the parenting group, multiple parents from the narrative group identified "learning to solve problems" compared with the non-narrative group who mostly identified feedback from the expert as the most helpful. Additionally, Lange found that in the narrative group parents' reported learning to *listen* to their children, while the non-narrative group reported learning how to better *talk* to their children.

In this quasi-experimental study there will be two educational parenting groups, one using narrative techniques and one using a psychoeducational approach to parent education. The only difference between the two groups is *how* the information is presented. Both groups have the same curriculum (Appendix F). Some of the topics covered include "physical and behavioral development of teens; how to get teens to do chores, how to solve problems, and parent-child communication" (Lange, 2004). Both

groups offer the same structure. Groups begin with a skill introduction, a dialogue about the material and finally groups practice skills using role-plays.

At the beginning and at the close of the eight-week educational parenting program each group will complete the Parenting Self-Agency Measure (PSAM, Appendix A). There are numerous self-efficacy measures, however Bandura argues that self-efficacy should be measured according to a specific domain (Cowley & Whittaker, 2006). Therefore, it is important in this study to use a self-efficacy measure specific to the parenting domain. Additionally, there are some parenting self-efficacy measure's which are task-specific, however my interest is not how self-efficacious a parent feels about his/her ability to perform certain parenting tasks, but rather I'm interested in measuring a parent's self-efficacy in the broader experience of parenting. The more general parenting domain is the focus of the PSAM (Whittaker, 2006). Additionally, the PSAM has been tested for reliability and validity both by the authors themselves (Dumka et al., 1996) in addition to being tested internationally in the United Kingdom (Whittaker, 2006). There are five questions on the PSAM with an accompanied Likert scale for each statement. This is also appealing because it will not take long for the participants to complete the survey. I have emailed the authors of the measure to request using it in my study. They replied saying that it was available for use (Appendix A).

Aside from using the PSAM at the beginning and end of each of the parenting group series, each parenting group will participate in a focus group (Appendix B). The purpose of the focus group is to gather some qualitative data. I plan to analyze the data drawing out themes from both groups to compare and contrast.

The findings from this study may be valuable because they will deepen our understanding of best practices and approaches with regards to fostering parental self-efficacy through the means of parent education. The research will be used in part to fulfill my requirements for a Master's in Social Work at Smith College. Aside from my thesis, this research will be used for presentation and possible publication.

Characteristics of Participants

Both groups will be comprised of parents screened and selected by the agency. All of the parents are referred through Child Protective Services (CPS). In the past demographics of the groups were very similar both in terms of gender, ethnicity and referral source. I will use a brief demographic questionnaire in case differences between the groups regarding educational level, race, financial situation, etc is notable (Appendix E). According to Richard Lange, the facilitator of the narrative groups and clinical director of the agency, some characteristics of participants may include a small percentage mandated by the court to attend the parenting group. Additionally most parents have minimal education. The participants will all be parents of school-aged children. Inclusion criteria also include mothers or fathers of any race. Exclusion criteria include anyone who is not a part of the parenting groups at this agency. The sample size will be 6-8 parents per group, with a total of 12-16 parents in all.

Parents' are not told of the differences between the groups. Parents' are assigned to groups based on their availability. The narrative group takes place in the evening therefore parents' who work or can't attend the group during the day are placed in the narrative group.

Recruitment process

The screening process for each member of each group will have already occurred through the agency. (See Appendix G) For my recruitment process I will first speak with the facilitators of each group and I will provide them with a copy of the informed consent letter. I will arrange with the facilitators to attend the second session of the group in order to meet the parents and explain the project. At that second session I will review the informed consent form with all of the parents. Both the facilitator and I will make it clear that this is a voluntary study and that there will be no penalty for those who don't wish to participate. After I review the informed consent letter I will ask the facilitator and all those who do not wish to participate to leave the room. At that time the participants will be given a numbered envelope. Inside the envelope will be another copy of the consent form (for their own records), one copy of the PSAM, and one copy of the demographic tool; each with corresponding numbers. When they have completed all three forms they will place them back in the envelope, seal it and return it to me. When all envelopes have been returned I will invite the facilitator and other group members to return. I will know who is going to participate based on the numbered envelopes returned to me. When all envelopes are returned I will thank the entire group and the facilitator for their time, and inform them that I will return at the second to last session for the discussion group. I will also remind the group that if at any point up until the time of the discussion group someone wishes to withdraw from the study they can email me (my email address will be on the informed consent) and I will shred their PSAM, demographic tool and the informed consent at that time.

Nature of Participation in Research

Participants will attend the educational parenting group(s). Participants will complete the parent self-agency measure (PSAM) (appendix A) at the second session of the series and again at the second to last session. I will facilitate a focus group for the last half hour of the second to last session. At the start of the second to last session I will announce that there will be pizza for everyone at the end, but that I am going to ask that only the participants of the study remain in the room for the focus group. The only people who will be in the room during the focus group will be the participants and myself. The participation will take the length of time it will take to complete the parenting self-agency measure (five questions) twice- once at the second session and once at the second to last session. Additionally, one thirty minute focus group that will take place during the regular ninety minute group session time. In total, participation will take approximately forty minutes. I will audio record the focus group. An employee at my internship site will transcribe the focus group recording (See Appendix C for transcribers confidentiality form).

Potential Risks of Participation

There is very little risk involved in this research project. However, a potential risk may be that participants worry that if they offer some negative evaluation of the service there may be a consequence and therefore they may be concerned about issues of confidentiality. Group members will be offered a list of referrals for therapy if they feel they need it after participating in this research. (Appendix F). I will keep all demographic information, all PSAM surveys and audio tapes from focus groups locked at my place of residence.

Potential Benefits of Participation in the Research

Completing the survey could make the parent reflect on their learning and could foster feelings of pride thus contributing to their overall increase in parental self-efficacy. Additionally, they could feel that their feedback and voices are important. Additionally, there are potential benefits to the children of these participants. During the meeting when I facilitate the focus group pizza will be provided. This project could benefit the larger community because it may provide information to providers on how to better serve parents seeking support for parenting practices in the surrounding community.

Informed Consent

The parents will be given an informed consent letter at the second session of the parenting group (see Appendix D). If parents choose to participate they will sign the letter and be given another copy for them to keep for their records. If parents choose not to participate they will not sign the consent and they won't complete the questionnaire. Parents who choose not to participate will also leave the room while participants are filling out the PSAM in addition to leaving at the second to last session during the focus group. I will speak to the facilitators ahead of time and they will communicate to all of the parents that this is strictly voluntary and there will be absolutely no punitive action or negative consequences for not participating. This will also be stated while I am not in the room. Finally, I will inform parents that they will be able to withdraw from the study up until the focus group. It will not be possible for them to drop out after participation in the focus group, as I won't be able to pull out their material from the recorded discussion.

Precautions Taken to Safeguard Identifiable Information

When the study is complete all information including those recorded on notes, tapes, questionnaires etc. will be kept locked at the researcher's place of residence for at least three years. It will be destroyed after I no longer need it. All data stored electronically will also be saved on a separate flash drive used only for data related to this research project. Said flash drive will also be locked with the other materials. After three years all of the information will be destroyed.

Investigator's Signature:_____ **Date:**_____

Advisor's Signature:_____ **Date:**_____

Appendix   B

Informed Consent

February 24, 2009

Dear Parent,

  My name is Shoshana Narva and I am a student at the Smith College School for
Social Work. I am doing research as part of the requirements to graduate. The goal of
this research is to explore with parents who are participants in the educational parenting
groups at the Center for Family Services whether you feel more confident as parents as a
result of the program. Additionally, I am curious as to what, if any parts of the program
felt most helpful to you. The information collected from this research will be used in my
Masters in Social Work thesis and also it may be used for other presentations and
publications.
  Your involvement in the research will include participating in a discussion group
which will be held at the same location and time of the educational parenting group in
which you are already participating. During the discussion group you will be asked to
answer questions about whether the parenting group has been helpful in aiding you to feel
confident and effective as parents. You will also be asked to fill out a survey with five
questions. The focus group will be tape-recorded and there will be someone typing up
the content of the focus group. This person will sign a confidentiality pledge. Any
parent participating in the educational parenting group at the Center for Family Services
is welcome to participate in the research. The approximate length of time for
participation in this research will be forty minutes.
  Potential risks in participating in this research could include some stress or
concern in terms of giving feedback about a program in the setting and agency in which
the program takes place. Your participation in this research will be kept strictly
confidential and private. No agency staff person will be present in the focus group or
have access to any of the information shared during this research project. I will provide a
list of referral resources for you in case discomfort or stress arises.
  The benefits to the participants and to society is that it will provide feedback to
service providers directly from the service seekers with regards to the effectiveness and
benefit of these services. Finally, refreshments will be provided for participation in this
study.
  Confidentiality is of the utmost importance and will be respected in this study.
Those who will have access to the data collected during this study include the researcher
and my Smith College research advisor. During the course of the research confidentiality
will be maintained because names will not be collected, only some demographic
information including age, race, gender, socioeconomic background. This information
will be kept in a sealed envelope and will only be opened once the researcher has left the
Center for Family Services. Additionally, the transcriber who will record the focus group
session will sign a confidentiality pledge. When I present my findings the data will be
presented as a whole and if quotes are included they will be carefully disguised. Finally,

all notes, tapes, questionnaires etc will be kept in a secure location for at least three years and data stored electronically will be protected.

Most importantly, this study is voluntary. Withdrawal from the study is acceptable and allowed up until the date of the discussion group. This is because once the discussion group is recorded it will be difficult to determine who said what on the tape. There will be no penalty as a consequence of withdrawal. If you would like to withdraw from the study please email me at snarva@email.smith.edu or call me at 215-264-9208. If you have any concerns about your rights or about any aspect of the study you are encouraged to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY. Please keep a copy of this consent form for your records.

—————————————————————   —————————————————————

   Participant Signature   Date

—————————————————————   —————————————————————

   Researcher Signature   Date

Appendix C

Agency Approval Letter

January 16, 2009

To whom it may concern:

      The Center for Family Services located in Camden, New jersey gives permission to Shoshana Narva, graduate student in the Masters in Social Work program at Smith College, to conduct her thesis research at our agency. She will be conducting her study with the participants of our parent education groups. We look forward to working with her to complete this important project.

      Sincerely,

      Richard Lange

Reminder Letter to Participants

April 23, 2009

Dear   ,

My name is Shoshana Narva and I am the graduate student with Smith College doing research on parent education. I received your name from Andrea or Richard from your parent education class. Thank you for participating in the first part of the study. The second part of the study is a focus group.

WHAT: This is an opportunity to share some of your thoughts about the parenting group you were a part of. What did you learn? What was helpful? What was not so helpful? This discussion will follow the rules of confidentiality that I outlined in the informed consent that you signed.

WHEN: The focus group or discussion will take place on **April 30, 2009**
- **Parents from Andrea Laboo's class will meet from 6:00-7:00 p.m.**
- **Parents from Richard Lange's class will meet from 7:15-8:15 p.m.**

WHERE: The focus group will be at the Center for Family Services, where the parenting classes take place.

WHY: This is an opportunity to offer your feedback and thoughts so that the parenting groups can be most useful to you and other parents in the future. Also FREE food and drinks will be provided. Childcare will also be provided :)

If at any point you want to drop out of the study **before the start of the focus group** please contact me. My email address is snarva@email.smith.edu and my phone number is 215-264-9208.

Thank you and I look forward to meeting with you!

Shoshana Narva

Appendix E

Demographic Questionaire

Please take a moment to complete this questionnaire.

1. I am a

Mother   father

2. Please circle the option below which best describes your educational level.

Some high school   graduated high school/earned GED   some college

graduated college

3. Please write what best describes your race/ethnicity

4. Please circle the response that best describes your financial situation

below 20,000 per year   20-25,000 per year   25-30,000 or above

receive government support

5. Please circle the number that best reflects the number of children in your family

1-2   2-3   3-4   4-6   6 and above

Appendix F

Human Subjects Review Board Letter of Approval

February 13, 2009

Shoshana Narva,

Dear Shoshana,

Your revised materials have been reviewed and all of the corrections have been made. Your plans are clearly stated and make a good deal of sense. I would imagine that most if not all of the group members will participate as it is not a very demanding questionnaire and by the 8th session they will probably feel pretty connected to the group and will want to participate in the focus group. We are happy to approve your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee
CC: Beth Prullage, Research Advisor

Appendix G

Human Subjects Review Board Addendum

Dear HSR committee,   March 18, 2009

I went to the Center for Family Services on February 24th to meet the two parent
education classes. When I arrived at the non-narrative class I was informed that
admission to both the narrative and non-narrative classes occur on a rolling admissions
basis. The reasoning for this choice, I was told, was that if a parent who is abusing
his/her child comes for help, then turning him/her away asking them to return for the start
of the next session of classes is unfair to that parent and to his/her child. However, this
was problematic for my study as I was hoping to give a measure to the whole parenting
class at the beginning and at the end of the eight-week session.

After speaking with both facilitators they agreed to administer the informed
consent to incoming parents. I will be in touch with both facilitators on a weekly basis.
Additionally I will interview the two facilitators as part of the comparison between the
two groups. Once people have signed the informed consent and filled out a PSAM I will
send those participants a letter to remind them of the focus group (appendix A).

Facilitators will maintain the participants privacy by placing the sealed envelopes
in a locked drawer until April 30th when I come to collect them at the time of the focus
group.

Appendix H

Parent Self-Efficacy Measure

Directions

Please tell me how often each of these statements is true for you, that is, how often each statement describes you or your thoughts and feelings about being a parent to all your children at this time.

Answer	Value
Almost never or never	1
Once in a while	2
Sometimes	3
A lot of the time (frequently)	4
Almost always or always	5

1) I feel sure of myself as a parent.

1   2   3   4   5

2) I know I am doing a good job as a parent.

1   2   3   4   5

3) I think I know things about being a parent that would be helpful to other parents.

1   2   3   4   5

4) I feel I can solve most problems between my children and me.

1   2   3   4   5

5) When things are going badly between my children and me, I keep trying until things begin to improve.

1   2   3   4   5

Appendix I

Interview Questions for facilitators

1.   How would you describe your theoretical perspective and how do you perceive that perspective influences or is present in the group process?

2.   In your view what is most beneficial about the parent education groups you lead?

3.   How do you measure change/growth/development/learning in the parents?

4.   Do you believe parental behavior changes last over the long term as a result of the parent education groups you lead? How do you know? What makes you think so?

5.   Describe one "aha" learning moment that you have observed happening in your group.

6. How would you describe your role in the learning experience(s) of the parents in the group?

Appendix J

Focus Group Questions

1) What was most helpful about participating in the parenting program?
2) What information or skills did you learn from participating in the parenting group?
3) What did you learn about yourself from participating in the parenting group?
4) If you were to describe yourself as the kind of parent you would like to be, what are some words that might come to mind? Please explain why you chose those words.