RESEARCH-TO-PRACTICE-SUMMARY

Supporting Head Start Parents with a Parent Support Group

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This study describes the content and process of a parent support group that was implemented as part of Family Connections, a preventive mental health intervention, in one Head Start program. The group content focused on the interests of the Latina mothers who participated, and these included parenting, economic resources, immigration information, and personal goals. Data describing the process also suggest a possible support group model that might be implemented within the frame of preventive, system wide mental health consultation and professional development.

Family Connections is a preventive mental health intervention designed to increase Head Start staff's capacity to work with families and children who might be dealing with depression and related adversities. The intervention primarily offers training sessions and mental health consultation to teachers and staff. A previous study demonstrated that the Family Connections program was a safe, feasible, and effective tool for system change (Beardslee, Ayoub, Watts, Avery, & O'Carroll, 2010). In one urban Head Start, Family Connections also offered a parent support group, and this descriptive case study highlights both the content and the process associated with the support shared in the group. The findings suggest that, according to the participants' expressed desires, the group content focused on parenting, economic resources, immigration, and personal goals. Findings also highlight a support group model that includes three parts – (1) relationships, (2) relevant resources, and (3) meaningful space – all of which are managed by a group facilitator.

The effect of poverty and racial/ethnic minority status on parent well-being and child outcomes. Given Head Start income eligibility requirements (Head Start Program

Performance Standards and Other Regulations, 2006), most families enrolled in Head Start programs experience poverty. Such poverty is associated with a range of negative outcomes including depression. Thirty-one percent of adults in poverty report that they have been diagnosed with depression at some point compared with 15.8% of adults not in poverty (Centers for Disease Control, 2010; Brown, 2012). In addition, depression in mothers is more common than depression in fathers (CDC, 2010).

Besides poverty, being a racial or ethnic minority is a risk factor for depression. Latinos are particularly more likely than other minorities to report experiencing chronic depression (Dunlop, Song, Lyons, Manheim, & Chang, 2003). These high depression rates may come from social isolation and discrimination as well as from a change in family dynamics that often happens when families immigrate to the US (Comas-Dias, 1990; Zhang & Ta, 2009). As of 2011, 59% of Head Start children were some race other than White while 37% were Hispanic (Center for Law and Social Policy, 2013)

Depression in a parent, especially a mother, can have important consequences for children's development. Mothers who are depressed may have more trouble being attentive and involved with their children in ways that support their children's learning and development (Cummings & Davies, 1994; Mustillo, Dorsey, Conover, & Burns, 2011; Turney, 2011; Valdez, Shewakramani, Godlberg, & Padilla, 2013). As a result, children of depressed mothers are more likely to have trouble academically and socially at school (Valdez et al., 2013), and they are more likely to display behavior difficulties (Anderson & Hammen, 1993; Beardslee, Versage, & Gladstone, 1998; Elgar, Mills, McGrath, Waschbusch, & Brownridge, 2007; Piche, Bergeron, Cyr & Berthiaume, 2011).

The potential of parent support groups.   Head Start and other early education programs can help support parents who are at risk for depression by giving them opportunities to build social support and exchange resources with other parents (Finfgeld-Connett, 2005). A parent support group is one way that a program can provide this opportunity. While many programs provide resources to families and have staff dedicated to working with families, support groups can give participants a unique chance to talk with others who are in similar life situations and to receive support that is specific to their current needs (Smith, Gabard, Dale & Drucker, 1994). Support groups can be very structured, including preset topics and a curriculum, or they can be very flexible, allowing people to drop in and following participants' interests (Campbell & Palm, 2004). These different group formats require different facilitator styles ranging from structured to non-directive to facilitative (Campbell & Palm, 2004). Finally, it seems that groups work best when participants meet in a space in which they feel comfortable to speak (Wuthnow, 1996).

There has been little research into parent support groups in educational settings, and this study set out to highlight the content of and process associated with a parent support group that was part of Family Connections at one Head Start center.

REVIEW OF STUDY FINDINGS

Study Participants and Research Procedures

This study took place in an urban Head Start center that enrolled mostly Latino families. In the

year of the study, 75% of the children in the center were Latino and 24% were Black or African-American. Sixty-four percent of the children were primarily Spanish speaking, 29% primarily English speaking, and 7% spoke a language other than English or Spanish. Approximately 93% of the families were living below the poverty line.

The support group in this study met for one calendar year. It was a drop-in group that was advertised with fliers at the whole center and by word-of-mouth among teachers, staff, and parents. It was conducted in Spanish according to the language preference of the mothers who ended up being the core participants. For this study, we analyzed data from interviews with six core parent group participants and one group facilitator. We also analyzed data from weekly forms on which the facilitator documented who attended the group and what happened during group time. Each parent participant was a Latina mother. The women came from Puerto Rico, the Dominican Republic, Honduras, and the mainland United States. The group facilitator, a Caucasian woman, was a prevention specialist who held a Master's degree in prevention science and was fluent in Spanish.

Key Research Finding

Data from this study suggest a possible support group model that might be implemented within the frame of preventive, system-wide mental health consultation and professional development. In the model, a facilitator manages the dynamic interaction among three key components – (1) relationships, (2) relevant resources, and (3) meaningful space (see Figure 1). The topics of the group's resources highlight key concerns of the Latina mothers in the local community where the group took place.

Relationships: Like family

The parent group provided its participants with a chance to share common stories and encourage each other during challenges. These relationships appeared to strengthen over time such that the mothers sometimes met outside of the group to do things with their children, and everyone said that the group members were like family. In most cases, they said they were thankful for this surrogate family because they did not have close family in the United States.

Resources: Topics for everyday support

Each week, the group facilitator considered parents' input about what topics they wanted to discuss, and she brought in relevant resources the next week. As such, the group resources were immediately relevant to the mothers' needs. The mothers were interested in discussing four main categories of resources: parenting, economic resources, immigration, and personal goals.

Parenting.   Mothers in the group reported examples of deep commitments to their children and asked for concrete resources to fill in their knowledge in order to support their children. They exchanged approaches to talking about difficult topics with children and to disciplining their children. They were also very much interested in obtaining more information

about learning disabilities, including autism. They reported wanting the learning disability information in particular not necessarily for themselves but to share with their friends.

Economic Resources.   Through the support group, the mothers negotiated resources to help them weather their economic challenges. While the group could not directly affect their economic situation, it did help them learn about places to get support and ways to enrich their children's experiences despite economic hardships. Recurrent topics included affordable places to take children in the summer, violence in low-income neighborhoods, and housing concerns. These resources most often came in the form of handouts or in talking about community resources and activities. The mothers reported liking and actively using these resources.

Immigration.   While some participants were originally from Puerto Rico and another born in the mainland United States, certain topics derived from mothers' immigrant experiences applied to everyone and became frequent topics in the group. Ultimately, these topics came down to issues of racial or ethnic minority status and parenting in a culture other than their home culture. As primary caretakers, the mothers had to help their children navigate schools and other community organizations even while they themselves were learning how the organizations operated.

Personal Goals.   The group also provided a space for participants to share their personal goals including, for example, plans to take an English class or find a job. In this way, the group provided encouragement and accountability. The group helped support at least one mother's mental wellbeing by providing a space for her to talk about her stressful life situation and to confirm that she had the right supports in place outside of the group, including access to professional mental health counseling, to allow her to care appropriately for her children.

Space: A comfortable place to share

Without having to address predetermined topics, this group had the flexibility to meet parents where they wanted to be met both literally and figuratively. The group met each week in a conference room that the facilitator converted to a private group space by clearing tables from the meeting area, setting chairs in a circle, and laying out food for participants to share. Each mother reported that she could not think of a better space to have the meeting, and one mother commented that she liked being close to her daughter whose classroom was just down the hall in the building. These reports of comfort in the space suggest that the participants were supported in bringing their voices to the group (Wuthnow, 1996).

Importance of the facilitator.   Relationships, resources, and space were the main threads of this parent support group, and the facilitator united each of them. In this study, the group benefitted from a facilitator who, as a mental health consultant, had both professional mental health experience and knowledge of the local community. She took on a facilitative style (Campbell & Palm, 2004), one in which a group leader drives the group process but also lets the parents make decisions about the content of the group. In addition to skillfully leading the women's conversations during group time, she also knew where to obtain both general resources, such as a guest presentation about autism, and specific community-based resources, such as

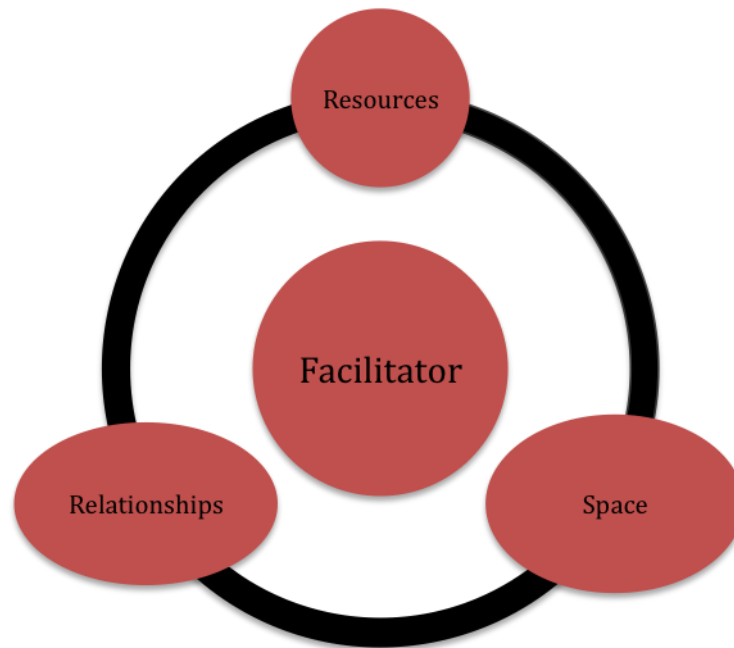affordable places to take children in the community in the summer.

Figure 1. Support group model of dynamic interplay of relationships, resources, and space as managed by a group facilitator.

CONCLUSION

The parent support group in this study benefitted some, but not all, parents in the center. From this study, it is not possible to know why other parents did not participate, but clearly the majority of parents did not participate in the group. Despite these limitations, however, the group helped one Head Start center diversify and enrich the opportunities for support that it provided to its families. The specific needs of the mothers may not be generalized beyond this group; however, the unique exchange of support took place within a framework that other centers might apply in the context of preventive, system wide mental health consultation and professional development: a dynamic interplay of relationships, relevant resources, and meaningful space, managed by an experienced professional.

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