

The Promise of Enhancing Parenting Education and Reaching High-Risk Adults and Parents through Integrative Programming, Mindfulness, and Strategic Partnerships

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Abstract

Parenting education is recognized as a valuable means to prevent and reverse unfavorable social conditions. However, many barriers challenge the strategic, optimal recruitment and retention of parents into appropriate parenting education program options. The current economic climate facing Extension, other professionals, and families calls for new collaborative strategies to meet parenting education needs. One program intervention developed by Washington State University Extension faculty in a semi-rural central region of Washington state demonstrates how a program integrating mindfulness, yoga, and parenting education is yielding positive results by improving the internal resilience or well-being in adults and parents. The article highlights synergies created by intentional integration with a substance abuse treatment agency to maximize access to parents while addressing co-occurring factors. The article provides tips for FCS and partner organizations considering adopting a similar program and strategy.

Keywords: Parenting education, mindfulness, collaboration, at-risk families

Parenting education is recognized as a valuable means to prevent and reverse unfavorable social conditions in families. However, many barriers challenge optimal recruitment and retention of parents into appropriate parenting education options (Axford et al. 2012; Bradford et al. 2012). Practitioners strive to increase the likelihood that parents will use parenting knowledge and apply practical skills. In an ever-changing economic climate, collaborative strategies for Extension and other partner agencies include pooling resources and diversifying parenting programming venues (Kim 2014). Several factors of a parenting intervention can either positively or negatively influence its effectiveness: the program intensity, duration, cost, and relationship quality and therapeutic alliances formed between educators and participants (DeBord, Jakes, and Guin 2010). Because of the many influential factors that can impact program match, some parenting interventions better align to actual parenting needs than do others (Collins and Fetsch 2012; Waller and Swisher 2006).

The purpose of this article is to feature a local collaboration with Extension and a drug treatment agency serving adults with substance use disorders (SUDs) that is yielding positive results. The program intervention developed by a Washington State University Extension faculty in a semi-rural central region of Washington is showing signs of improved internal resilience or well-being in the parent.

Parenting education and mindfulness as central strategies for high-risk audiences.

National Institute of Drug Addiction (NIDA) estimates addiction-related issues cost \$524 billion annually, reducing productivity while increasing and health- and crime-related costs in the United States (NIDA 2008). Family relationship circumstances are one of the “central eight” risk factors predictive of criminal behavior (Epperson et al. 2011). Drug addiction researchers and practitioners recognize addiction as a developmental disease and the important role of the quality of parent-child relationships and children’s social adjustment (Arria, Moe, and Winters, 2010; NIDA, n.d.). Current addiction prevention researchers recognize that positive parent-child relationships and children’s social adjustment can reduce risk for drug and alcohol abuse and addiction among family members (NIDA 2003, NIDA, n.d.).

Child abuse prevention literature reviews indicate cultivating family and parental resiliency can prevent child abuse, lead to children’s positive behavioral and health outcomes, and reduce criminogenic risks (Horton, C. 2003.). Individuals with substance use disorders and other high-risk audiences benefit from parenting education interventions, particularly those that effectively address stress management, emotional regulation, give attention to the “affective aspect of parenting” (Dore and Lee 1999), and emphasize repairing and building healthy and strong parent child relationships (Suchman 2006; Pajulo, Suchman, Kalland, and Mayes 2006). In comparison to those interventions that principally focus on teaching specific behavior management and discipline techniques, these types of interventions are showing more promise.

In the past ten years an emergence of mindfulness-based interventions showing positive results in multiple settings (Vetter-Smith 2014; Black 2014). This includes interventions designed to curtail substance abuse issues (Price et al. 2011; Witkiewitz et al. 2014; Amaro et al. 2014), as well as mindful parenting interventions (Singh et al. 2007; Duncan, Coatsworth, and Greenberg 2009).

Program feature

Resilient Families Inside Out (RFIO) is a research-based prevention program integrating mindfulness, parent education, and yoga to increase capacity for assimilating new patterns of thought and behaviors to reduce risks for future abuse to self or to others. Working in close collaboration with partner agencies, the featured parenting education program (RFIO) is improving the internal resilience or well-being in the parent by addressing stress management

practices and increasing parenting knowledge. The program goals are to prevent child abuse and neglect, to increase healthy coping strategies, and to increase healthy parenting practices. The program both stimulates mindfulness and compassion and educates and supports parents and adults as they learn about and adopt effective research-based parenting practices. Participants build parental resilience by increasing self-awareness and emotional regulation, which are intrapersonal skills, and by learning and applying parenting and relationship knowledge which are interpersonal skills.

A six-member team of both parenting and yoga instructors deliver the program. At the drug and alcohol treatment center, class sizes range from six to eighteen participants per program. Participants meet three times a week for fifty-five-minute yoga sessions and one time a week for two one-hour RFIO parent education sessions for a total of twenty programming hours.

Table 1. Resilient Families Inside Out (RFIO) Curriculum Overview

Parent Education 6 curriculum Core Modules	Format <ul style="list-style-type: none"> ➤ 55-minute instructor guided sessions ➤ Centering, Community agreement ➤ Experiential and didactic learning ➤ Journaling between classes
+	
Guided Yoga Practice	<ul style="list-style-type: none"> ➤ 55-minute guided practice classes ➤ Reflection / Yoga philosophy / Mindful Movement Instruction ➤ Experiential learning ➤ Breath instruction ➤ Deep relaxation (5 minutes)

Table 2. Resilient Families Inside Out (RFIO) Curriculum Core Module objectives

Core Module	Objectives
Mindful Living/ Living Proactively	Assess wellness, personal balance, and goals for self and for family. Experience mindfulness. Identify stress and responses to stress. Explore goal setting.
Child and Human Development	Explore developmental stages and parents' and adults' roles in helping create supportive environments.

Setting Limits	Discuss and practice teaching positive discipline strategies including giving appropriate choices.
Activities, Learning, and Parents	Discuss and showcase of ways to bond and support wellness through learning activities and fun.
Communicating with Children	Introduce communication and practice using responsive language and positive communication.
Mindful Parenting	Identify strategies for promoting warmth, responsiveness, and appropriate control in relationships with children and others while promoting compassion towards self.
Guided Yoga Practice	Experience mindfulness through movement. Promote physical health

Table 1 and Table 2 provide an overview of the RFIO parenting and yoga instruction content and structure at the drug and alcohol treatment center. RFIO programming is composed of three one-hour weekly evening yoga classes, and a rotation of six, one-hour parenting education topics. The yoga classes are delivered three evenings a week. In each yoga-led session, a yoga instructor guides a centering activity, then leads physical yoga posture practice, and ends with a deep relaxation. Parent education topics are offered in two-hour blocks one time each week: Mindful Living/Living Proactively; Child Development; Setting Limits; Activities, Learning & Parents (an informational exchange and discussion of ways to support play and learning); Communicating (with children); and Mindful Parenting (Crawford, 2013a; Crawford 2013b). Parent education sessions incorporate didactic learning, discussion, and occasional role plays of program content to accommodate adult learning. Each parenting education session includes a lecture, group, individual, and small group work inviting the process of concepts and applicability to each participant's individual situation. Most participants receive two of the six parenting-education topics twice. The repetition and presentation of each session aims to appeal to and address variable skill levels and previous experience.

From 2009 through May 2014, the program has provided more than fifteen intensive 16-to-24-program-hour programs to more than 488 participants at three locations: a local regional jail, a local in-patient drug and alcohol facility, and to the community at large. At the local alcohol and drug treatment center, inpatients come across the state and are receiving 28-day residential treatment for alcohol and drug-related issues. There, the RFIO program started first in 2010 as an optional program for all treatment inpatients including those who were not parents. In October 2013, the program became mandatory for all inpatients. This demonstrated buy-in among staff and participants, and acknowledged that learning more about general parenting challenges and strategies can provide substantial potential to make it worthy of participation. All inpatients receive twenty hours of parenting education and guided yoga instruction.

The Extension team delivering the program adapted the original parenting education curriculum designed for fathers to accommodate mothers and non-parents. The program incorporates three principles from Mindful Parenting author and educator Dr. Pilar Placone (2011):

1. **All Adults are Parents** recognizes a universal potential for any person's influence on children or others and/or to act in a parental role,
2. **Parent-Child Interconnectedness Grows Happy Children** recognizes that developing healthy attachment and building healthy relationships or repairing unhealthy ones takes knowledge, skill, practice, and effort, and
3. **Mindful Parenting is a Life Practice** maintains that practicing mindfulness and adapting it in a person's life is an ongoing project.

Building effective interagency teams through intentional collaboration

Both the Extension program team members and treatment center program staff recognized that reaching parents when they need it can be challenging. Extension and treatment program staff agreed on several concepts: an established need for parenting education in the general community, a mutually desirable goal to improve the internal resilience or well-being in the parent, and the need to address co-occurring factors often associated with addiction and other issues that impact families. They agreed that each parenting education, mindfulness, and yoga component can yield positive results in a variety of educational and therapeutic contexts, and they accepted collaboration to optimize a program that can incorporate and deliver these experiences. The treatment center's overarching treatment approach is based on Choice Theory/Reality Therapy (Glasser 1998; Wubbolding 2000), which embraces RFIO principles and program components.

Overlapping principles

Both the Extension program team members and treatment center program staff aligned on two primary guiding principles:

Emphasis on healthy relationships and cultivation of compassionate leadership among instruction staff teams. Both the RFIO program and treatment center counseling teams attempt to promote mutual respect with one another as professionals, and also to build positive and therapeutic learning relationships with participating student/inpatients. Together, the instruction team and counselors aim to meet and accept participants at their learning readiness level. Healthy instructor-student and counselor-patient relationships intend to model healthy professional, adult relationships for participants and to build participants' hope and confidence in their ability to obtain and maintain positive relationships at adult, inter-parental, and parent-child levels.

Emphasis on participant-directed goal setting and cultivation of intrinsic motivation.

Extension program team members and treatment center counseling team encourage self-reflection, self-awareness, envisioning the life quality a person may desire, and goal setting, based on one's values and desired goals for a "quality life." Although mindfulness emphasizes connecting to the present moment, the program balances goal setting and problem solving. Educational and experiential parenting education and yoga class program content are designed to develop discipline and capacity for resiliency through introducing and reinforcing repetition of positive habits in a yoga practice. The yoga classes encourage tuning into a one's own internal experience and they build capacity for delayed gratification. This allows participants to apply principles to their own lives first, and second, if applicable, for them to incorporate them in their plans for parenting.

As an example, the Setting Limits parenting education module promotes reflection on one's own life and on one's personal experience with discipline, and introduces a parental strategy known to promote intrinsic motivation in children. Offering appropriate choices to children is known to cultivate intrinsic motivation early in children during this impressionable developmental stage of life. In role-play practice time, participants practice giving choices to children and even to other adults in a lighthearted way.

Tips for effective collaboration

There is a positive history of mutual professional respect between Extension and the treatment center. This allowed easy exploration and integration of a new program area in a supportive learning environment. When considering adopting a similar program in other locations, consider the following:

Start small and take time to explore partnering agencies' overarching philosophies and the program intervention approach. Test the waters first by providing an introductory session to various audiences. The RFIO program started small and as the program grew, both the program and host professional staff exchanged learning and professional development opportunities. This included Extension-led training for the treatment center's counseling and support staff, a treatment center session for program staff on the treatment center's overarching approach to treatment and management (Choice Theory/RealityTherapy) led by the treatment center's clinical director, and counseling staff audits of the educational program.

Be flexible. Although shortest to say, this tip may be the most important: to adapt design while staying intentional with mutually-agreed-upon guiding principles and outcomes. Flexibility is an important feature and function in inter-agency, collaborative programming.

Align tasks and responsibilities. Extension prepares and provides handouts to participants after each parenting education topic session to reinforce key concepts. Treatment center participants received certificates for program completion. An Extension coordinator tracks weekly participation, and a treatment center coordinator issues pre-tests upon arrival, post-tests before they leave, and issues certificates based on the reported hours from the Extension coordinator. Program and treatment center staff address any issues via weekly e-mail correspondence and during regular check-in meetings every six weeks.

Partner with practitioners and with practitioner-training organizations. Although there is no shortage of credentialed yoga teachers, most yoga programs require initial and ongoing training and experience to work with specialized, high-risk populations. National professional groups – Living Yoga©, Yoga Behind Bars, and Street Yoga – provided initial and continues to provide ongoing training to RFIO yoga instructors.

Actively integrate resources. Our program developer integrated some of the curriculum from research-based Extension sources (e.g., Fit2BFathers [Maiorano 2000, Maiorano and Futris, 2005], originally developed for incarcerated fathers) with material from other sources. For example, University of Washington’s “Love, Talk, Play” materials provided by a public-private partnership (<http://lovetalkplay.org>), designed for low-literacy learners, promote positive development in babies ages 0-3. The integrated “Activities, Learning & Parents (ALP)” module replaced the original “Activities, Learning, and Fathers” Fit2b Fathers module. The current ALP module includes reflection and brainstorming of healthy ways to have fun with family members, offers additional materials, and appeals to men, women, parents, and non-parents.

Plan for repetition and mutual reinforcement. For treatment-focused substance use disorder populations, repeating material appears beneficial. While this may be due to variables unique to this population, such as open enrollment and variable lengths of stay in the substance use disorder (SUD) program, as well as issues unique to substance abuse treatment populations such as mild to moderate withdrawal, milieu acculturation, and separation anxiety, the authors believe that other program designs would be effective by adopting a similar format that repeats presentation of materials to reinforce concepts and develop skills. The instructor team also alternates leading topics in order to maximize participants’ exposure to different individual instructor interpretations of program material.

Impacts

Both quantitative data and qualitative reports demonstrate notable changes in resilience, and in knowledge of positive parenting strategies and of child development.

Table 3. Select Changes in Parental Resiliency by Outcome, Number of Respondents*, and Percent of Respondents Achieving Outcome, Resilient Families Inside Out (RFIO) Participants between July 1, 2012, and June 30, 2013

Outcome		Example Statement(s)	Pre Mean Score	Post Mean Score	Mean Change	P Value	N	Percent
Outcome 1: Increased skills for managing stress	Awareness of own stress level (six-point scale)	“I notice my breath to assess how stressed I am.”	2.55	3.38	+ 0.83	.000	94	61%
	Breathing skills (six-point scale)	“I know how to breathe fully using my entire torso: abdomen, solar plexus and lungs, front side, and back of my body”	2.54	3.64	1.10	.000	94	61%
	General Skills (five-point scale)	“I have tools and skills to reduce physical pain in my body and to bring myself towards balance.”	2.80	3.67	0.87	.000	91	59%
	Distress Tolerance (six-point scale)	“I can tolerate being distressed or upset as	2.86	3.32	0.46	.000	95	62%

		well as most people” (Simons and Gaher Scale, 2005)						
Outcome 2: Increased self worth	(six-point scale)	“I feel good about myself.	4.3	5.33	+ 1.03	.00	100	65%
		“I exercise self control in my life.”	4.16	5.00	+.84	.00	101	66%
Outcome 3: Increased Self Compassion	(five-point scale)	“When something painful happens I try to take a balanced view of the situation.” (Mindfulness) (Neff, 2003)	2.84	3.26	+ 0.43	.00	101	66%
Outcome 4: Increased parenting knowledge	(six-point scale)	“Children who are given choices are better at making decisions on their own.”	5.19	5.64	+ 0.45	.000	100	65%
		“Play is an important way for children to learn about the world.”	5.10	5.71	+0 .61	.000	100	65%

Outcome 5: Increased Value of Parental Role	(six-point scale)	“Being a parent is important to me.”	5.71	5.90	+ 0.19	.007	100	65%
		“Children need a parent who is present in their lives.”	5.62	5.80	+ 0.18	.012	101	66%
Outcome 6: Increased Confidence in Parental Role	(six-point scale)	“I feel more confident in myself and my abilities to be a good parent as a result of participating in the program.”	N/A	3.69	N/A	N/A	102	67%
Outcome 7: Improved sense of connection to family members	Connection to child (six-point scale)	“I have a good relationship with my youngest child.”	4.82	5.27	0.44	.000	97	63%
	Connection to other parent of youngest child (six-point scale)	“I have a good relationship with the parent of my youngest child.”	3.87	4.08	0.21	.114	95	62%
Outcome 8: Participant Satisfaction	(five-point scale)	“On a scale from 1 (least valuable) to five (most	N/A	4.17	N/A	N/A	130/142	91.5%

		valuable), please circle the number that best matches your opinion of how satisfied you were of the program.”						
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*Table 3 features evaluation data that matched pretest to post-test comparisons in seven resilience-related outcomes. These outcomes are increased: (1) skills for managing stress, (2) self worth, (3) self compassion, (4) parenting knowledge, (5) knowledge of how to support positive child development, (6) confidence in the parental role, (7) sense of connection to family members, and (8) participant satisfaction. A sample comment from one participant upon completion of the program highlights his intention to apply new learning: “I learned that play and mindfulness are important. I can give the proper attention and give reasonable choices to kids. I plan to do more reading and playing with them.” In passing comments to program staff and/or treatment center staff many inpatients anecdotally reported better ability to retain and assimilate information because it was repeated. Examples of comments supporting the efficacy of repetition of program information include: “I’m getting more out of the information the second time” and I’m feeling “clearer and able to focus better.”

These quantitative and qualitative changes combined suggest that participants are on a trajectory for decreased risk of relapse and/or child abuse, and improved relationships with their own selves and with family members. Follow up with program alumni is currently under way to assess participants’ success in maintaining these outcomes over time.

Conclusion

Offering mindfulness-based parenting education programs in partnership with other community and social service agencies both increases the accessibility of parenting education and increases potential impact, particularly by building protective factors across disciplines and professions at individual, family, and community levels. The public would benefit from comparable integrative interventions that incorporate mindfulness and parenting education and collaborate with service

organizations in a similar fashion to the featured program. Similar collaborative programs have the potential to synergize desired outcomes in fields not limited to substance abuse rehabilitation.

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