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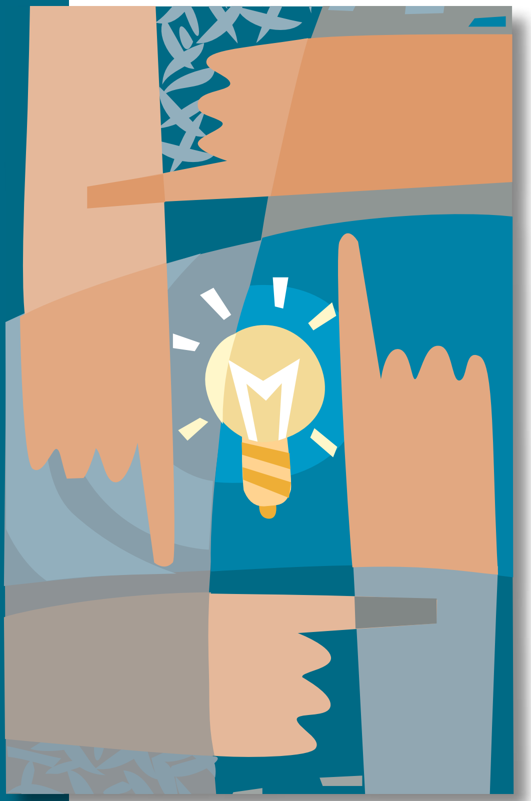
Parent to Parent

A Synthesis of the Emerging Literature



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Contents

Parent to Parent:

A Synthesis of the Emerging Literature

Introduction 1

Purpose

Parent-to-parent programs can serve as a base of support for parents in a multitude of situations. Most commonly, parent-to-parents programs serve parents of children with emotional and behavioral disorders and children with physical disabilities or chronic health problems. Learning about their child's disorder, the services available to them, and coping with family stress can be extremely difficult for most parents. Parent-to-parent programs offer supports to these parents by matching them with parents who understand the stress by virtue of shared experience (i.e., have a grown or older child with the same or similar disorder), and can offer experience-based advice for coping with daily demands.

Parent-to-parent support is a method through which parents can build self-efficacy. Bandura (1997) detailed four main sources from which individuals build self-efficacy: (1) enactive mastery experiences (prior successful experiences), (2) vicarious experiences (learning from others), (3) verbal persuasion (understanding from peers), and (4) physiological and affective state (stress affects self-efficacy). Parent-to-parent programs generally provide support in each of these areas. The combination of referral parent and veteran parent experiences allows the referral parent to build strengths and expand their capacities and limits through enactive mastery experiences. Connection with the veteran parent also allows the referral parent to gain knowledge of a norm group from which to judge their capacities in dealing with their child and the child's needs. The social support provided by the veteran parent can be considered verbal persuasion, as the veteran parent believes in the referral parent's capacities and tells them so. Parent-to-parent support has also been designed to reduce parent stress, thus changing their physiological and affective state. Through these supportive interactions of parent-to-parent programs, parents become more self-efficacious in their interactions with their child and service providers.

Consumer provided services are defined by Solomon & Draine (2001) as "services provided by consumers… who are employed to deliver services to others" (p. 21). Parent-to-parent support is a consumer delivered service in which parents providing support have experiential knowledge (i.e., shared experiences) with the parent receiving support. Parents providing support, who are often referred to as veteran parents, have shared similar experiences with those receiving support (referral parents) and were previously or are currently consumers of similar services. Those utilizing consumer provided services report high satisfaction and perceived improvement for outcomes of satisfaction, quality of life, and social functioning *(Solomon & Draine, 2001).*

A large pool of information exists concerning parent support. Research on parent-to-parent support, specifically, can be difficult to uncover and varies greatly in purpose and design. This literature review attempts to provide a synthesis of the emerging literature pertaining to parent-to-parent support. The purpose of this review is twofold: (1) to uncover any evidence of the effectiveness of parent-to-parent support; and (2) to examine the concepts, constructs, and key elements of parent-to-parent that should be considered when designing a program (i.e., case management, training, and contact methods).

Method

A search of literature pertaining to parent-to-parent support programs was conducted to examine the effectiveness of parent-to-parent support and the concepts, constructs, and key elements of peer support that should be considered when designing a program (i.e., case management, training, education, and parent matching). Three search engines were utilized in the search: PsycINFO (EBSCO) (http://web.ebscohost.com), ERIC (http://www.eric.ed.gov), and OVID (http://ovidsp.tx.ovid.com). The literature available pertaining to parent support exceeds 10,000 articles, thus the literature search required significant refining in order to meet the specific parent-to-parent requirements of this review. Early attempts to refine "parent support" used the key term "peer to peer," from which the results were too broad. The key terms most successful for narrowing the databases included combinations of: social support groups, mental health, parent to parent, parent-to-parent, support group, parent, and children.

Using the aforementioned key words, the original pool of information on parent support was narrowed to approximately 5000 articles and book chapters. These remaining studies were then reviewed by staff to determine inclusion in this document. Due to the family movement that occurred in the late 1980s and early 1990s, this review focused on studies published during or after 1990. Studies were further excluded if they were dissertations or were employed with designs that did not examine parents receiving support from parents who had shared similar experiences. Studies examining parent-to-parent support, from the level of a single program to a survey of programs nationwide, were accepted for review.

Results

A total of 31 studies uncovered met the preset criteria for parent-to-parent support and are detailed within this review. For organizational purposes, the studies were divided into five categories dependent on the research design they employed: (a) topical discussion (n=4; 13%); (b) descriptive (n=11; 35%); (c) qualitative (n=4, 13%); (d) quasi-experimental (n=3; 10%); and (e) random control design (n=9; 29%). Within each category, the articles were further divided into three sub-categories based on their topic: (a) mental health (n=11; 35%), which refers to studies in which participants were parents of children in need of mental health services; (b) disability or chronic illness (n=18; 58%), which refers to studies in which participants were parents of children with physical disabilities, premature birth, and/or chronic illnesses; and (c) general parenting (n=2; 7%), which refers to articles that did not have a disability-specific purpose for parent support. Furthermore, the studies are organized throughout the review using the same categorization system, additionally arranging them in alphabetical and then chronological order within the sub-categories. For ease of access within the document, a complete organizational dissection of the studies within this review, including the author, year, and study number, is located in Table 1.

Each of the thirty-one studies uncovered in this review was summarized, and available data were recorded pertaining to population studied and sample size, intervention and study purpose, definition and key elements of support, study design and methodology, measurement and instrumentation, and results and conclusions (with the exception of three of the topical discussions, which provided information based on the topic, discussion purpose, and definition and key elements of support). These study summaries can be found in the Literature Review section at the end of this document.

Table 1: Study Organization

Topic	Type of Study				
	Topical Discussion	Descriptive	Qualitative	Quasi-Experimental	Random Control Trial
Mental Illness	Ireys, 1998 (1)	Adams, 2006 (5) Hoagwood, 2008 (6) Koroloff, 1991 (7) Santelli, 1995[a] (8) Santelli, 1993 (9) Vandereycken, 2005 (10)	Slowik, 2004 (16)		Eliot, 1998 (23) Ireys, 2006 (24) Rhodes, 2008 (25)
Disability/ Illness	Hartman, 1992 (2) Santelli, 1997 (3)	Baum, 2004 (11) Foreman, 2005 (12) Ireys, 2001 (13) Santelli, 2000 (14) Santelli, 1996 (15)	Ainbinder, 1998 (17) Kerr, 2000 (18) Konrad, 2007 (19)	Ireys, 2001 (20) Palit, 2006 (21) Roman, 2005 (22)	Ireys, 2001 (26) Ireys, 1996 (27) Preyde, 2003 (28) Silver, 1997 (29) Singer, 1999 (30)
General Parenting	Hogan, 2002 (4)				Kottman, 1993 (31)

[a] Study covers the combined topics of mental, emotional, and disability problems.

The Definition and Key Elements of Parent to Parent Support

The concept of parent support was the focus in every study; however, only 26 of the 31 studies provided a definition of parent-to-parent support. These definitions were inconsistent in their depth and detail across studies and can be easily compared by viewing Table 2. Likewise, the constructs of parent support were inconsistently described across studies, ranging from generic explanations of veteran parents (those with shared similar experiences) to intricate details of parent training and supervision. A general consensus existed across studies, though, that parent-to-parent support includes parents coping with children with a variety of problems (e.g., mental health and chronic illness) and parents who have shared a similar experience and can offer support in various forms.

Key elements of parent-to-parent programs were not only inconsistently detailed across studies, but extremely varied within those studies reporting them. In parent-to-parent support programs such as the one conducted by Foreman, Willis, & Goodenough (2005), parents who might be in need of support are informed of the group's existence and attend the offered meetings at their choosing. Other parent-to-parent programs have firmer guidelines, placing responsibility on the veteran parent to provide support to the parent in need. For example, Ireys et al. (2001) designed a program wherein the supporting parents made a specified number of visits to the family, contacted the parents at least biweekly, and participated in special events with the families. In consideration of the difference in the key elements of parent-to-parent programs, it is important to note that each program is designed with the intention of meeting the needs of the parent participants and that some level of modification is expected across studies.

Table 2. Parent-to-parent definitions of support across twenty-six studies

Topic	Source [b]	Definition of Support
Mental Health	Ireys, DeVet, & Sakwa (1998) (1)	Social support is defined as information leading people to believe they are esteemed and valued and that they belong to a network of mutual obligations
	Adams, Westmoreland, Edwards, & Adams (2006) (5)	Connections with parents who have had similar experiences.
	Koroloff & Friesen (1991) (7)	Support includes a combination of functions (information, parent-to-parent support, advocacy), and may be formally constituted, affiliated with larger formal organizations, or simply informal meetings with less participants.
	Santelli, Turnbull, Marquis, & Lerner (1995) (8)	"Parent to parent programs provide emotional and informational support to parents of children with special needs by matching a trained veteran parent in a one-to-one relationship with a parent newly referred to the program."
	Santelli, Turnbull, Marquis, & Lerner (1993) (9)	Parent-to-parent programs provide emotional and informational support through one-to-one matches. This support is more informal, flexible, spontaneous, and individualized than the support that is generated in group settings.
	Vandereycken & Louwies (2005) (10)	Parents provided support to parents with whom they've shared a similar experience (specifically, raising a child with an eating disorder).
	Slowik, Willson, & Loh, (2004) (16)	Parent support groups offer the opportunity for problem sharing and containment of anxiety through a psychosocial network.
	Ireys & Sakwa (2006) (24)	"Information leading people to believe they are esteemed and valued and that they belong to a network of mutual obligations."
	Rhodes, Bailee, Brown, & Madden (2008) (25)	"Parent-to-parent consultations offered families an intense emotional experience which empowered them with the hope to believe that they too could achieve the goal of recovery."

[b] For ease of access within the document, the author, year, and study number are listed.

Topic	Source [b]	Definition of Support
Disability/Illness	Hartman, Radin & McConnell (1992) (2)	"Peer support provides benefits of experiential learning and helps to connect families with each other. "
	Santelli, Turnbull, Marquis, & Lerner (1997) (3)	Programs help parents who have children with special needs find each other and become reliable allies for each other. They provide parents with the opportunity to connect with and support each other through informational and emotional support, and through reciprocity.
	Baum (2004) (11)	Parent-to-parent support mediated by computers.
	Foreman, Willis, & Goodenough (2005) (12)	To provide parents with an opportunity to access information relevant to their child's treatment and living with a life-threatening illness, as well as to meet other parents in similar situations.
	Ireys, Chernoff, Stein, DeVet, & Silver (2001) (13)	"Information leading people to believe they are esteemed and valued and that they belong to a network of mutual obligations." Includes further descriptions of informational, emotional, and affirmational supports.
	Santelli, Turnbull, Marquis, & Lerner (2000) (14)	"Parent-to-parent programs provide emotional and informational support to parents of children who have special needs. New parents are helped to interpret and understand the system and to find the best possible services for their young children with special needs."
	Santelli, Turnbull, Sergeant, Lerner, & Marquis (1996) (15)	Programs match referred parents with a veteran parent who develops a one-to-one relationship in which the parents arrange their own supportive interactions, including informational and emotional supports.
	Ainbinder, Blanchard, Singer, Sullivan, Powers, Marquis, & Santelli. (1998) (17)	Support from similar others.
	Konrad (2007) (19)	"Veteran parents can provide parents of newly diagnosed children with personal and practical recommendations for managing and adapting to unexpected life circumstances."
	Ireys & DeVet (2001) (20)	"Information leading people to believe that they are esteemed and valued and that they belong to a network of mutual obligations."
	Palit & Chatterjee (2006) (21)	"Support services for parents of disabled students in which support is provided by a team of volunteer parents who themselves have children with disabilities. Support aims to reduce stress, insecurity, and helplessness, and to develop motivational level, patience, and tolerance."
	Roman, Lindsay, Boger, DeWys, Beaumont, Jones, & Haas (1995) (22)	Veteran parent support as adapted for the NICU was defined as emotional, informational, and appraisal support provided by an experienced, volunteer parent of a preterm infant to a parent of a preterm infant for the purpose of increasing parents' environmental resources.
	Ireys, Chernoff, DeVet, & Kim (2001) (26)	"Information leading people to believe that they are esteemed and valued and that they belong to a network of mutual obligations."
	Ireys, Sills, Kolodner, & Walsh (1996) (27)	The program focused on enhancing three types of social support, informational support (sharing information about services, practical tips for dealing with teachers and health providers), affirmational support (praising the mother's parenting and identifying their competencies an providing positive feedback), and emotional support (listening to mothers' concerns, demonstrating continued interest in experiences, and communicating an understanding of feelings and concerns.
	Preyde & Ardal (2003) (38)	A connection with a parent who has shared experiential knowledge.
	Silver, Ireys, Bauman, & Stein (1997) (29)	"To improve the mother's psychological status by increasing her social support and access to relevant information, services, and knowledgeable advisors… To make mothers feel more empowered and active participants in their children's health care… To discuss specific issues related to the child's health condition, and attempt to identify and address the needs and concerns of other family members as well."
General Parenting	Hogan, Linden, & Najarian (2002) (31)	An exchange between providers and recipients that provides emotional (verbal and nonverbal communication of caring and concern), informational (the provision of information used to guide or advise), and instrumental (the provision of material goods, such as money, transportation, and physical assistance) support.

Discussion

Since parent-to-parent programs were first initiated in the early 70s, this important resource for families with children who have disabilities can now be found operating in most communities thought the country. There is however, great diversity in the nature of the programs and in the settings in which they are offered (Hoagwood et al., 2007; Santelli et al., 1993). For example, some parent-to-parent organizations are limited to offering resources and information to parents, while others offer peer-to-peer emotional and informational support. In the case of families of children who have mental health needs, a recent national survey of family organizations found that education, advocacy, and peer-to-peer support are primary roles for families (Hoagwood et al., 2007).

The purpose of this literature review was to examine the empirical evidence for parent-to-parent support programs and to identify the major concepts, constructs and key elements of these programs. As a result of our review, it is clear that while literally thousands of articles have been written about parent to parent support, there are very few rigorous studies evaluating its effectiveness. At the conceptual level, we found very little consistency in the definition of parent support, the key elements of the programs were inconsistently detailed across articles, and the nature of the outcomes studied varied.

Only nine rigorous studies were uncovered and only three of these were conducted in the mental health area including one study focusing on parent of youth with eating disorders. When considered as a group, these nine studies primarily focused on the impact of parent to parent support on the emotional functioning of parents (anxiety, depression, anger, or inadequate coping skills) with seven studies findings positive results with parents who had these problems. Further, two studies explored level of empowerment of family members with one study finding positive results and the other finding no changes in empowerment levels. Finally, only one study examined service use with positive indications that parent-to-parent support increases service initiation but these effects did not sustain over time.

The results from descriptive and qualitative studies were unanimous in their documentation that parents found parent-to-parent support programs helpful and valuable. A national survey of family mental health organizations confirms that over 90% of respondents reported that providing peer-to-peer support is one of the most important roles for families and 85% of family mental health organizations surveyed reported providing parent-to- parent support.

In conclusion, while the empirical base for parent-to-parent support is limited, the results from the studies reviewed are encouraging. It appears that parent-to-parent support programs are valued by parents and may improve emotional functioning of parents who have children with disabilities and help them improve their coping skills. The review also revealed that the parent to parent support field is in need of conceptual and theoretical refinement. This step is critical in advancing our knowledge of the mechanisms and drivers of effective parent to parent support that will produce improved emotional functioning of families and increase access to services, better partnerships with providers, and ultimately improved outcomes for children.

Literature Review 2

Topical Discussions

Mental Health

1. Ireys, H. T., DeVet, K. A., & Sakwa, D. (1998).Family support and education. In M.H. Epstein, K. Kutash, & A.J. Duchnowski (Eds.), *Outcomes for Children and Youth with Emotional Disorders and their Families: Programs and Evaluation Best Practices* (pp. 154-175). Austin, TX: Pro-Ed.

Disability & Illness:

2. Hartman, A. F., Radin, M. B., & McConnell, B. (1992). Parent-to-parent support: A critical component of health care services for families. *Issues in Comprehensive Pediatric Nursing, 15*, 55-67.
3. Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (1997). Parent-to-parent programs: A resource for parents and professionals. Journal of Early Intervention, 21(1), 73-83.

General Parenting:

4. Hogan, B. E., Linden, W., & Najarian, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review, 22*, 381-440.

Study 1

Reference	**Topical Discussion – Journal Article** Ireys, H. T., DeVet, K. A., & Sakwa, D. (1998).Family support and education. In M.H. Epstein, K. Kutash, & A.J. Duchnowski (Eds.), *Outcomes for Children and Youth with Emotional Disorders and their Families: Programs and Evaluation Best Practices* (pp. 154-175). Austin, TX: Pro-Ed.
Topic	The family support program Family Connections.
Discussion Purpose	To describe 5 conceptual areas commonly underlying parent support programs.
Results & Implications	1. **Effects of social support** – defined as information leading people to believe they are esteemed and valued and that they belong to a network of mutual obligations. Experienced individuals (veteran parents, mentors, etc.) bring new resources – information, genuine empathy, new or renewed sense of community, practical connections to services. 2. **Value of "weak ties" in social networks** – parents of youth with SED report many unmet needs when working with traditional service providers; a support partner may function as a "weak tie" by developing only an acquaintance relationship, yet within this relationship, the partner may link a parent to community resources, people, or institutions and thus serve as a relationship or social network bridge-builder. 3. **Emotional reactions to offers of help** – help is typically offered without considering recipient reactions to aid – (a) feelings of indebtedness or inequity may result and can be addressed by emphasizing opportunities for reciprocity and (b) altruistic acts are often viewed with suspicion – 2 factors are important to consider – recipient's attributions regarding the intention and motives of the donor and recipient's belief about the implicit message contained within the offer of help – Focus on external reasons that may explain why persons need extra assistance and the benefits of reciprocal assistance within a group of parents facing similar issues. 4. **Social comparison processes** – social comparison theory – persons tend to feel better when they compare themselves favorably with others in similar situations. Social comparison processes can lead to unintended negative consequences unless carefully monitored (e.g., may feel they could never be as competent as a veteran peer). Thus, peer partner must acknowledge that he or she has been through a similar experience, every person's experience is unique, and his or her own efforts may have yielded success only after a long time. Person with experiential expertise can be effective because he or she can encourage hope by being an example of a survivor, communicate an understanding of the stressful event by virtue of "having been there" and offer programmatic, experience-based advice in dealing with day to day demands. Because of similar experiences, they can understand what the person is going through but avoid the potential negative consequences of threatening comparisons. 5. **Empowerment** – concept includes both a sense of choice and active participation in one's life circumstances; suggests that change results from collaborations between professionals and community members. Related to a sense of efficacy – persons who may have felt little power to affect change recognizes their potential to do so. This potential can be realized when circumstances are supportive – understands need for support and can establish own network if no useful one is available (e.g., natural supports may not prove adequate b/c they lack relevant experience and understanding, thus veteran parents may be more useful. Sense of efficacy, the perception that challenges in caring for a child can be met in an increasingly successful manner, is an important resource b/c those with low efficacy are vulnerable to anxiety, depression, and distress.

Study 2	
Reference	Topical Discussion – Journal Article Hartman, A. F., Radin, M. B., & McConnell, B. (1992). Parent-to-parent support: A critical component of health care services for families. *Issues in Comprehensive Pediatric Nursing, 15*, 55-67.
Topic	Parent-to-parent support for families with children with medical conditions or disabilities.
Discussion Purpose	1. To describe the philosophy and contributions (in the health care setting) of parent-to-parent support. 2. To describe the ways that health care providers can assist in creating an environment in which professionals and parents can work together more effectively.
Definition and Key Elements of Support	Definition: Peer support provides benefits of experiential learning and helps to connect families with each other. A peer support network for parents of children with medical conditions or disabilities can help parents to: 1. Foster acceptance and understanding of their children's needs. 2. Develop adequate coping mechanisms. 3. Obtain information on available programs, services, and resources. 4. Develop skills to participate fully on a peer basis in decisions regarding their families' needs. Family Support Network (FSN): a coordinated network of parents who have children with special needs. FSN county coordinators: 1. Are liaisons with professionals and other parent groups. 2. Assist referral parents who request one-to-one support by matching them with a trained support parent. 3. Collect information about medical, social, economic, and professional resources. 4. Assist with the training of support parents. 5. Coordinate support group meetings. 6. Serve as liaisons between parents and professional service providers. Key Elements: FSN support parents provide other parents with: empathetic support and understanding; practical coping strategies; and models for positive adaptation to living with children with special needs. Support parents share their knowledge of service delivery systems, experience in assessing family needs and finding programs, and strategies for successful collaboration with professionals. Support parents training includes: 1. Family-centered care. 2. The philosophy of parent-to-parent support. 3. The process of grieving. 4. Communication and problem-solving skills. 5. National, state, and community resources available to families with children with special needs. FSN has three critical assurances to its training: 1. Support parents must have clear understandings of the role they are playing and the tools and knowledge that enable them to do it. 2. Parent training leads to confidence and credibility in referrals made by physicians, nurses, and teachers. 3. Help-seeking parents have a reasonable assurance that the help they received comes with experience and quality. Health care professionals can enhance parent-to-parent support by: 1. Making referrals to parent-to-parent support early in the relationship. 2. Recognizing parents' feelings and concerns. 3. Recognizing parents as important and integral parents of the decision-making team. 4. Providing complete written and verbal medical information to parents (repeating as much as necessary). 5. Appreciating the unique value and coping methods of each family. 6. Providing understanding, support, and assistance as families develop strengths and solutions. 7. Providing parents with information about national, state, and community resources.

Study 3	
Reference	Topical Discussion – Journal Article Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (1997). Parent-to-parent programs: A resource for parents and professionals. *Journal of Early Intervention, 21*(1), 73-83.
Topic	Parent-to-parent support for families with children with special needs.
Discussion Purpose	The purpose was to introduce Parent to Parent support by: 1. Featuring the matched experience of two parents. 2. Describing the results of a national survey of local Parent to Parent programs. 3. Presenting guidelines for starting a Parent to Parent program. 4. Suggesting resources that are available nationally to those interested in Parent to Parent support.
Definition of Support, Results & Implications	Definition: Parent to Parent programs help parents who have children with special needs find each other and become reliable allies for each other. They provide parents with the opportunity to connect with and support each other. 1. Informational Support: veteran parents are able to provide informational support in comfortable ways due to special training on how to serve as an effective veteran parent any by sharing common joys and challenges with the referral parent. 2. Emotional Support: veteran parents have shared similar experiences, such as through the neonatal intensive care units, which allow them to understand the emotions that accompany life with a disability. Parents forge connections that help them to acknowledge their feelings and plan for the future. 3. Reciprocity: After the more immediate emotional and informational needs of the referred parent are met, Parent to Parents matches are often reciprocal, with both parents acknowledging their importance to each other as reliable allies and friends. Survey data between the years of 1989 and 1993 of 375 local Parent to Parent program administrators and 600 referred and veteran parents from 115 different Parent to Parent programs in 43 states showed: 1. Most Parent to Parent programs are parent-directed. 2. Most Parent to Parent programs (98%) are cross-disability. 3. Parent to Parent programs provide support to parents of children of any gender or age, though 85% of the children are under the age of 12 years. 4. Most referrals (88%) come from members of the medical profession. 5. Most Parent to Parent programs (76%) provide training to veteran parents before they are matched. 6. Most parent matches (>90%) are made by similar disability and family issues. 7. Most parents (>60%) report the most important parts of their match to be the emotional and informational support they receive from their veteran parent. 8. At least 84% of veteran parents report that they also receive support from group activities and program coordinators as they strive to support others. Information for and about Parent to Parent programs: 1. Parents and professionals looking for a Parent to Parent program can contact statewide programs in at least 25 states to learn about local programs or by calling the Beach Center. 2. Communities that are considering developing a Parent to Parent program should consider: a. Sponsorship – the program can be an entirely volunteer organization or sponsored by a service provider agency, disability organization, or existing parent group. b. Seeking funding – programs can seek funds by requesting donations, writing for local and state grants, and staging community-based fundraising efforts. c. Learning more about Parent to Parent support – more information can be learned form state organizations and the Beach Center. d. Informing local service providers – use person-to-person contacts, printed materials, and the media to get word out about the program. e. Recruiting and training veteran parents should include – orientation to the program, positive philosophy about persons with disabilities, self-awareness activities, community resource information, communication and listening skills, and adjustment to the disability experience. f. Establishing the referral and matching system – matches should be made on as many similar factors as possible and veteran parents should be offered follow-up support.

Study 4	
Reference	Topical Discussion – Journal Article Hogan, B. E., Linden, W., & Najarian, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review, 22*, 381-440. Keywords: social support, intervention, efficacy
Topic	This study is a review of 100 studies published between 1970 and the first seven months of 2000 that pertain to social support, intervention, treatment, and therapy.
Discussion Purpose	1. To provide some order to the expansive literature on peers support by classifying the interventions in a manner useful to both researchers and practitioners. 2. To review the difficulties in translating social support research into effective interventions.
Definition and Key Elements of Support	Definition: An exchange between providers and recipients that provides emotional (verbal and nonverbal communication of caring and concern), informational (the provision of information used to guide or advise), and instrumental (the provision of material goods, such as money, transportation, and physical assistance) support. Requirements of the Parent Support Provider: Varied by study. Key Elements: Varied by study.
Study Design & Methodology	A three-tier classification system was used to categorize the research, including: group vs. individual programs; professionally led vs. peer-provided treatment; and interventions where an increase of network size or perceived support was the primary target vs. those where building social skills was the focus.
Results & Implications	1. Support interventions are reasonably successful – 39% of studies reported that support interventions were superior to no-treatment or standard care controls. 83% of studies reported at least some benefits of support interventions relative to either no-treatment or active controls. 2. There are some suggestions that support provided by friends and/or family members and by peers is beneficial and that social support skills training may be especially useful. 3. Interventions that emphasized reciprocal support demonstrated more encouraging results. 4. The most salient problem across studies is that most do not include a measure of social support. Those that did utilized over 30 different measures, many lacking definitional specificity. 5. The kind of support, who provides the support, and contextual issues all impact whether support is perceived as beneficial. 6. Including friends in interventions might be a way to improve levels of perceived support and lessen the detrimental effects of negative social interactions. 7. Group interventions have potential benefits including the instillation of hope, acceptance, belonging, and altruism. 8. Possible explanations for individuals with low levels of support include persons differing in whether they do or do not possess social skills, differing in whether their low level of social supports is voluntary or involuntary, and differing in whether their low level of social support is transient or enduring.

Descriptive

Mental Health:

5. Adams, J., Westmoreland, E., Edwards, C., & Adams, S. (2006). The "Keys for Networking": Targeted Parent Assistance. *Focal Point, 20*(1), 15-18.
6. Hoagwood, K. E., Green, E., Kelleher, K., Schoenwald, S., Rolls-Reutz, J., Landsverk, J., Glisson, C., & Mayberg, S. (2008). Family Advocacy, Support and Education in Children's Mental Health: Results of a National Survey. Admin Policy Mental Health, *35*, 73 - 83.
7. Koroloff, N. M., & Friesen, B. J. (1991). Support groups for parents of children with emotional disorders: A comparison of members and non-members. *Community Mental Health Journal, 27*(4), 265-279.
8. Santelli, B., Turnbull, A. P., Marquis, J. G., & Lerner, E. P. (1995). Parent-to-parent programs: A unique form of mutual support. *Infants & Young Children, 8*(2), 48-57.
9. Santelli, B., Turnbull, A. P., Marquis, J. G., & Lerner, E. P. (1993). Parent-to-parent programs: Ongoing support for parents of young adults with special needs. *Journal of Vocational Rehabilitation, 3*(2), 25-37.
10. Vandereycken, W., & Louwies, I. (2005). "Parents for Parents": A self-help project for and by parents of eating disorder patients. *Eating Disorders, 13*, 413-417.

Disability & Illness:

11. Baum, L. S. (2004). Internet parent support groups for primary caregivers of a child with special health care needs. *Pediatric Nursing, 30*(5), 381-401.
12. Foreman, T., Willis, L., & Goodenough, B. (2005). Hospital-based support groups for parents of seriously unwell children: An example from pediatric oncology in Australia. *Social Work with Groups, 28*(2), 3-21.
13. Ireys, H. T., Chernoff, R., Stein, R. E. K., DeVet, K. A., & Silver, E. J. (2001). Outcomes of community-based family-to-family support: Lessons learned from a decade of randomized trials. *Children's Services: Social Policy, Research, and Practice, 4*(4), 203-216.
14. Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (2000). Statewide parent-to-parent programs: Partners in early intervention. *Infants & Young Children, 13*(1), 74-88.
15. Santelli, B., Turnbull, A. P., Sergeant, J., Lerner, E. P., & Marquis, J. G. (1996). Parent to parent programs: Parent preferences for supports. *Infants & Young Children, 9*(1), 53-62.

Study 5	
Reference	Article Adams, J., Westmoreland, E., Edwards, C., & Adams, S. (2006). The "Keys for Networking": Targeted Parent Assistance. *Focal Point, 20*(1), 15-18.
Population Studied & Sample Size	Parents of youth with SED in Kansas – article review based on dissertation conducted by the University of Kansas School of Social Work (Cheon & Chamberlain, 2003) – sample size was not reported.
Intervention & Study Purpose	The intervention, Keys for Networking, uses the Keys Targeted Parent Assistance (TPA) model to provide system infrastructure to create and sustain parent connections. With TPA, parents receive help and become connected to the network, learning the keys to networking so that they can become help-givers.
Definition and Key Elements of Support	Definition: Connections with parents who have had similar experiences. Requirements of the Parent Support Provider: Parents of children who have or are at risk for emotional/behavioral problems and who have completed at least eight of the ten levels of the Keys program. Key Elements: Phone calls, meetings, and training sessions are mentioned, but there is no apparent organized structure for the implementation of support aside from ascension through the ten levels.
Study Design & Methodology	Descriptive Participants are guided through a ten-level continuum that takes them from seeking help to becoming a systems change agent. The ten levels fall within three stages: Initiation, Solution-Focused, and Expanding Interests.
Measurement & Instrumentation	Parents' progression was detailed by the Keys staff as they proceeded through the ten levels. Parents were tracked as they received interventions and moved forward.
Results & Implications	1. The pace for the first three levels of the program is quick (averaging 2.5 months per level), but slows during levels 4-6 (averaging 4.6 months per level), and again during levels 7-10 (averaging 6.3 months per level). 2. The level of engagement the parent achieves relates to their Keys activity level. Two years after initiating the program, only 26.3% of low-level (1-4) parented maintained contact with the Keys program, while 67.2% of high – level parents (5-10) did the same. 50.4% of parents who became inactive did so at the first level. The data showed that only 29% of minority parents remained active after two years compared to 44.5% of Caucasian parents. 3. Implications: staff must respond quickly to meet parents' needs at lower levels (1-3) to improve retention and promote depth of engagement.

Study 6

Reference	Journal Article Hoagwood, K. E., Green, E., Kelleher, K., Schoenwald, S., Rolls-Reutz, J., Landsverk, J., Glisson, C., & Mayberg, S. (2008). Family Advocacy, Support and Education in Children's Mental Health: Results of a National Survey. Admin Policy Mental Health, *35*, 73 - 83. Keywords: family advocacy, family-based services, children's mental health, education organizations
Population Studied & Sample Size	Participants included 226 directors of Family Advocacy, Support and Education Organizations (FASEO) that explicitly promoted children's mental health services.
Intervention & Study Purpose	Collected data in four areas: 1. The infrastructure and funding sources for FASEOs. 2. The major factors influencing advocacy decisions about children's mental health. 3. Service delivery within FASEOs and factors perceived as related to improved outcomes for children. 4. The types of working relationships among FASEOs and local mental health clinics. Purpose: To examine the nature of family support efforts and organizations pertinent to children's mental health and discusses the strengths and weaknesses of various organizational structures linking family-based organizations and local providers.
Definition and Key Elements of Support	The study examined the roles of support/advocacy programs – no specific definition or elements were given.
Study Design & Methodology	Descriptive
Measurement & Instrumentation	Semi-structured interviews including items about family advocacy, support and education, techniques employed, decision making concerning advocacy, most salient issues in advocacy, and factors that influence advocacy.
Results & Implications	1. Three fourths of FASEOs are affiliated with national organizations. 2. Funding support for FASEOs is provided primarily by private donations. 3. Advocacy decision-making is represented by a network that uses a variety of approaches to communicate information to members and the public (i.e.: printed media, workshops, websites). 4. It would be advantageous to examine the relative advantages of various communication strategies in accomplishing public awareness goals, reducing stigma, and effecting behavior change. 5. The most salient issues involve public awareness of mental health and family involvement. 6. The significant shortages of workforce capacity in mental health services could be addressed using family members to lead support groups, train other families, and be liaisons with mental health providers. 7. The drivers of decision-making are most commonly advisory boards and informal member meetings.

Study 7	
Reference	Journal Article Koroloff, N. M., & Friesen, B. J. (1991). Support groups for parents of children with emotional disorders: A comparison of members and non-members. *Community Mental Health Journal, 27*(4), 265-279.
Population Studied & Sample Size	Participants included a national sample of parents whose children have emotional disorders (n = 834).
Intervention & Study Purpose	Purposes: To determine between the group and non-group members… 1. How the demographic characteristics differed. 2. How the services and information needs differed. 3. How the service and information use compared. 4. How coping patterns differed.
Definition and Key Elements of Support	<u>Definition</u>: None given – support includes a combination of functions (information, parent-to-parent support, advocacy), and may be formally constituted, affiliated with larger formal organizations, or simply informal meetings with less participants. <u>Requirements of the Parent Support Provider:</u> Several parents of children with emotional disabilities met on a regular basis to discuss problems and help one another. <u>Key Elements:</u> None – analysis of multiple support groups
Study Design & Methodology	Quasi-experimental design. Data was collected through written, mailed questionnaires. The parents were assigned to two groups: parents who indicated that they were currently attending a parent support group (38%), and those that indicated that they were not (62%).
Measurement & Instrumentation	Parent Survey – a questionnaire developed for this study.
Results & Implications	1. Support group members used significantly more types of services and used in them in greater frequency than non-group members. 2. Support group member were more involved in "involvement with other parents," "community volunteer activities," and "involvement in advocacy."

Study 8

Reference	Journal Article Santelli, B., Turnbull, A. P., Marquis, J. G., & Lerner, E. P. (1995). Parent-to-parent programs: A unique form of mutual support. *Infants & Young Children, 8*(2), 48-57. Keywords: mentor parents, mutual support, parent support, Parent to Parent.
Population Studied & Sample Size	Participants included referred and veteran parents from 267 Parent-to-Parent programs serving roughly 20,000 families in 47 states. Most of the programs were cross-disability and matched parents whose children had a range of physical, mental, and emotional disabilities.
Intervention & Study Purpose	Research Questions: 1. Who participates in Parent to Parent programs and what disabilities are represented? 2. How are one-to-one matches made and what are the characteristics of the matched interactions? 3. What types of emotional and informational supports are provided to and preferred by referred parents who participate in Parent-to-Parent programs? 4. What supports are veteran parents receiving before and during their matches with referred parents?
Definition and Key Elements of Support	Definition: "Parent to parent programs provide emotional and informational support to parents of children with special needs by matching a trained veteran parent in a one-to-one relationship with a parent newly referred to the program." Requirements of the Parent Support Provider: Varied by program. Key Elements: Varied by program.
Study Design & Methodology	Descriptive Questionnaires were divided into categories: family demographics, reasons for participation in the program, nature of the match, types of emotional support received and preferred, and other program supports above and beyond the matched experience. Veteran questionnaires also probed their training experience.
Measurement & Instrumentation	Two questionnaires – one for referred parents and one for veteran parents.
Results & Implications	1. Parents participating in a Parent to Parent program tend to be Caucasian mothers from two-parent families with an income > $35,000. 2. Physicians are mentioned most often by parents as referral sources. 3. Referred parents are matched most often (and prefer most) by similar disability and family issues. The second most common match criterion is the age of the family member with special needs. 4. Referred parents prefer having the veteran parent contact them within 24 hours of their match. 5. A broad range of supports are provided by Parent to Parent programs. The areas of support most commonly mentioned as important part of the match by parents are: emotional support (having someone there to listen and understand), information about disability and day-to-day living issues, and group meetings for emotional and educational support. 6. Families in early intervention prefer relationships with veteran parents that are informal, individualized, built on trust, and responsive to family needs.

Study 9	
Reference	Journal Article Santelli, B., Turnbull, A. P., Marquis, J. G., & Lerner, E. P. (1993). Parent-to-parent programs: Ongoing support for parents of young adults with special needs. *Journal of Vocational Rehabilitation, 3*(2), 25-37.
Population Studied & Sample Size	Participants included 257 traditional Parent-to-Parent programs (those that provided emotional and informational support to families through one-to-one relationships with veteran parents).
Intervention & Study Purpose	Purpose: To identify Parent-to-Parent programs nationwide, gather and analyze descriptive information from program administrators about the programs, specifically the family demographics, administrative structure and organization, and the supports and services offered by the programs.
Definition and Key Elements of Support	<u>Definition</u>: Parent-to-parent programs provide emotional and informational support through one-to-one matches. This support is more informal, flexible, spontaneous, and individualized than the support that is generated in group settings. <u>Requirements of the Parent Support Provider:</u> Veteran parents of family members with disabilities who are a few years ahead of the referred parent in the family life cycle. <u>Key Elements:</u> Varied by program.
Study Design & Methodology	Descriptive National survey data was collected over a 15-month period.
Measurement & Instrumentation	Program administrator questionnaire
Results & Implications	1. Parent-to-Parent programs are united in the common theme of emotional and informational support provided through a one-to-one match and vary based on the needs of the families they serve. 2. Parent-to-Parent programs operate in every region of the country, are typically small, and the majority of programs have annual budgets less than $5000. 3. Most programs provide services to families with young children. 4. Programs receive referrals from many service providers in the community, more than 75% of which come from medical personnel, socials service representatives, friends and relatives, and staff members of early intervention programs. 5. It is important for veteran parents to be available to respond to newly referred parents within 24 hours of the referral. 6. Key elements to support were found to be empathetic listeners and collaborative problems solvers; information about the disability itself and how to care for the individual with special needs; and information on the available community resources and how to access them.

Study 10	
Reference	Journal Article Vandereycken, W., & Louwies, I. (2005). "Parents for Parents": A self-help project for and by parents of eating disorder patients. *Eating Disorders, 13*, 413-417.
Population Studied & Sample Size	Participants included nine parents (six mothers, three fathers), each with a daughter with a history of an eating disorder.
Intervention & Study Purpose	The intervention, Parents for Parents, was developed in this study out of the needs of parents of children with an eating disorder. Purposes: 1. To train parents to become field experts in supporting other parents in similar situations. 2. To set up and maintain a more widely organized system of guided self-help aimed at reaching a larger group of parents in all phases of the eating disorder. 3. To serve as a model for the promotion of the cooperation between professional aid and voluntary organizations or self-help.
Definition and Key Elements of Support	<u>Definition</u>: Parents provided support to parents with whom they've shared a similar experience (specifically, raising a child with an eating disorder). <u>Requirements of the Parent Support Provider:</u> A trained, veteran parent. <u>Key Elements:</u> Parents provided phone support, intervention sessions, and school lectures.
Study Design & Methodology	Descriptive Parents attended a program for 13 months for an intensive training with two phases, one focused on various topics (eating disorder knowledge, running discussion groups, educational issues, counseling techniques, etc.) and the second focused on trial-and-error in practice with supervision training. The parents' names and contact information were listed on an eating disorders website for them to receive phone calls from other parents and some parents facilitated discussion groups of parents and went to schools to lecture on eating disorders.
Measurement & Instrumentation	A questionnaire was completed at the beginning, midpoint, and end of the training to assess the knowledge and attitudes with respect to eating disorders.
Results & Implications	Eight of the nine parents continue to follow the program and are active volunteers. They continue their intervention sessions and are preparing a training session for new candidates.

Study 11

Reference	Journal Article Baum, L. S. (2004). Internet parent support groups for primary caregivers of a child with special health care needs. *Pediatric Nursing, 30*(5), 381-401.
Population Studied & Sample Size	Participants included 114 primary caregivers of children with special health care needs (CSHCN) participating in internet support groups (IPSG).
Intervention & Study Purpose	Purpose: To determine when, why, and how online support groups may be appropriate for parents of CSHCN.
Definition and Key Elements of Support	Definition: Parent-to-parent support mediated by computers. Requirements of the Parent Support Provider: Members from more than 100 different internet support groups for CSHCN. Key Elements: N/A
Study Design & Methodology	Descriptive Exploratory, retrospective self-report design, direct link to a web-based survey.
Measurement & Instrumentation	Internet survey with 75 questions including sections from: 1. Life Orientation Test-Revised 2. Attitudes Toward Self Test 3. Brief COPE – to assess active coping, planning, positive reframing, and acceptance.
Results & Implications	1. 15% of the sample agreed that IPSG participation was effective in improving somatic health concerns. 2. Long lasting effects were: a. Finding people with similar challenges (79%). b. Receiving guidance and information (59%). c. Being accepted (50%). d. Helping others (22%). e. Having the opportunity to vent (10%).

Study 12

Reference	Journal Article Foreman, T., Willis, L., & Goodenough, B. (2005). Hospital-based support groups for parents of seriously unwell children: An example from pediatric oncology in Australia. *Social Work with Groups, 28*(2), 3-21. Keywords: support group, parent, pediatric oncology, hospital
Population Studied & Sample Size	Participants included twenty parents of eighteen different patients (mean age of 6.4 years) who were being treated at the Centre for Children's Cancer and Blood Disorders (CCCBD) in Sydney Children's Hospital, Australia.
Intervention & Study Purpose	Purpose: 1. To outline potential barriers to group work and outcomes measurement. 2. To provide recommendations for successful future implementation.
Definition and Key Elements of Support	Definition: The aims of the support were to provide parents with an opportunity to access information relevant to their child's treatment and living with a life-threatening illness, as well as to meet other parents in similar situations. Requirements of the Parent Support Provider: There was a group facilitator present; however the parents were encouraged to engage in free flow conversation based on topics and issues of interest. Key Elements: a weekly, semi-structured psychoeducational morning session of ninety minutes was held in a private lounge room on the oncology inpatient ward. Thirty minutes were provided to multidisciplinary speakers and an hour was devoted to general discussion for the parents. The group had open-ended attendance as was promoted through direct approach by the social worker on the ward and passive advertising on ward notice boards and in the family newsletter.
Study Design & Methodology	Descriptive
Measurement & Instrumentation	Parents evaluated each meeting using a standardized 4-point rating scale of helpfulness (of the talk and group discussion), and to separately rate practical aspects of the meeting (time, duration, location, etc). Open-ended questions addressed parents' reasoning for joining the group, how they had discovered it, and if they planned to return. Facilitators kept track of themes raised by parents and observations made during sessions.
Results & Implications	1. This open-ended hospital-based support group was faced with the challenge that membership was comprised of healthy parents in a pediatric health context who were understandably sensitive to the stigma of needing therapy. 2. Hospital-based open-ended formats of group support programs have specific relevance for parents dealing with a diagnosis of childhood cancer. 3. Parents perceived the group as a safe forum for psychosocial support and discussion. 4. Approximately half of the parents reported attending the group for mutual aid and coping, rather than the education or treatment issues.

Study 13

Reference	Journal Article Ireys, H. T., Chernoff, R., Stein, R. E. K., DeVet, K. A., & Silver, E. J. (2001). Outcomes of community-based family-to-family support: Lessons learned from a decade of randomized trials. *Children's Services: Social Policy, Research, and Practice, 4*(4), 203-216.
Population Studied & Sample Size	Participants included parents of children with chronic health conditions. Sample sizes across the three separate programs were 365, 53, and 193.
Intervention & Study Purpose	The intervention was based on a normative model of support networks. All three programs derived from the same conceptual network and were implemented in conjunction with pediatric tertiary care centers.
Definition and Key Elements of Support	<u>Definition</u>: The authors define social support as: information leading people to believe they are esteemed and valued and that they belong to a network of mutual obligations. Three types of support were conceptualized: 1. Informational support includes referrals to new services, practical tips on how to negotiate a service system, or contact information for persons who can help with a problem. 2. Emotional support, defined as a sense that someone is available to listen to one's concerns, has continued interest in one's viewpoints, and wants to understand one's experiences and feelings. 3. Affirmational support refers to verbal or nonverbal messages designed to enhance a parent's confidence that he or she can respond effectively to the demands of parenting a child with special needs. <u>Requirements of the Parent Support Provider:</u> The study focused on veteran parents because they could offer affirmational support with credibility derived from firsthand experience. Mothers were nominated by specialty and general pediatric clinics for this position and three were chosen based on their performance in a training program aimed at enhancing listening skill, swapping stories appropriately, and setting boundaries. <u>Key Elements:</u> Parent supporters made telephone calls to the participants every two weeks, met with them roughly six times during the course of the program, and attended three special events held for the families.
Study Design & Methodology	Descriptive study of three longitudinal, repeated-measures, randomized control trials.
Measurement & Instrumentation	Psychiatric Symptom Index (PSI) – maternal anxiety subscale (was constant across studies) Structured interviews
Results & Implications	1. Each intervention lowered anxiety for mothers who were in high-stress subgroups of the experimental group as compared to the control group. This suggests that parent-to-parent support interventions can decrease psychological risk among this population of parents. 2. Participation in the programs resulted in reported heightened awareness among participants that they have a choice of how to respond to practical problems and that their continuing effort to be an effective parent may be the most important long-term factor. 3. Methodological implications: a. Evaluations of support programs may require the development of better items pertaining to relationship quality and dynamics. b. Empirical evaluations of family support interventions will yield the most productive results if they are companied by qualitative study of program processes and outcomes.

Study 14

Reference	Journal Article Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (2000). Statewide parent-to-parent programs: Partners in early intervention. *Infants & Young Children, 13*(1), 74-88. Keywords: early intervention, mutual support, parent support, Parent-to-Parent
Population Studied & Sample Size	Participants included the coordinators of 18 statewide parent-to-parent programs in 17 states and 37 local parent-to-parent programs in 12 states.
Intervention & Study Purpose	Purposes: To determine the: 1. Demographic and organizational characteristics of statewide parent-to-parent programs. 2. Program components and services that statewide parent-to-parent programs provide. 3. Training and technical assistance statewide programs offer to local programs and parents.
Definition and Key Elements of Support	Definition: "Parent-to-parent programs provide emotional and informational support to parents of children who have special needs. New parents are helped to interpret and understand the system and to find the best possible services for their young children with special needs." Requirements of the Parent Support Provider: trained and experienced veteran parents are carefully matched in one-to-one relationships with parents who are newly referred to the program. Veteran parents have shared the experience of disability in the family and are often able to provide a unique form of support that only another parent who has "been there" can. Key Elements: (as a review of multiple programs, the elements of support were being examined)
Study Design & Methodology	Descriptive Two questionnaires were developed (one for statewide, one for local). The categories assessed for statewide programs were demographic and administrative characteristics, program components, supports, and services, technical assistance provided to local parent-to-parent program coordinators, and materials, resources, and expertise available from the program. Local programs received the same categories except for the last, which was changed to satisfaction of local coordinators with the services provided to them by the statewide program.
Measurement & Instrumentation	Questionnaires
Results & Implications	1. Statewide programs typically start with a volunteer basis and gain funding as they become more established (the sample ranged from $1000 - $500,000 a year). 2. Most statewide programs have established partnerships with other statewide efforts. 3. Statewide programs match parents with parent veterans locally, regionally, and statewide by factors such as the disability and age of the child, specific issues needing to be addressed, geographic proximity, and similarity in family structure. Parents who are most satisfied with their matches report that they shared similarities with the veteran parent such as personality characteristics, philosophies about parenting, communication style, and attitudes about disability and expectations for their affected child. 4. 56% of statewide programs offer technical assistance to developing, local parent-to-parent programs. 5. Most program coordinators contact the veteran and referral parents two or three days after they have been matched to ensure that the first contact has been made.

Study 15	
Reference	Journal Article Santelli, B., Turnbull, A. P., Sergeant, J., Lerner, E. P., & Marquis, J. G. (1996). Parent to parent programs: Parent preferences for supports. *Infants & Young Children, 9*(1), 53-62. Keywords: mentor parents, mutual support, parental preferences for support, parent support, Parent to Parent.
Population Studied & Sample Size	Participants included 240 parents from 115 different Parent to Parent programs in 43 different states.
Intervention & Study Purpose	Purposes: 1. To determine the impact of the age of the child with a disability on parental preferences for supports offered by Parent to Parent programs. 2. To determine the impact of the severity of the child's disability on the parental preferences for the supports offered by Parent to Parents programs.
Definition and Key Elements of Support	Definition: Parent to Parent programs match referred parents with a veteran parent who develops a one-to-one relationship in which the parents arrange their own supportive interactions. Support preferences vary by family needs and can include: 1. Emotional and informational support for obtaining accurate diagnosis, finding services, informing family and friends, addressing the stigma, and meeting the needs of siblings. 2. Informational support regarding educational and legal rights, adaptations of the school curriculum, and strategies for their child to establish friendships. 3. Support related to meeting the needs of family members, the child with disability, and parents' mixed feelings of confusion, frustration, relief, guilt, and uncertainty about the future. Requirements of the Parent Support Provider: Someone who has experience as the parent of a child with a disability and has "been there." They typically share information and provide emotional support to the referred parent for 1-6 months. Key Elements: Goals of the match are to provide parents with emotional support and understanding, and provide parents with informational support about disability and services.
Study Design & Methodology	Descriptive Parents were asked about the type of supports they received and which were the most preferred for meeting their needs.
Measurement & Instrumentation	Survey designed for the present study with 47 questions. Children five and below were considered younger, while children six and above were considered older for the purpose of comparison.
Results & Implications	1. Parents considered a wide range of supports to be important in the Parent to Parent programs, suggesting that programs with a continuum of supports are better able to individualize the experience for each parent. 2. Regardless of child age, Parent to Parent programs that provided emotional support through veteran parents who listen and understand based on their own similar family and disability experiences were the preferred type of emotional support available in Parent to Parent programs. 3. Parents of older children had greater preferences in supports that address feelings of isolation and loneliness, which should be considered a long-term need and addressed by Parent to Parent programs. 4. Regardless of child age, parents of children with disabilities are searching for information about the disability, community resources and services, how to find and get help, and living with and caring for their child. 5. Regardless of the age of the child, parents appreciated the opportunity to connect with other parents in a group setting beyond the one-to-one match between two parents. 6. Child disability had little impact on how strongly parents seemed to prefer the emotional support of having someone to listen and understand. 7. In regard to information supports, all parents preferred receiving information about the disability, finding and getting help, and community resources, but fewer parents of children with severe disabilities preferred this kind of information. 8. 30% of all parents preferred programs that included emotional support (having someone to listen and understand), information support (having information about the disability, finding and getting services, living with and caring for the child, and assessing community resources), and other program supports (having group meetings for emotional and/or educational support).

Qualitative

Mental Illness:

16. Slowik, M., Willson, S. W., & Loh, E.C. (2004). Developing a parent/carer support group in an in-patient adolescent setting. *Psychiatric Bulletin, 28*, 177-179.

Disability & Illness:

17. Ainbinder, J. G., Blanchard, L. W., Singer, G. H. S., Sullivan, M. E., Powers, L. K., Marquis, J. G., & Santelli, B. (1998). A qualitative study of parent to parent support for parents of children with special needs. *Journal of Pediatric Psychology, 23*(2), 99-109.
18. Kerr, S. M., & McIntosh, J. B. (2000). Coping when a child has a disability: Exploring the impact of parent-to-parent support. *Child: Care, Health, and Development, 26*(4), 309-322.
19. Konrad, S. C. (2007). What parents of seriously ill children value: Parent-to-parent connection and mentorship. *OMEGA, 55*(2), 117-130.

Study 16	
Reference	Article Slowik, M., Willson, S. W., & Loh, E.C. (2004). Developing a parent/carer support group in an in-patient adolescent setting. *Psychiatric Bulletin, 28*, 177-179.
Population Studied & Sample Size	Participants included parents of adolescents who were in-patients in a psychiatric ward.
Intervention & Study Purpose	Purposes: 1. To reflect on the process of setting up and running a parent support group in a tertiary setting. 2. To explain and describe themes brought up in group meetings. 3. To identify therapeutic elements and whether the group was perceived by the participants as useful.
Definition and Key Elements of Support	Definition: Parent support groups offer the opportunity for problem sharing and containment of anxiety through a psychosocial network. Requirements of the Parent Support Provider: A mediator was present during meetings (sometimes a doctor). Key Elements: Meetings were offered for one hour every two weeks for nine months.
Study Design & Methodology	Qualitative
Measurement & Instrumentation	General themes and information were analyzed through group records.
Results & Implications	Common themes discussed in the group: 1. Effects on parents themselves (e.g., grief, loss, uncertainty). 2. Effects on siblings and family (e.g., anger, anxiety, confusion, stigma). 3. Relationship with and attitudes towards professionals (e.g., disempowerment as parents, gratitude towards staff, concerns about discharge). 4. Positive coping strategies (e.g., confiding in supportive, non-judgmental family/friends, acknowledging time for their needs, humor, reassessing values). 5. Effects and usefulness of the group (e.g., relief to be able to speak openly with those who share similar experiences, no longer feeling alone in their struggle, mutual support, learning about mental health issues). Usefulness of the group: 1. Parents felt less isolated and learned to support each other. 2. Parents felt doctors were more approachable. 3. Difficulties setting up and running the group: 4. There was an initial lack of support from the nursing staff. 5. The group had to be held late enough for parents to attend after work, which was outside the doctors' working hours. 6. Engaging and maintaining sufficient numbers of parents – parents reported meeting times and worries about having to talk about painful memories as their reasons for not attending.

Study 17

Reference	Journal Article Ainbinder, J. G., Blanchard, L. W., Singer, G. H. S., Sullivan, M. E., Powers, L. K., Marquis, J. G., & Santelli, B. (1998). A qualitative study of parent to parent support for parents of children with special needs. *Journal of Pediatric Psychology, 23*(2), 99-109. Keywords: parental support, disabilities.
Population Studied & Sample Size	Participants included 24 parents who were invited from an original sample pool of 340 parents to participate in the study via a mailing. Participants were paid $25. All 24 were biological parents (23 mothers, 1 father). Children's ages ranged from 1 to 16; average age was 7. The children were comprised of 16 boys and 8 girls. Disabilities ranged from mild to severe and included cerebral palsy, epilepsy, developmental delays, MR, LD, hearing or vision deficits, and severe chronic illness.
Intervention & Study Purpose	Families are matched with a trained, supporting parent. Only families who requested peer support were selected. Purpose: To qualitatively examine the experiences of parents participating in Parent-to-Parent programs.
Definition and Key Elements of Support	<u>Definition</u>: Parent-to-parent support – support from similar others. <u>Requirements of the Parent Support Provider:</u> A trained, veteran parent. <u>Key Elements:</u> Not given.
Study Design & Methodology	Qualitative 340 participants who requested support were divided into 2 groups. Of those groups names were randomly selected from each group to be contacted about participating in the interview. 38 parents were selected and 24 responded to a letter requesting participation. Telephone interviews were then conducted.
Measurement & Instrumentation	Semi-structures phone interviews.
Results & Implications	1. The results show reliability on perceived sameness, comparable situations, and dependable, mutual support. 2. The findings also identified a need for quality control in management of parent to parent programs. Specifically, programs would benefit from improved matching of parent to parent supports.

Study 18

Reference	Journal Article Kerr, S. M., & McIntosh, J. B. (2000). Coping when a child has a disability: Exploring the impact of parent-to-parent support. *Child: Care, Health, and Development, 26*(4), 309-322. Keywords: limb reduction defect (limb deficiency), disability, parental support, coping, adaptation.
Population Studied & Sample Size	Participants included the parents of 63 children born with a congenital upper limb deficiency in Scotland.
Intervention & Study Purpose	Purpose: To explore the impact of parent-to-parents support when a child is born with a disability.
Definition and Key Elements of Support	Definition: Parent-to-parent support is "support derived from contact with similar others… other parents of children with limb deficiencies." Requirements of the Parent Support Provider: Parents provide support to other parents in similar situations (data was collected retrospectively; the parents did not participate in an organized support program particular to the study). Key Elements: N/A
Study Design & Methodology	Qualitative
Measurement & Instrumentation	Data were collected retrospectively and were derived from in-depth interviews with parents. Interviews with parents utilized hermeneutic phenomenology to explore the families' experiences.
Results & Implications	1. Findings support parent-to-parent support groups, which can provide parents with the benefit of experiential learning. 2. It is also supported that parents of children with special health care need are uniquely qualified to help each other.

Study 19	
Reference	Journal Article Konrad, S. C. (2007). What parents of seriously ill children value: Parent-to-parent connection and mentorship. *OMEGA, 55*(2), 117-130.
Population Studied & Sample Size	Participants included twelve mothers caring for or having cared for a seriously ill or dying child (birth to 15-years-old).
Intervention & Study Purpose	Purpose: To describe the findings from a qualitative study with mothers of seriously ill and dying children who support the value of parent-to-parent connection and mentorship.
Definition and Key Elements of Support	Definition: "Veteran parents can provide parents of newly diagnosed children with personal and practical recommendations for managing and adapting to unexpected life circumstances." Requirements of the Parent Support Provider: Peer or self-help groups are comprised of individuals who share common experiences that are outside the realm of most parents' familiar day-to-day lives. Key Elements: N/A
Study Design & Methodology	Qualitative
Measurement & Instrumentation	Open-ended interviews were used to explore subjective accounts and generate theoretical insight.
Results & Implications	1. Participants strongly encouraged parents to seek out the support of other parents as mentors and guides. 2. Participants reported confidence that other parents would be authentic, caring, compassionate, and responsive (more so than professionals). 3. Some mothers found support groups to be helpful, while others preferred one-on-one interaction. 4. Some mothers valued information and resource sharing, while others valued emotional connections formed with veteran parents. 5. Rather than the "perceived sameness" that is indicated as highly important in most parent-to-parent studies, these mothers found relational connections with professionals that had end-of-life training and experience to be highly beneficial. Mothers were provided consolation by professionals' willingness to be present in the face of illness, death, tragedy, and loss, relieving them from the burden of having to care for others in the face of their own pain. 6. These professionals may be considered has having obtained "perceived sameness" due to their work in oncology, intensive care units, and hospice settings where they witness pain, tragedy, and sorrow on a daily basis. 7. Mothers reported becoming less judgmental and more accepting of other people. 8. Mothers strongly encourage parents to educate themselves about their child's illness and the process related to their ongoing care needs. 9. Mothers reported becoming better organized and less intimidated by medical authority through self-education and ongoing research. 10. Mothers encourage parents to assert themselves in every aspect of the child's care by being proactive, preventive, and reactive to recommendations of the health care team.

Quasi-Experimental

Disability & Illness:

20. Ireys, H. T., & DeVet, K. A. (2001). Who joins a preventative intervention? How risk status predicts enrollment. *Journal of Community Psychology, 29*(4), 417-427.
21. Palit, A. & Chatterjee, A. (2006). Parent-to-parent counseling – a gateway for developing positive mental health for the parents of children that have cerebral palsy with multiple disabilities. *International Journal of Rehabilitation Research, 29*(4), 281-288.
22. Roman, L. A., Lindsay, J. K., Boger, R. P., DeWys, M., Beaumont, E. J., Jones, A. S., & Haas, B. (1995). Parent-to-parents support initiated in the neonatal intensive care unit. *Research in Nursing & Health, 18*, 385-394.

Study 20	
Reference	Journal Article Ireys, H. T., & DeVet, K. A. (2001). Who joins a preventative intervention? How risk status predicts enrollment. *Journal of Community Psychology, 29*(4), 417-427.
Population Studied & Sample Size	Participants included 189 mothers, 158 Program Participants (PP) and 31 Refused Randomization (RR), who lived within an 80km radius of Baltimore and had a child aged 7-11 years who had been diagnosed with a chronic illness (diabetes, sickle cell anemia, cystic fibrosis, or moderate to severe asthma) for at least 6 months.
Intervention & Study Purpose	The Family-to-Family Network, was designed to enhance: 1. Mothers' perceived availability of social support by linking mothers of school-aged children with selected chronic illnesses with "veteran" or "experienced" mothers whose similarly affected child has become a young adult. 2. The children's self-esteem. Purposes: 1. To examine predictors of program enrollment and participation (rather than predictors of research participation or attrition). 2. To investigate whether persons who agreed to participate in a prevention program at its initiation and then participated at only low level during the actual program were similar to RR mothers. Hypotheses: 1. Mothers who refused to participate in a prevention program (but who did participate in the longitudinal study) would have greater resources and less psychological distress than mother who agreed to participate in the study and prevention program. 2. The children of the RR mothers would have better adjustment and fewer behavior problems than children of PP mothers.
Definition and Key Elements of Support	Definition: Explicitly defined as information leading people to believe that they are esteemed and valued and that they belong to a network of mutual obligations. Requirements of the Parent Support Provider: Network Mother (NM) – a mother who has shared similar experiences with the participants and whose child they experienced it with was presently 18 years or older. 18 women were selected from the 106 women nominated by health clinics and each had between 1 and 7 families assigned to them. Key Elements: NMs made 7 visits of 60 to 90 minutes to each assigned family. They made biweekly telephone contacts of at least 5 minutes to build and maintain support, follow up on issues discussed previously, or plan future meetings. NMs also participated in three special events that would allow program parents to meet each other in a non-stressful venue. Within these interventions, the NMs aimed to: identify naturally occurring sources of support, point out examples of effective parenting by the mother, and discuss opportunities for strengthening these sources of support and existing parenting skills.
Study Design & Methodology	Longitudinal quasi-experimental design Parents participated in 45-90 minutes structured interviews at baseline and 12 months post-baseline, and in 15-20 minute telephone interviews 4, 8, & 16 months post-baseline. Mothers were randomly assigned to the control group (contact information of a mother with similar experiences, but no training) or experimental group (connection to a NM and a child life specialist (CLS). Within the experimental group were to subgroups separated into Full-Participation (FP, n = 58) and Low-Participation (LP, n = 26).
Measurement & Instrumentation	Structured interviews – demographic data, information related to the child's diagnosis, health status, functioning. The Functional Status II(R) Summation of reported areas of maternal and child resources Summation of the child's endorsement of the number of areas s/he received support Ilfeld Self-Efficacy Scale Maternal Confidence Scale (MCS) Psychiatric Symptom Index (PSI) Beck Depression Index Personal Adjustment and Role Skills Scale (PARS) III

Results & Implications	1. The only demographic variable on which the RR and PP groups differed was race, in which the RR group had a higher proportion of children whose racial background was neither black nor white. 2. Program refusal rates for mothers of children with asthma and cystic fibrosis were significantly higher than the rates of mothers of children with diabetes and sickle cell anemia. 3. Mothers in the RR group reported better functional status for their children than did PP mothers. 4. RR group mothers reported more confidence and greater breadth of support than PP mothers. 5. RR group mothers reported significantly less depression than did PP mothers. RR group mothers maintained a high level of functioning over the 12-month period on the PARS.

Study 21	
Reference	Journal Article Palit, A. & Chatterjee, A. (2006). Parent-to-parent counseling – a gateway for developing positive mental health for the parents of children that have cerebral palsy with multiple disabilities. *International Journal of Rehabilitation Research, 29*(4), 281-288. Keywords: cerebral palsy, mainstreaming, parent-to-parent counseling, rehabilitation.
Population Studied & Sample Size	Participants included 50 parents of children under the age of nine with cerebral palsy (CP), as diagnosed by the National Institute for the Orthopaedically Handicapped, Kolkata, India (NIOH) out-patient department (OPD).
Intervention & Study Purpose	Purpose: To minimize the gap between caregivers and the affected child through an exchange of knowledge and experience within therapeutic group interactions.
Definition and Key Elements of Support	Definition: Support services for parents of students with disabilities in which support is provided by a team of volunteer parents who themselves have children with disabilities. Support aims to reduce stress, insecurity, and helplessness, and to develop motivational level, patience, and tolerance. Requirements of the Parent Support Provider: Senior Parents (SP) who had been recorded as succeeding in changing their child's cognitive, social, and speech abilities, with improvement in movement disorders. A psychologist or rehabilitation psychologist monitored the SPs. Key Elements: SP visited Junior Parents (JP) at least once a month, 2-3 SP couples and 8-9 JP couples participated in each session – sessions lasted for 90 minutes and were held once a week at a neutral location.
Study Design & Methodology	Quasi-experimental 50 parents out of 222 who have participated in parent-to-parent counseling in the last four years were selected on the basis of their availability and cooperation.
Measurement & Instrumentation	Questionnaire (14 questions)
Results & Implications	1. The parent-to-parent counseling program: 2. Directly improves the mental health of the parents, imparting a clear understanding of the duties and responsibilities involved in the care of a child with CP and multiple disabilities. 3. Can be launched at low cost and be utilized to streamline parents of CP children anywhere, irrespective of class and socioeconomic background. 4. Training should be imparted to psychologists/rehabilitation psychologists to enable its wide utilization. 5. Uses SP's experiences of definite progress in the area of cognitive and social ability, including the content matter of communication, of the affected child, so motivating JP, leading to a momentum for a total rehabilitation process. 6. Produces successful parents who can be utilized as a resourceful catalyst in their community/locality for early intervention and mainstreaming of CP children with multiple disabilities. 7. Helps in conducting longitudinal case studies to evaluate its efficacy.

Study 22	
Reference	Journal Article Roman, L. A., Lindsay, J. K., Boger, R. P., DeWys, M., Beaumont, E. J., Jones, A. S., & Haas, B. (1995). Parent-to-parents support initiated in the neonatal intensive care unit. *Research in Nursing & Health, 18*, 385-394.
Population Studied & Sample Size	Participants included 58 Midwestern mothers (primarily Caucasian) whose preterm infants were consecutively admitted to the NICU and met study criteria.
Intervention & Study Purpose	The NICU Perinatal Positive Parenting (PPP) program was developed as a nurse-managed model for families of preterm infants assumed to be at risk for parenting stressors and whose infants may have continuing health or developmental challenges following discharge. Purpose: To explore differences between a comparison group of NICU mothers and those who participated in the parent-to-parent program. Hypotheses: 1. Strengthening resources in the family and social environment through the support of volunteer parents will result in higher self-esteem, more positive mood states, and perceptions of better family functioning during the infants' first year of life for mothers who participated in the program than for mothers in a comparison group. 2. The benefits of parent support will be revealed in more positive maternal-infant interaction and a more supportive home environment at 12 months following NICU discharge.
Definition and Key Elements of Support	Definition: The PPP program model was based on a family ecological perspective which considers the family as a system interacting with its environments. Veteran parent support as adapted for the NICU was defined as emotional, informational, and appraisal support provided by an experienced, volunteer parent of a preterm infant to a parent of a preterm infant for the purpose of increasing parents' environmental resources. Requirements of the Parent Support Provider: Veteran parent support is grounded in the experiential knowledge of parents who have effectively coped with parenting a preterm infant over time and at home. Key Elements: Volunteer support parents were required to complete a 24-hour training course and have experienced NICU hospitalization of their infant at least 1 year before their training. The training program content included family coping, grief and loss, communication skills, developmental activities for preterm infants, parenting strategies, and the role of the support parent. Volunteer parents were given a parent-infant activities book that was developed for them to use with program parents. Parent support was sensitive to the needs of the individual parents and ranged from 12-100 hours.
Study Design & Methodology	Quasi-experimental, longitudinal design. Mothers were separated into a comparison group (n = 31) and a treatment group (n = 27). Study families were asked to bring their infants to a developmental assessment follow-up clinic at 4 and 12 months post-NICU discharge. Information was abstracted from medical records to estimate similarities and differences in the two groups of infants. The parent-to-parent support relationships were initiated as soon after NICU admission as possible and included hospital, home, and phone contacts.
Measurement & Instrumentation	Rosenberg Self-Esteem Scale Profile of Mood States (POMS) Feetham Family Functioning Scale (FFFS) Barnard Nursing Child Assessment Teaching Scale (NCATS) Caldwell's Home Observation for Measurement of the Environment Inventory (HOME)
Results & Implications	1. Mothers who participated in the treatment program had less anxiety during the first 4 moths post-discharge than comparison mothers. 2. Family functioning scores remained similar over time for both conditions. 3. Mothers who participated in the treatment program had better maternal-infant relationships and more nurturing home environments at 12 months post-discharge. 4. The research suggests that there is a legitimate role for veteran NICU parents as providers of social support for parents of preterm infants.

Random Control Trial

Mental Health

23. Elliot, D. J., Koroloff, N. M., Koren, P. E., & Friesen, B. J. (1998). Improving access to children's mental health services: The Family Associate approach. In M.H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for Children and Youth with Emotional Disorders and their Families: Programs and Evaluation Best Practices* (pp. 581-609). Austin, TX: Pro-Ed.
24. Ireys, H. T., & Sakwa, D. D. (2006). Building family-to-family support programs: Rationale, goals, and challenges. *Focal Point 20*(1), 10-14.
25. Rhodes, P., Baillee, A., Brown, J., & Madden, S. (2008). Can parent-to-parent consultation improve the effectiveness of the Maudsley model of family-based treatment for anorexia nervosa? A randomized control trial. *Journal of Family Therapy, 30*(1), 96-108.

Disability & Illness:

26. Ireys, H. T., Chernoff, R., Devet, K. A., & Kim, Y. (2001). Maternal outcomes of a randomized controlled trial of a community-based support program for families of children with chronic illnesses. *Archives of Pediatrics & Adolescent Medicine, 155*(7), 771-777.
27. Ireys, H. T., Sills, E. M., Kolodner, K. B., & Walsh, B. B. (1996). A social support intervention for parents of children with Juvenile Rheumatoid Arthritis: Results of a randomized trial. *Journal of Pediatric Psychology, 21*(5), 633-641.
28. Preyde, M., & Ardal, F. (2003). Effectiveness of a parent "buddy" program for mothers of very preterm infants in a neonatal intensive care unit. *CMAJ, 168*(8), 969-973.
29. Silver, E. J., Ireys, H. T., Bauman, L. J., & Stein, R. E. K. (1997). Psychological outcomes of a support intervention in mothers of children with ongoing health conditions: The parent-to-parent network. *Journal of Community Psychology, 25*(3), 249-264.
30. Singer, G. H. S., Marguis, J., Powers, L. K., Blanchard, L., Divenere, N., Santelli, B., Ainbinder, J. G., & Sharp, M. (1999). A multi-site evaluation of parent to parent programs for parents of children with disabilities. *Journal of Early Intervention, 22*(3), 217-229.

General Parenting:

31. Kottman, T., & Wilborn, B. L. (1993). Parents helping parents: Multiplying the counselor's effectiveness. *School Counselor, 40*(1), 10-14.

Study 23	
Reference	Book Chapter Elliot, D. J., Koroloff, N. M., Koren, P. E., & Friesen, B. J. (1998). Improving access to children's mental health services: The Family Associate approach. In M.H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for Children and Youth with Emotional Disorders and their Families: Programs and Evaluation Best Practices* (pp. 581-609). Austin, TX: Pro-Ed.
Population Studied & Sample Size	A final sample of 239 low-income, Oregon families (intervention group = 96; comparison group = 143) whose children (4-18 years old) were identified as needing mental health services through the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT).
Intervention & Study Purpose	The intervention was designed to provide outreach to encourage families to enroll their children in mental health services and to continue the services as recommended. Purposes: 1. To determine how well families receiving family associate services initiated and continue mental health services in comparison to a sample of families who did not receive the intervention. 2. To examine the issue of empowerment, since families' sense of mastery over various aspects of their lives might influence their ability to initiate and use services.
Definition and Key Elements of Support	Definition: None provided. Requirements of the Parent Support Provider: Three Family Associates with previous experience accessing complex service systems or receiving public assistance. None of the three was previously trained as a mental health service provider, but all underwent a two-day training session before data collection began. Key Elements: collecting research data (pre and post), providing information (pamphlets), providing social and emotional support through personal contact and telephone support, linking the families with community resources and services, and providing cash funds (approximately $250 per family) to help the family obtain services. Family Associates kept logs of their activities, but this information was not detailed in the article.
Study Design & Methodology	Random Control Trial – two randomly assigned conditions: 1. An intervention condition in three Oregon counties using family associates to augment the usual mental health services. 2. A comparison condition in four other Oregon counties consisting of treatment as usual.
Measurement & Instrumentation	Family Empowerment Scale Family Barriers Checklist Ratings of Important Issues for Families Family Associate Activity Log Child Behavior Checklist/4-18 Family Crisis Oriented Personal Evaluation Scales
Results & Implications	1. Service Initiation – the intervention was effective in helping families initiate MH services – making and keeping a first appointment. 2. Empowerment – families in the intervention group scored significantly higher on both family and service system subscales on the FES. 3. Reducing Barriers to Service Initiation – family associates were most often able to help with transportation, information, and emotional support, but less successful in meeting needs for respite care and child care. Family associates were largely unable to address other circumstances (e.g., not enough food) not associated with access but that hindered ability to concentrate on supporting treatment. 4. Barriers to Continuing Services – the intervention did not increase the likelihood that families would maintain uninterrupted attendance at clinic appointments. A longer period of intervention may be necessary.

Study 24	
Reference	Article Ireys, H. T., & Sakwa, D. D. (2006). Building family-to-family support programs: Rationale, goals, and challenges. *Focal Point 20*(1), 10-14.
Population Studied & Sample Size	Participants included 257 low-income, urban families.
Intervention & Study Purpose	The intervention, Parent Connections, is a 15-month family support and education program (providing informational, affirmational, and emotional support) designed to promote psychological and social functioning of children age 9-14 years who are in treatment for serious emotional or behavioral disorders. Purposes: 1. To enhance parental recognition that specific types of social support are available. 2. To promote knowledge of practical, appropriate, and relevant parenting strategies, and knowledge of the cause and consequences of their child's behavior. 3. To enhance parents' ability to collaborate with professionals. 4. To strengthen parenting efficacy.
Definition and Key Elements of Support	<u>Definition</u>: "Information leading people to believe they are esteemed and valued and that they belong to a network of mutual obligations." <u>Requirements of the Parent Support Provider:</u> Parent Support Partners (PSP) had children over the age of 18 who had been identified with an emotional or behavioral disorder while in school. They were assessed in a three stage process, including assessing their ability to maintain boundaries and objectivity, avoid being judgmental, and encourage trust and self-confidence in others; participating in short-term skill-building training; and completing a program for strengthening listening and communication skills. <u>Key Elements</u>: PSPs worked with 7-8 families; weekly phone calls were made to each mother and PSPs participated in 15 workshops with the families over a period of 15 months.
Study Design & Methodology	Random Control Trial – two randomly assigned conditions: 1. A low dose control group that received a packet of information on services and supports. 2. An experimental group that received the same information packet and was offered the opportunity to participate in Parent Connections.
Measurement & Instrumentation	Multidimensional Social Support Inventory
Results & Implications	1. Perceived Support – the average increase for the experimental group was significantly greater than for the control group. When asked if they wished they'd talked to someone about their child's condition in the past year, ¾ of the mother answered affirmatively, only half of which actually sought social support. 2. Mothers' Anxiety – Between baseline and 12 months later, 9% of control mothers and 22% of experimental mothers decreased their anxiety level.

Study 25	
Reference	Journal Article Rhodes, P., Baillee, A., Brown, J., & Madden, S. (2008). Can parent-to-parent consultation improve the effectiveness of the Maudsley model of family-based treatment for anorexia nervosa? A randomized control trial. *Journal of Family Therapy, 30*(1), 96-108.
Population Studied & Sample Size	Participants included twenty families, each family with a daughter between the ages of 12 and 16 who satisfied the criteria for the diagnosis of anorexia nervosa as defined by the *DSM IV-TR*. The parent consultants consisted of ten additional sets of parents who had successfully completed the Maudsley model of family-based treatment for anorexia.
Intervention & Study Purpose	Twenty families were randomized into two groups. One group received twenty sessions of standard treatment and the other received an additional parent-to-parent consultation session between weeks three and five. Purpose: 1. To test the effectiveness of the use of parents who have completed the Maudsley treatment as consultants to those who are just beginning treatment. 2. To test the merit of exploring augmentations to the Maudsley model, with the potential to develop another stream of research in family-based treatment of anorexia.
Definition and Key Elements of Support	<u>Definition</u>: "Parent-to-parent consultations offered families an intense emotional experience which empowered them with the hope to believe that they too could achieve the goal of recovery." <u>Requirements of the Parent Support Provider:</u> A parent who had shared a similar experience (therapists were also present for the majority of the time). <u>Key Elements:</u> The parents met once for a one-hour session between the third and fifth weeks of treatment.
Study Design & Methodology	Random Control Trial Interviews were conducted by both the therapist who previously worked with the consultants and the therapist of the new parents. Sessions were sixty minutes in duration, with parents given ten minutes at the end of this session to talk without the therapists being present. The PVA and DASS were administered weekly for all parents in the standard treatment and parent-to-parent consultation groups. The weight of the patient was also taken weekly, in accordance with the treatment manual.
Measurement & Instrumentation	Parent versus Anorexia Scale (PVA) Depression Anxiety and Stress Scales (DASS) Morgan-Russell outcome categories
Results & Implications	1. Parent-to-parent consultations have the potential to augment the Maudsley model of family-based treatment for anorexia nervosa. 2. Parents developed an immediate and intense bond with consultants that made them feel less alone in their struggle against anorexia. 3. The researchers suggest using veteran parents as mentors who can provide support through the entire treatment process, rather than simply for one session to augment treatment.

Study 26

Reference	Journal Article Ireys, H. T., Chernoff, R., Devet, K. A., & Kim, Y. (2001). Maternal outcomes of a randomized controlled trial of a community-based support program for families of children with chronic illnesses. *Archives of Pediatrics & Adolescent Medicine, 155*(7), 771-777.
Population Studied & Sample Size	Participants included 193 mothers (139 of whose data was used in the study) who lived within an 80km radius of Baltimore and had a child aged 7-11 years who had been diagnosed with a chronic illness (diabetes, sickle cell anemia, cystic fibrosis, or moderate to severe asthma) for at least 6 months.
Intervention & Study Purpose	The Family-to-Family Network, was designed to enhance: 1. Mothers' perceived availability of social support by linking mothers of school-aged children with selected chronic illnesses with "veteran" or "experienced" mothers whose similarly affected child has become a young adult. 2. The children's self-esteem. Objective: to decrease maternal risk for symptoms of anxiety and depression. Purposes: 1. To determine the differences in reported psychological symptoms post-interventions between the experimental and control groups. 2. To determine whether the intervention had differential effects on particular subgroups.
Definition and Key Elements of Support	Definition: Explicitly defined as information leading people to believe that they are esteemed and valued and that they belong to a network of mutual obligations. Requirements of the Parent Support Provider: Network Mother (NM) – a mother who has shared similar experiences with the participants and whose child they experienced it with was presently 18 years or older. 18 women were selected from the 106 women nominated by health clinics and each had between 1 and 7 families assigned to them. Key Elements: NMs made 7 visits of 60 to 90 minutes to each assigned family. They made biweekly telephone contacts of at least 5 minutes to build and maintain support, follow up on issues discussed previously, or plan future meetings. NMs also participated in three special events that would allow program parents to meet each other in a non-stressful venue. Within these interventions, the NMs aimed to: identify naturally occurring sources of support, point out examples of effective parenting by the mother, and discuss opportunities for strengthening these sources of support and existing parenting skills.
Study Design & Methodology	Random Control Trial Parents participated in 45-90 minutes structured interviews at baseline and 12 months post-baseline, and in 15-20 minute telephone interviews 4, 8, & 16 months post-baseline. Mothers were randomly assigned to the control group (contact information of a mother with similar experiences, but no training) or experimental group (connection to a NM and a child life specialist (CLS).
Measurement & Instrumentation	Structured interviews – demographic data and information related to the child's diagnosis, health status, and functioning. Psychiatric Symptom Index (PSI) – maternal anxiety subscale Beck Depression Index Psychiatric Epidemiology Research Interview Life Events Scale. The number of minutes of contact between the families and their intervention team and the ratings of how involved the families were in the program were also measured.
Results & Implications	1. Family support intervention is effective in reducing symptoms of anxiety in mothers of children with selected chronic health conditions. Maternal anxiety scores for experimental participants decreased during intervention, while the control participants' scores increased. 1. The intervention was not found to decrease the symptoms of maternal depression.

Study 27

Reference	Journal Article Ireys, H. T., Sills, E. M., Kolodner, K. B., & Walsh, B. B. (1996). A social support intervention for parents of children with Juvenile Rheumatoid Arthritis: Results of a randomized trial. *Journal of Pediatric Psychology, 21*(5), 633-641. Keywords: mentoring, social support, family support program, JRA, randomized trial, mental health.
Population Studied & Sample Size	Participants included 48 mothers of children ages 2-11 years with Juvenile Rheumatoid Arthritis (JRA) or a related condition with major arthritic involvement who were active patients of the pediatric rheumatology clinic of the Johns Hopkins Hospital.
Intervention & Study Purpose	Purpose: To enhance specific types of social support and overall mental health in mothers with children with JRA.
Definition and Key Elements of Support	<u>Definition</u>: A-PLUS Network (Arthritic Parents: Learning, Understandings, and Sharing). The program focused on enhancing three types of social support, informational support (sharing information about services, practical tips for dealing with teachers and health providers), affirmational support (praising the mother's parenting and identifying their competencies an providing positive feedback), and emotional support (listening to mothers' concerns, demonstrating continued interest in experiences, and communicating an understanding of feelings and concerns. <u>Requirements of the Parent Support Provider:</u> five A-PLUS mentors employed part-time who had daughters (ages 18-24 years) who had had Juvenile Rheumatoid Arthritis (JRA) since childhood. <u>Key Elements:</u> Each mentor: 1. Had participated in a 30 hours training program. 2. Were supervised by program coordinators (a psychologist and a social worker). 3. Was assigned five families for a 15-month period. 4. Made telephone contacts of five minutes or more with each assigned mother every two weeks. 5. Met individually with each more every six weeks. 6. Held occasional special events, such as picnics or small group lunches. 7. Met with the social worker once a month to review all assigned families.
Study Design & Methodology	Random Control Trial Interviews were held at baselines, 7.5 months, and 15 months after baseline.
Measurement & Instrumentation	Psychiatric Symptom Index (PSI) Questions pertaining to perceived availability of support, as well as items from the Impact on Family Scale.
Results & Implications	1. Evidence for the effectiveness of a program designed to enhance perceived availability of support and decrease mental health symptomatology in mothers of children with JRA. 2. Mental health symptoms remained constant in the control group over times and decreased in the experimental group. 3. Individuals who did not wish to participate in the randomization process reported comparatively fewer psychological symptoms and more sources of support. 4. More than two thirds of mothers in the experimental group reported that their mentor was a source of support (more mentioning the mentor as a source of support than the nurses or social workers).

Study 28

Reference	Journal Article Preyde, M., & Ardal, F. (2003). Effectiveness of a parent "buddy" program for mothers of very preterm infants in a neonatal intensive care unit. *CMAJ, 168*(8), 969-973.
Population Studied & Sample Size	Participants included mothers of very preterm infants (< 30 weeks' gestation) with low income and diverse ethnic background. 32 intervention group mothers were recruited from Mount Sinai Hospital and 28 control group mothers were recruited from Sunnybrook and Women's College Health Sciences Center
Intervention & Study Purpose	Mothers in the intervention group were paired with trained mothers who provided primarily phone support. Purpose: To evaluate the effectiveness of a parent "buddy" program in alleviating stress, anxiety, and depression, and providing social support.
Definition and Key Elements of Support	<u>Definition</u>: (not directly stated) connection with a parent who has shared experiential knowledge <u>Requirements of the Parent Support Provider:</u> Support was given by a parent (buddy) with previous experience in the NICU, primarily using the telephone. Buddies were parents who appeared to have adjusted to their previous experience and were willing to give support. <u>Key Elements:</u> Buddies had five hours of training to enhance communication skills and self-awareness, and to learn to recognize their boundaries of offering support. Mothers were in contact with their buddy an average of nine times while their infant was in the hospital (range from 1-50).
Study Design & Methodology	Random Control Trial Mothers in both groups received typical medical treatment and social work services. Additionally, mother in the intervention group participated in a support program that the control group mothers did not
Measurement & Instrumentation	Parental Stressor Scale: Neonatal Intensive Care Unit State Anxiety Inventory (SAI) Beck Depression Inventory (BDI) – Short Form Multidimensional Scale of Perceived Social Support Trait Anxiety Inventory
Results & Implications	1. Mothers receiving parent support reported less stress, state anxiety, and depression than mothers who did not participate in the support program. 2. Most mothers used telephone support, which may indicated that there were obstacles to meeting in person.

Study 29	
Reference	Journal Article Silver, E. J., Ireys, H. T., Bauman, L .J., & Stein, R. E. K. (1997). Psychological outcomes of a support intervention in mothers of children with ongoing health conditions: The parent-to-parent network. *Journal of Community Psychology, 25*(3), 249-264.
Population Studied & Sample Size	Parents were recruited from two large urban medical centers that serve a predominantly inner-city, low-income, minority population. Participants included 365 mothers who had children with ongoing health conditions, ages 5-8. The sample consisted mostly of minorities of lower socioeconomic status, nearly half of whom received public assistance.
Intervention & Study Purpose	<u>Purposes:</u> 1. To evaluate the psychological outcomes of the Parent-to-Parent Network (PTPN). 2. To investigate whether some subgroups of mothers benefited more than others from PTPN. 3. To examine the relationship of the maternal support intervention to differences in the children's behavior and psychological adjustment.
Definition and Key Elements of Support	<u>Definition</u>: To improve the mother's psychological status by increasing her social support and access to relevant information, services, and knowledgeable advisors. To make mothers feel more empowered and active participants in their children's health care. To discuss specific issues related to the child's health condition, and attempt to identify and address the needs and concerns of other family members as well. <u>Requirements of the Parent Support Provider</u>: Women who had raised children with ongoing health conditions. <u>Key Elements</u>: Parent supporters worked roughly 21 hours a week during the intervention, which lasted for 12 months. There were six face-to-face meetings n the home (or hospital) and a minimum of biweekly telephone calls. Families were also invited to three group activities with food and entertainment. Through their talks with mothers, interveners attempted to: link families with existing community resources and encourage them to talk with the child's health care providers; share information about child health and behavior, parenting, and coping among mothers in the program; enhance maternal confidence in parenting and reassure the mother about the appropriateness of her concerns; provide a source of emotional support by being available to listen, communicating that she understood the mother's feelings, and standing by the mother in times of crisis, such as a child's hospitalization; and help identify sources of support within a mother's naturally occurring network of family and friends.
Study Design & Methodology	Random Control Trial Data were obtained from mothers through structured interviews that were administered by trained research assistance. Follow-up interviews were conducted at 6, 12, and 18 months. Mothers were randomly assigned to one of two groups: the experimental group (EG) or the control group (CG). Mothers in the EG were mailed letters and brochures describing the support program and were then called by the interveners then called to answer questions and invite them to participate.
Measurement & Instrumentation	1. Pre and post test structured interview 2. Psychiatric Symptom Index (PSI) 3. Functional Status II (R) 4. Psychiatric Epidemiology Research Interview (PERI)
Results & Implications	1. Parents in the EG and CG did not differ significantly in self-reported psychiatric symptoms at the posttest. 2. The EG reported more symptoms at baseline that the CG and their improvement relative to their initial status suggests that the intervention may have played some positive role. 3. EG mothers' experienced a significant reduction in anger as compared with a commensurate increase in symptoms for the control group. 4. Posttest measures in other PSI subscales consistently favored mothers in the EG (expect for depression, which improved in both groups). 5. The intervention acted as a buffer between negative life events and posttest symptoms of emotional distress.

Study 30	
Reference	Journal Article Singer, G. H. S., Marguis, J., Powers, L. K., Blanchard, L., Divenere, N., Santelli, B., Ainbinder, J. G., & Sharp, M. (1999). A multi-site evaluation of parent to parent programs for parents of children with disabilities. *Journal of Early Intervention, 22*(3), 217-229.
Population Studied & Sample Size	Participants included 128 parents, foster parents, and guardians of children with a disability or chronic health condition from Kansas, New Hampshire, North Carolina, South Carolina, and Vermont.
Intervention & Study Purpose	Hypotheses: 1. Parent to parent programs would be helpful to their members by assisting them in a process of adaptation involving both problem-focused coping and cognitive and emotional adaption. 2. There would be positive changes in parents' estimates of: a. Their ability to cope with a child's disability. b. Their sense of empowerment to effect change or obtain services for their child. c. Their general acceptance of their family's life circumstances. 4. The development of a sense of alliance with someone with a perceived high degree of similarity in parenting an exceptional child would function as a primary mechanism for facilitating the above changes. 5. Parents would make progress on addressing specific problems that led them to call a Parent to Parent program for help and would obtain more services as a consequence of participation in Parent to Parent.
Definition and Key Elements of Support	<u>Definition</u>: (not given) <u>Requirements of the Parent Support Provider:</u> Matches between trained supporting parents and parents who request assistance, typically having shared a similar experience. <u>Key Elements:</u> Parent coordinators from Parent to Parent programs received an average of 8-10 hours of group instruction on communication skills, information about service, and information about advocacy and support for families. They were asked to make four phone calls in a 2-month period to each help-seeking parent with whom they were working.
Study Design & Methodology	Random Control Trial Two groups: intervention (n = 56), immediately received contact information for the nearest Parent to Parent group; control (n = 72), a waiting list control: parents were provided with Parent to Parent support after post-testing.
Measurement & Instrumentation	Source of Strength and Family Closeness subscale of the Kansas Inventory of Parental Perceptions (KIPP) Family Empowerment Scale Parent Coping Efficacy Scare (PCES) Three questions pertaining to progress on presenting problem and perceived helpfulness of Parent to Parent. A semi-structure interview (conducted with 24 randomly selected intervention participants)
Results & Implications	1. Parents who use Parent to Parent for non-emergency held benefit from contacts with other parents by: feeling better able to cope with their child an family situation, feeling better able to view their family and personal circumstances in a more positive light, and helping others other parents make progress on goals that are important to them. 2. Parent to Parent did not help parents feel more empowered. 3. Parent to Parent is likely to be useful to parents with low income.

Study 31	
Reference	Journal Article Kottman, T., & Wilborn, B. L. (1993). Parents helping parents: Multiplying the counselor's effectiveness. *School Counselor, 40*(1), 10-14.
Population Studied & Sample Size	Participants consisted of 359 parents whose children attended eight elementary schools in North Texas. 90 parents were placed in parent-led groups, 81 parents were placed in counselor-led groups, 95 parents who attended less that half of the discussion groups, and 93 control group parents who attended no groups.
Intervention & Study Purpose	A parent study group was formed to provide an opportunity to effectively reach more parents in the available time than could be reached otherwise. Purpose: To compare the effect of parent study groups led by counselors with the effect of parent study groups led by trained parent leaders.
Definition and Key Elements of Support	<u>Definition</u>: (not clearly stated) <u>Requirements of the Parent Support Provider:</u> Sixteen volunteer parents. <u>Key Elements:</u> Parents were trained in active listening, reflections, and specific types of group members.
Study Design & Methodology	Random Control Trial A 6 week training program was conducted for 16 volunteer parents to train them in group leadership skills and Adlerian strategies for child management. Eight parent teams of two were formed at eight separate elementary schools. Two study groups were held at each school, one conducted by a parent pair, the other by counselors. Parents were randomly placed in their group and met for ten 1 ½ hour sessions.
Measurement & Instrumentation	Parent Attitude Survey
Results & Implications	1. Parents who attend parent study groups, whether led by counselors or counselor-trained parents, differed significantly in their general attitudes toward their children from parents who have not attended such groups. 2. There is no significant difference in attitude change between parents who attended counselor-led groups and parents who attended parent-led groups.

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