THE EFFECTIVENESS OF A PROGRAM DESIGNED TO TRAIN VOLUNTEER MOTHERS TO CONDUCT POSTNATAL PARENTING SESSIONS

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CHAPTER I

INTRODUCTION AND STATEMENT OF PROBLEM

The mobility of today's society increases the separation of young parents from their families at a critical time in their lives (Christenberry and Wirtz, 1977). The information, skills, and emotional support, which were formerly provided to them by their families or by other social support systems, are now generally lacking. In fact, the normal sources of aid that are available to new parents during this period have simply not been able to fill their need for support (Wandersman and Wandersman, in press). A number of these young parents meet parenthood with a feeling of helplessness and inadequacy (Holland, 1977). For many, especially first time parents, it is a time of crisis, a time when "roles have to be reassigned, status positions shifted, values reoriented and needs met through new channels" (LeMasters, 1957, p. 53).

Research is also describing the effect of early parent-child attachment on subsequent parent-child relationships. Studies in the area of maternal-infant bonding show that the early hours after birth are critical in forming a bond of attachment between a mother and father and their newborn (Klaus and Kennell, 1976). These studies further indicate that encouraging interaction between a mother and her infant while they are still in the hospital greatly increases this attachment process. Although some hospitals are beginning to change their routines in an

effort to encourage this maternal-infant attachment, few parents are being provided with adequate professional or community support at the time when it could be of most value to them. Both Schaefer (1970) and Schwartz (1974) have independently stated their beliefs that positive attempts should be made to alleviate stress on families by providing social support to mothers when the initial mother-infant attachment bond is developing during the immediate postpartum period.

Caring for an infant whose needs are often in direct conflict with the needs of his parents creates for many new parents an awesome sense of responsibility (Committee on Public Education, Group for Advancement of Psychiatry, 1973). Accordingly, the greater the degree to which sole responsibility for the newborn is placed on a parent, the greater is that parent's degree of social isolation (CPEGAP, 1973). This feeling of isolation, which is common to many young parents, is reflected in a strong need for social or group support during this period.

Researchers have previously stressed the need for group and social support during periods of crises. Caplan (1964) has stated that a person has an increased desire to be helped and is more susceptible to influence during a period of crisis than during periods of relatively stable functioning. Group meetings, which have been shown to be effective in parent education groups, appear to be especially needed during the period of early parent adjustment (Schwartz, 1974; Deutscher, 1970; Gordon and Gordon, 1967). According to Wandersman and Wandersman (1976, p. 6): "Effective adaptation to the parenting crises can be facilitated by increasing the resources available to the family, e.g., contacting parents who are in the same period or who have resolved crises."

Charnley and Myre (1977) feel that new parents are both eager for information and in great need of support. They believe that early contact with sources of information and support helps the parents to establish a pattern for continuing use of community resources. Fulfilling the needs of new parents requires programs which will provide a continuing source of information and support to which parents may turn (Christenberry and Wirtz, 1977).

Many of the existing programs, which seek to reach these new parents, are funded by outside sources and as such are plagued with money problems (Christenberry and Wirtz, 1977). This often means that programs may eventually be cut back or eliminated because of loss of funds. It may also mean that some programs which ideally should be provided to parents free of charge or at minimal cost must be supported by tuition fees if they are to be continued.

There is also a need for programs that can reach a larger portion of the community than those typically used by a narrowly defined group of recipients. According to Christenberry and Wirtz (1977), one drawback to the services which are already available in the community is that they tend to be disjointed and isolated. There is a demonstrated lack of continuity of these important support systems. Therefore, these authors recommend a program based upon existing community resources which utilize professional staff and volunteers.

The literature appears to indicate that many communities are deficient in programs designed to meet the needs of new parents for information and for social support and suggests that such programs should be low-cost and be adaptable to meet the needs of a large community. It also appears from the literature (to be discussed in Chapter II) that

these needs can be met by utilizing volunteers who are trained to support parents through postnatal parenting education sessions. These programs ideally would be co-sponsored by volunteer organizations, local hospitals, guidance centers or other family support organizations.

The use of volunteers and existing community resources would substantially reduce the cost of the program. The cost of both the training and the materials can be shared by the hospital, the volunteer or family support organizations thus enabling parents to attend the sessions at minimal cost or even free of charge. An effective training program for the volunteer instructors, which can be adapted for use by other hospitals or family support organizations, can expand its services in order to meet the needs of the total community.

This study was undertaken to evaluate the effectiveness of such a training program which was designed to train volunteer instructors to conduct postnatal parenting sessions to parents of newborns. The total program involved volunteer instructors who were used in the capacity of in-hospital support personnel, during the mother's postpartum period, and as volunteer instructors facilitating four-week parenting sessions to the families following their return home. It was felt that in order to achieve a successful parent group program utilizing volunteers that it was critical first to implement and to evaluate the effectiveness of the volunteer training program. Discussion and evaluation of the parenting sessions will be considered only secondarily in this paper.

Purposes of the Study

The major purpose of the study was to determine the effectiveness of a program designed to train volunteer mothers to conduct postnatal

parenting sessions for parents of newborns. Specific objectives of this study were:

1. to evaluate the change in the volunteers' perception as they relate to the volunteers' knowledge of the subject matter and to their competence to conduct parenting sessions,
2. to evaluate the degree of actual knowledge gained by the volunteers according to content specified by behavioral objectives,
3. to determine the strengths and weaknesses in content as identified by the volunteer instructors,
4. to determine strengths and weaknesses in method of presentation as identified by the volunteer instructors,
5. to make recommendations for use of the program of training to meet the needs of the voluntary community, and
6. to make recommendations for the use of the program of training in order to meet local community needs.

Research Questions

The following research questions were formulated for this study:

1. Was there a significant difference in the scores achieved by the volunteers between a pre-test (given before the training program), a post-test (given immediately after the training program) and a follow-up test (given six months following the end of the training program) on the following:
   a. the volunteers' perception of their own knowledge of the subject matter which was presented during the training program,

b. the volunteers' feelings of competence to conduct parenting sessions, and

c. the volunteers' actual knowledge of the subject matter presented.

2. After the training program was completed, what was the range of scores and the mean for an instrument designed to evaluate each of the six training sessions and the total training program?

3. Was there a significant difference between the evaluations by the volunteers of the effectiveness of the program in preparing them to conduct such sessions between the post-test evaluation and the follow-up evaluation for (a) all subjects, (b) for those who actually conducted a session, and (c) for those who just observed the sessions?

Assumptions of the Study

It was assumed that a substantial portion of the recipients of the postnatal parenting sessions would be middle to upper-middle class parents who had already received some prenatal parent education. The reasons for these assumptions were: (1) the hospital where the sessions were held was located in a middle to upper-middle class section of the city, and (2) the recruitment efforts for the sessions were aimed at the prenatal classes that were being taught in that same section. In addition, all of the volunteer mothers who were part of the training program likewise lived in this area.

It was also assumed that the sample of 10 volunteers was representative of a nationwide population of Junior League volunteers. The Junior

League, which is a national voluntary organization, has local chapters in almost every major city in the United States. Criteria for membership are set by the National Association of Junior Leagues, thereby insuring a fairly homogeneous membership of Junior League volunteers throughout the country. Junior League volunteers tend to be upper-middle class women who are well educated and who have a demonstrated history of doing volunteer work in their communities.

Limitations of the Study

This study was limited to a sample of 10 volunteers from the Junior League of Oklahoma City. It was determined that only 10 people were necessary to begin conducting parenting sessions. Because of this limitation, care was taken by this researcher to limit generalizations of the study to the broader population of Junior League volunteers only. Thus, the training program, as it was designed, is suitable for use by members of other Junior League chapters or by members of other volunteer organizations that are similar in structure and function. Utilization of the program ingredients by other individuals or organizations should be considered only after one has made a careful adaptation of these materials so that they will meet the needs of a broad community population and a diverse volunteer sample. This study was also limited by the fact that the initial recruitment efforts were slow in bringing new parents into the program. Because of this, volunteers had only limited experience in conducting parenting sessions by the time that the final follow-up evaluations were given, which may have had some effect upon the results of this study. Recommendations for recruitment of parents will be discussed in Chapter II of this paper.

Definition of Terms

Attachment--A unique relationship between two people that is specific and endures through time (Klaus and Kennell, 1976).

Failure-to-Thrive--A syndrome where the infant does not grow, gain weight or develop behaviorally at the normal rate during the first few months at home (Klaus and Kennell, 1976).

Maternal Sensitive Period--Period of time right after birth during which separation of the infant from the mother can lead to less than optimal attachment of the mother to her infant (Klaus and Kennell, 1976).

Parenting--The responsibility and functioning or nurturing the growing person, i.e., child rearing, by both parents and by the larger community which shares in the socialization of children (Grams, 1972).

Perinatal--Relating or belonging to the period around the time of birth (McNalty, 1965).

Postnatal--Relating or belonging to the period immediately following birth (McNalty, 1965).

Prenatal--Relating or belonging to the period previous to birth or to giving birth (McNalty, 1965).

Rooming-In--The practice of keeping an infant in the mother's room after childbirth rather than in the hospital nursery (Klaus and Kennell, 1976).

CHAPTER II

REVIEW OF LITERATURE

Transition to Parenthood

Parenthood as a Crisis

Since the work of LeMasters in 1957, many researchers have come to view the period immediately after birth as a time of crisis. In a study of first-time mothers by Leifer (1977), the first two postpartum months were commonly felt to be times of intense emotional stress. Two-thirds of the mothers during this period had moderate to extreme negative effects. This was characterized by feelings of depression and anxiety in regard to the mother's ability to adequately care for her baby. Likewise, responses to a questionnaire at the seventh month indicated that negative feelings had persisted for a majority of the mothers.

The mothers in Leifer's (1977) study reported that parenthood was more stressful than they had anticipated, mainly because of the following: persistence of physical symptoms, anxiety over performance in the maternal role, inadequate help with the baby or household chores, and long periods of being alone in the house with the baby. As a result, these mothers developed feelings of being burdened and tied down by unrealistic responsibility.

For the father, there is some disagreement over the extent to which the transition to parenthood is considered a crisis. Lamb and Lamb

(1976, p. 382) referred to the husband's "jealousy and resentment at having been displaced from a central position in the wife's life." Wente and Crockenberg (1976) noted:

> Clearly, the mother and father have needs and desires as a couple that the baby interrupts. Sex is frequently mentioned as one of these needs, but time for talk, for sharing and for mutual nurturance is similarly at a premium. In addition, there is reason to think that the father will suffer most from this disruption. A three-person unit typically invites two people to oppose the third person in desires. And in most families it is the mother who immediately becomes most involved in the baby's life, with the father in danger of feeling the intruder (p. 351).

Other studies would dilute the crisis aspects of fatherhood. Fein (1976) leaned toward the view that the "crisis" comes just after birth and immediately after birth. However, by the sixth week after birth, most men were adapting without high levels of anxiety.

Gordon (1965) found 14 factors which appeared to separate those individuals who suffered severe, prolonged postpartum upsets. The factors were:

1. individual being primipara (first-time mother),
2. no relatives to help out,
3. complications of pregnancy in family history,
4. husband's father dead,
5. wife's mother dead,
6. illness during pregnancy,
7. wife in generally poor health,
8. wife's education higher than parents,
9. husband's education higher than parents,
10. wife's education incomplete,
11. husband's job higher than parents,
12. husband's job higher than wife's parents,
13. husband often away from home, and
14. wife having no previous experience with babies (p. 32).

Farber (1975) has found five main factors that he believes are significantly related to the adjustment to parenthood. A greater relative ease of transition was found in (1) persons who desired and

planned for parenthood and had favorable attitudes toward parenthood; (2) couples who were happily married, had greater confidence and maintained mutual understanding of each other, (3) persons who had favorable self-concepts, low strain anxiety, and confidence in their ability to be good parents; (4) couples who were supported by friends and families. However, Farber also found couples who received extra help--especially with direct child care, and especially from parents, in-laws, or other relatives--had greater difficulty in making this transition.

Parental Roles as a Factor in the Adjustment to Parenthood

Several researchers have indicated initial parental role adjustment as a factor in the case of adjustment to parenthood. Melges (1968) stated that women who lacked adequate maternal models as children were likely to develop problems in their own experience with motherhood. Fein (1976) found that effective postpartum adjustment in men is related to their developing some kind of coherent role (a pattern of behavior that meets their needs and the needs of their wives and babies). Fein distinguished three groups of men according to their roles. The first group of men, which he termed "breadwinners" (or the traditional role), had distinct divisions of labor with their wives. The second group, called "non-traditional", were deeply involved in the daily care of the infant. The third group was comprised of husbands (and wives) who were generally unsure of their roles. Important to the adjustment of the "breadwinners" was the support of their wives, almost all of whom appeared to enjoy being full time mothers. The wives of the more "non-traditional" fathers wanted to combine mothering with work in the labor

force or work toward professional degrees. Common to these men was the explicit recognition that pregnancy, birth, and childrearing could be a two-person experience. The third group, who were generally unsure of how much they wanted to be involved, indicated relatively more difficulty adjusting to life with a new baby.

Husband-Wife Relationship as a Factor in the Adjustment to Parenthood

Some researchers have emphasized the role of the husband-wife relationship in postpartum adjustment after the birth of the first baby. Knox and Gilman (1974) emphasized the importance of the marital relationship in the adjustment to parenthood. In a study on fathers, out of 102 respondents, 25 percent reported that "sometimes I wish my wife and I could return to the time before the baby was born." This percentage was significantly correlated with wives who complained about the baby and who felt their marriages had deteriorated.

Wente and Crockenberg (1976) found that disruption of the existing husband-wife relationship is related to perceived difficulty in the transition to parenthood. These authors state that "preparation for parenthood should deal with the husband-wife relationship as well as the parent-child relationship in order to be most effective in easing the transition" (p. 365). Likewise, Meyerowitz (1970) found that the mother's satisfaction during pregnancy was highly correlated with the husband's positive outlook toward the expected child.

Knox and Gilman (1974) emphasized the importance of the marital relationship in the father's adjustment to parenthood. In a 1974 study when fathers were asked what effect the birth of the baby had on their

marital relations, 75 percent said the baby had no effect on their marriage. However, these authors noted that of the 382 questionnaires mailed out only 28 percent were returned, perhaps indicating that a portion of the fathers not responding may have felt negatively about their babies.

Temperament of the Newborn as a Factor Related to Adjustment to Parenthood

The word "temperament" is used to describe the individuality of each infant's style of behavior (Sameroff, 1975). Temperament is used to describe a child's behavior according to the following categories: activity level; rhythmicity (regularity of biological functioning); approach-withdrawal (positive or negative initial response to new stimulation); adaptability (the ease with which behavior was changed when the situation changed); positive or negative quality of mood; intensity of mood; sensory threshold (intensity of stimulation required to elicit a response); and distractability and persistence (attention span).

Out of these categories emerge such main clusters as the "easy" child, the "slow-to-warm-up" child and the "difficult" child. The "difficult" child is defined generally as one who has irregular biological functioning, slow adaptability to new situations and frequent negative moods of high intensity (Sameroff, 1975).

It has been recognized that for a new mother, especially a first-time mother, it may be particularly hard to relate positively toward a "difficult" baby. According to Sameroff, the temperamental variations found in newborn infants can affect their interaction with their parents.

Sameroff also noted that one of the major requirements for the satisfaction of the mother during this period is that the baby be responsive to the mother. To the extent that the infant's temperament interferes with its ability to be responsive, this behavior will adversely affect its mother's feeling toward the baby. Thus, if the mother cannot quiet her crying baby, she may question her own competence as a caretaker. Sameroff felt that the attachment process between a mother and her infant was hindered when the baby's temperament prevented it from being responsive to the mother. Sargent (1977) likewise noted that neonatal irritability is related strongly to postpartum adaptation.

Prenatal Factors Relating to Maternal Adjustment to Parenthood

Leifer (1977) found that women who had been confident about their maternal abilities during pregnancy experienced a sense of competence during the postpartum period. But feelings of inadequacy persisted for those mothers who experienced uncertainty about their maternal abilities during pregnancy. Leifer also found a high association between attachment to the fetus during pregnancy and subsequent maternal feelings toward the baby. Wylie (1976) also noted that prenatal expectations were positively related to the ease of transition to the role of parenthood.

Sontag (1962), Turner (1956), Ferreira (1969) and Brazelton (1970) researched the effects of the emotional state of the mother during pregnancy on the infant in utero and after birth. Women who had poor attitudes toward pregnancy and who suffered undue emotional stress both tended to have infants who were "difficult" or who had deviant or

abnormal behavior (Turner, 1956). The problems of the "difficult" infant's behavior on the parent's adjustment to parenthood has been discussed in the previous section. Brazelton (1970) also found that duration of labor, instrumental deliveries and amount and type of medication have been found to decrease the infant's sucking abilities.

Parental Attachment to the Newborn as a Factor Leading to the Adjustment to Parenthood

The relationship between a mother's initial attachment to her infant and the subsequent care she provides to her infant is well documented (Klaus and Kennell, 1976). For example, there is a significant relationship between early mother-infant separation and the incidence of child abuse or failure-to-thrive--a syndrome where the infant does not grow, gain weight or develop behaviorally at the normal rate during the first few months at home (Klaus and Kennell, 1976; Sameroff, 1975). In some studies as many as 41 percent of the failure-to thrive infants had been premature (and thus separated from their mothers at birth) (Shaheen, Alexander, Truskowsky and Bashero, 1968).

According to Klaus and Kennell there is a maternal sensitive period right after birth during which separation of the infant from the mother can lead to less than optimal attachment of the mother to her infant. Klaus and Kennell (1977) considered the following events important to the formation of a mother's attachment to her infant:

- Prior to Pregnancy
    - Planning the pregnancy
- During Pregnancy
    - Confirming the pregnancy
    - Accepting the pregnancy

Fetal movement
Accepting the fetus as an individual
After Birth
Birth experience
Seeing the baby
Touching the baby
Giving care to the baby (p. 39).

Many believe that the most important part of mother to infant attachment is the maternal sensitive period right after birth. However, it is just one part of the total attachment process. There are other variables as well. The mother's socioeconomic background, her educational training, her own experiences as a child with her own mother and her emotional stability all effect the attachment process. These are experiences which for the most part do not lend themselves to intervention. In general, mothers from higher socioeconomic status, with higher educational achievement and lower levels of anxiety are more responsive to their infants (Sameroff, 1975).

Leifer (1977) found that maternal feelings toward the infant seem to develop on a continuum throughout pregnancy. Attachment appeared to develop in an orderly sequence, beginning substantially after the onset of quickening in the second trimester. By the end of pregnancy, according to Leifer, most women had differentiated images of their babies which began to merge with certain fantasies about how the baby would appear. Some of the women only developed a minimal sense of closeness with the fetus. Attachment or indifference to the fetus during pregnancy, according to Leifer, may be indicative of future mothering behavior.

In one experimental study, an "early and extended-contact" group of mothers were given their nude babies in bed for one hour during the first two hours after birth and for five extra hours on each of the next

three days (Klaus, Jerauld, Kreger, McAlpine, Steffa and Kennell, 1972). The control group had routine hospital care consisting of a glimpse of the baby at birth, a brief contact for identification at six to eight hours and then visits for 20 to 30 minutes for feedings every four hours. Groups were matched as to age, marital and socioeconomic status. Observations consisted of the mother's performance during a physical exam and a filmed study of the mother feeding her infant.

The mothers who had extended contact were much more reluctant to leave their infants with someone else (elicited from the questionnaire), stood and watched ("hovered") during the physical exam and showed significantly more "en face" holding (en face is described as the position in which the mother's face is rotated so that her eyes and those of the infant meet fully in the same vertical plane of rotation). By all three measures, differences between the two groups were apparent at one month after birth. At one year after birth, the two groups again showed significant differences. At five years, the early contact children had significantly higher IQ's and were more advanced in two language tests.

Supporting circumstantial evidence for early attachment comes from observations of the effects of rooming-in (where infants are kept in the mother's room rather than in the nursery). Follow-up studies of mothers who participate in rooming-in indicated that these mothers are more confident in their abilities, more competent in caregiving and more sensitive to their infant's cries than are those who have not had rooming-in (Klaus and Kennell, 1976). Also, when one nursery was closed down because of a threatened diarrhea epidemic and mothers were forced to have rooming-in (with much initial protest), 95 percent of the mothers reported one year later that they would choose rooming-in again with

subsequent children (Sameroff, 1975). Similarly, in a compulsory rooming-in project at Duke University Hospital, there was a 90 percent decrease in calls to the hospital by mothers after their discharge (Schwartz, 1974). Finally, in an experimental project in North Dakota, it was found that there was lower tension and irritability in both parents and that there was less postpartum depression in mothers when rooming-in was utilized (Schwartz, 1974).

Role of the Father in the Attachment Process

There have been very few studies on attachment from the father to the infant. However, there have been some studies on the effects of caregiving and involvement on the father's interaction with his infant. Kotelchuck (1975) found that attachment behaviors on the part of the infant (such as separation anxiety) occurred the most in infants with lowest paternal involvement and occurred the least in infants with the highest paternal involvement. Infants whose mothers and fathers both actively cared for them tended to show separation protest later and terminated it earlier than children with only the mother as the caretaker. Also, in a study on father's postpartum adjustment, Fein (1976) noted that the process of caring for their babies may facilitate men's adjustment to family life. Men who reported that they were doing more infant care together with their wives and who had a greater willingness to share infant care showed a significant decrease in infant-related anxiety than men not so involved.

The impact of the newborn on the father was described by Greenberg and Morris (1974). These authors used the term "engrossment" to describe the process of absorption, preoccupation and interest behaviors exhibited

by a father during early interaction with his newborn. They identified several specific aspects of the father's developing bond to his newborn, ranging from his attraction to the infant and his perception of the newborn as "perfect" to his extreme elation and an increased sense of self-esteem.

It would appear that although the father does not experience the prenatal attachment events in the same manner as the mother, prenatal attachment can be facilitated by involving the father in the planning stages of the pregnancy and by encouraging his involvement in the labor and delivery process. According to Greenberg and Morris, fathers reported themselves to be profoundly affected by the birth of their infants and to have experienced the development of an affectionate bond.

Need for Early Intervention

Evidence is becoming more abundant that parent intervention must be begun early. Kleinman (1977) has concluded from her research that the earlier parent-oriented infant intervention is begun, the longer lasting its effects. Increasingly, studies on parent-infant attachment pointed to the need for immediate parent-infant interaction, starting with the early hours and days following birth, in order for there to be optimal development. Review of the literature suggested that the early postpartum period may be the very time when parents need the greatest support. Schaefer (1970) believes that attempts should be made to alleviate stress on families by providing social support to mothers at the time that initial mother-child attachment should be developing. In addition, Charnley and Myre (1977) stated:

> Available evidence indicates that the first three years of a child's life . . . is a critical time for parent education. The intense involvement and mutual attachment of parents and children, especially the first two years, make the period one in which parents are particularly 'teachable'. New parents are eager for information and in great need of support (p. 19).

According to Schwartz (1977), physicians, mental health workers and community groups should coordinate their efforts to provide a variety of programs to parents to facilitate postpartum emotional bonding. In an effort to meet this early need for support, several programs have been developed in recent years to reach parents during the postpartum period. Three such programs will be briefly described in the following section.

Current Postnatal Support Programs Serving Parents of Infants

The parent-infant classes at Seattle Community College in Seattle, Washington, began in 1971 with a pilot project. The participants were primarily low-income, high-risk families. Other than increasing the infants' cognitive development, the goals were to help participants to gain confidence in the parenting role and to become better managers of family resources (Charnley and Myre, 1977). Classes were offered on a quarterly basis at the College and many parents signed up for three consecutive 11-week quarters. Each class consisted generally of the following five periods of activity: (1) sharing time, when parents discussed new activities of babies and exchanged information; (2) presentation time, when information relevant to parents' needs and interests was presented; (3) snack time, emphasizing the importance of a balanced diet; (4) activity time with the babies, using music and physical activities; and (5) visiting time, when materials were made

available to parents to make inexpensive toys at home and parents were encouraged to share and discuss problems.

Evaluations of the class showed some increase in competence and a high morale among the participants. The authors felt that a strong component of their program was the social and emotional support that parents received from each other to offset a common feeling of isolation experienced by many new mothers. In fact, the reason most often given for joining the class was that it offered contact with others engaged in the same stage of parenting (Charnley and Myre, 1977).

Another postnatal group program called the Family Development Project was initiated by psychologists Abe and Lois Wandersman at the Kennedy Center for Research for Education and Human Development at Peabody College in Nashville, Tennessee. The small parenting groups of 6 to 10 couples met weekly for six weeks and monthly for four months. Each meeting focused on a topic or theme of interest to the parents and provided time to share experiences. Most of the participants were middle-class parents who had attended prepared childbirth classes. The main goals of the classes were as follows: (1) to provide support during the initial postpartum period of adjustment, (2) to optimize family functioning, (3) to augment the parents' strengths to facilitate their mastery of their environment, and (4) to provide information and education geared to the individual's own needs (Wandersman and Wandersman, in press). Two main components of the program were emphasized: (1) that the focus be on the total family system, versus the isolated parent-infant dyad, and (2) the importance of parenting groups as a means of social support. Evaluations showed that what parents liked

best about the parent groups was the chance to meet other new parents, to share experiences and to discuss common problems.

A third program, involving non-disadvantaged mothers of two to four month old infants, was undertaken by Kleinman (1977). Kleinman studied 10 educated, middle-class mothers who volunteered to take part in an eight-week experimental program. The sessions were designed to offer (1) psychological support, (2) socializing opportunities, and (3) information on child development through informal class discussions led by the investigator. Kleinman measured the participants' changes in feelings of self-confidence. The evaluations showed that the experimental mothers appeared to make gains in the area of self-confidence. One reason given by the mothers for this improvement was their recognition of the fact that their concerns were both temporary and were shared by others in similar circumstances. Other comments by the mothers in the group indicated that parents obtained a sense of relief from the feeling of being isolated from adult company and that the group method was valuable in achieving this relief. Kleinman also concluded that mothers should be reached earlier than two to four months postpartum. Many of the participants felt they would have profited even more if they had been supported during the earliest weeks.

Use of Parent Groups for Support

The use of parent groups has already been mentioned as a useful approach for parent education. The group discussion approach will be considered here more fully. A pilot study done by Wulf and Bartenstein (1975) examined the use of the lecture/discussion approach toward educating upper-middle class mothers in child-rearing. The study looked

at several approaches to parent education. The authors noted, after examining programs in existence, that "only those involving group dynamics seemed effective in producing concomitant changes in parent attitudes" (p. 6). The authors also evaluated a lecture series on child development given to a group of mothers. The series began with a classroom atmosphere but quickly evolved into a group-centered discussion.

Evaluations were done to see if the knowledge of child development and its relevance to parent-child relationships would effectively change the mother's feelings about child-rearing and her feelings about her role as a parent. The results supported the authors' evidence that group dynamics was the key factor in creating attitudinal changes. The conclusion of the authors was that

> . . . an approach which educates parents in child development while allowing them to voice and share concerns about implications of development for child-rearing seems to have potential for positively changing parent attitudes toward child-rearing, while simultaneously improving self-concept of mothers (pp. 9-10).

Other researchers believed group support to be of particular value to the new parent. Wandersman and Wandersman (in press) feel that groups encourage development of parental competence by dealing with (1) parents need for new skills, (2) lack of standards for determining adequacy of performancy, and (3) loss of opportunity or ability to exercise attributes formerly important to sense of competence. Although longitudinal assessments were not yet completed, the positive view of the participants toward the group experience is considered by the authors to be an important criterion of its success.

Schwartz (1974) pointed to the success of groups used during the postpartum period. She referred, in particular, to the work of Gordon

and Gordon (1967) where groups which included the husband met with a physician on an informal basis. There was an impressive difference between the groups given counseling and the control group (those not given counseling). According to a six-year follow-up study, more of the experimental parents had overcome their initial depressions (80 percent versus 54 percent). Sixty-six percent of the experimental group had had another child as opposed to 36 percent of the controls. Only 28 percent had serious physical or mental problems while 55 percent of the control group experienced these problems (Gordon and Gordon, 1967). Likewise, the babies of the experimental group had fewer sleep problems, were less irritable and had fewer feeding problems.

According to Schwartz (1974), the parent who identifies with his/her own defective parent model can overcome this by using the group to provide alternative role models as well as basic education on child development. (It is interesting to note that not only do abusive parents typically model their behavior after their own parents who abused them but they also show a gross lack of information on child development as evidenced by their unrealistic expectations for the child's behavior.)

Schwartz also reminds us that the group should not become a class. According to Schwartz (1974, p. 34), it is "equally important that the participants have an opportunity to vent feelings of fear, inadequacy and frustration and to build up social relations."

Charnley and Myre (1977) felt group support for the new parent was a key element of success in the Seattle Parent-Infant Education Program. They wrote that:

> No matter how sophisticated and well educated parents may be, they identify as the primary gain from the class the strength

> and confidence which develops through encountering and sharing the common experiences of parenthood (p. 19).

Advantages of Current Parent-Infant Programs

The postnatal programs currently in existence offered to the parent several advantages over many other programs: (1) they were not limited in focus to the cognitive development of the infant, taking in other aspects of the child's development; (2) they strived to intervene as early as possible, or recognized that early intervention was important; (3) they provided social support through group sessions; (4) they encouraged parent-infant involvement; and (5) they sought to include the father, rather than just focusing on the mother-infant dyad. Two of the programs sought to reach middle class, non-disadvantaged parents, who are often omitted from programs aimed at high-risk or disadvantaged parents but are also in need of support.

Disadvantages of Current Parent-Infant Programs

Problems which tend to threaten parent-infant education programs were similar to those identified by Christenberry and Wirtz (1977). They found that

> . . . a number of programs designed to assist the new and/or young parent have been planned, funded, and implemented around the country throughout recent years. . . . In most cases such programs were dependent on special funding for a narrowly defined group of recipients or on continuing funds then were allowed to fade away, shrink, or disappear altogether when funding was cut back or withdrawn (p. 3).

Even those programs that were able to continue in spite of threatened cutbacks were plagued with difficulties. Kleinman (1977) noted

that, although many middle-class mothers were willing to pay a fee to go to the parent classes, others appeared to be discouraged from joining because of the expense.

Another problem with the parent-infant programs now in existence is the lack of ease with which a program can be adapted to a broader population. When good programs were identified, both the materials and manuals were "borrowed"; but the programs could not be transplanted that easily to systems requiring different support, different consulting services, etc. (Gordon, 1975). The few programs that were offering good support services, such as those previously described, were isolated in nature, serving only a small portion of the population. Thus, according to Gordon, although many programs had ingredients that can be utilized by different systems and communities, there was no comprehensive system for disseminating the processes used in successful programs. Gordon recommended that local groups should learn from what has been done, but only then, after adapting the materials to local purposes, should they develop service programs of their own.

Use of Volunteers in Parent-Infant Programs

That volunteers and para-professionals can be used effectively in parent-infant education programs has been documented (Badger, 1972; Gordon, 1969). The University of Florida in 1966 began experimenting with the use of women from disadvantaged neighborhoods in an effort to teach indigent mothers how to stimulate their children's development. The training of the women included an intensive five-week course and a continuing once-a-week in-service program. Results of the experiment

showed that non-professionals can be used in that type of program and that the program enhanced the development of the infants (Gordon, 1969).

The Head Start Parent Child Center in Mt. Carmel, Illinois, and Chattooga County, Georgia, utilized paraprofessionals to train mothers how to teach their own one to two year old children at home. Both of these programs, one being home-based and the other center-based, used both professional and paraprofessional personnel (Badger, 1972).

Badger noted that certain paraprofessional qualities are desired to ensure the success of the program: self-confidence, enthusiasm, understanding of the importance of sequenced learning of skills, and the conviction that the paraprofessional communicates his or her enthusiasm and skills to the mother. According to Schwartz (1974), group leaders can be drawn from a broad segment of the population, the primary criterion being that he or she be an experienced parent who could provide a strong role model.

A Model for Parent Support Programs

As we can see by the literature, adequate support for the new parent, where intervention is possible, must ideally be on a continuing basis--from pregnancy through the postpartum period. This researcher feels that prenatal, perinatal and postnatal factors must all be considered if a support program is to be truly optimal.

Prenatal Factors

Excellent prenatal support is now generally available to most parents through private prenatal classes such as Lamaze and those offered through hospitals. The benefits to new parents from these

programs have been well documented (Kemp, 1970; Horowitz and Horowitz, 1967; Coleman, 1971). However, although prenatal classes in general teach the parent a great deal about physical and biological factors associated with childbirth, there is not enough emphasis on social and emotional factors. Optimal support is provided by those classes which meet in small groups and which provide an opportunity for open-ended discussion related to fears regarding pain, inability to relate to the fetus, husband-wife relationships, etc. (Schwartz, 1974).

Obstetricians and childbirth instructors should encourage parents, where possible, to seek out hospitals where rooming-in is provided. Parents should be informed as to the advantages of rooming-in. For example, it should be pointed out that the research indicated that mothers are as well or better rested in the rooming-in unit as mothers who keep their babies in the nursery as this was the reason most given by mothers not choosing rooming-in (Sameroff, 1975).

A mother should be encouraged in her attempts to breastfeed her infant--using a positive approach. Much research has been done on breastfeeding versus bottle feeding and its effects on the well-being of the infant. The concensus of many researchers is generally that as long as the infant is loved and cuddled, either method is acceptable. However, what is seldom emphasized is the importance of the breastfeeding experience on the mother's attachment to her infant. Indeed, the satisfaction that the mother derives from the breastfeeding experience may act to increase the pleasure she derives from her infant and, as a consequence, increase her attachment to the infant (Sameroff, 1975).

Perinatal Factors

Intervention in the hospital must come from hospital administrators, pediatricians, obstetricians and the nursing staff, although other support systems can be available. Considering the impact of the studies on mother-infant attachment, it seems important that an infant be as awake and alert as medically possible. If successful mother-infant attachment depends on the ability of the infant to elicit and to be responsive to the caretaking behaviors of the mother, as Sameroff (1975) indicated, then it seemed that at the "first meeting" the infant needs to be as alert as circumstances permit.

Immediate contact with the baby after delivery is deemed important for the attachment process. In describing what takes place during the maternal sensitive period (right after birth), Klaus and Kennell (1976) note that during the first hour after birth the infant is in a "quiet, alert state" (with his eyes open and able to respond to the environment) for a period of 45 to 60 minutes. The baby will not have this sustained alert period for more than a few minutes at a time thereafter for the first few weeks of life. "This observation," according to Klaus and Kennell (1976, p. 66), "plus knowledge of the advanced sensory capacities of the newborn, make the minutes-old infant ideally equipped for the important first meeting with his parents." This opportunity to be with the newborn immediately after birth and to experience rooming-in on a continuing basis provides the most optimal situation for the promotion of the parent-infant attachment bond.

According to Sameroff (1975), the neonatal specialist must achieve two tasks related to the mother's attitudes towards the child and to her

competence at taking care of the infant. In terms of the first task, the mother should feel that the differences between how she perceives her child and what she considers a normal child to be, are only temporary (i.e., with age, children outgrow colic). The second task is to assure the mother that she can be a competent caretaker of her infant. The first-time mother has many fears and self-doubts about her ability to care for her infant, which may be related to inexperience (Sameroff, 1975). Schwartz (1974) also noted that new mothers seem to lose perspective over quite harmless conditions.

The mother can be assured of her competence to care for her infant in two ways, according to Sameroff. One way is through verbal assurance. The doctors and nursing staff should be especially supportive of the mother's attempts to care for her infant. Nurses, who themselves have become attached to the newborns, may have a protective air regarding the well-being of the infant which may translate to the mother that she is not capable of caring for her infant. Increased sensitivity on the part of the mother may lead an even casual remark to be exaggerated by the fearful mother.

In addition to verbal assurance, the best encouragement the staff can give to the new mother is to let her care for the baby herself (Sameroff, 1975). The mother will feel the staff has confidence in her ability to care successfully for the infant and the staff will also be available for support should the mother request it.

Sameroff summarized the goal of perinatal support for the new mother: (1) to maximize the strengths of the mother's abilities for and sensitivity to the caretaking of her child, (2) to provide a child who is maximally capable of signalling his needs and responding to his

mother, and (3) to provide the setting in which the initial bonding between mother and infant can take place.

Postnatal Factors

The elucidation of a postnatal support system for new parents is one of the goals of this paper and will be discussed in further sections. However, it is worthwhile to repeat that although the continuity of support described above was not entirely feasible for this particular postnatal program, this researcher feels that the optimal support system is one utilizing prenatal, perinatal and postnatal support factors.

Community Factors

Christenberry and Wirtz (1977) developed a model by which programs for expectant and new parents may be implemented in any community and described ways to use existing resources to implement these programs. The focus of their model is to combine disjointed and isolated programs in order to provide continuity of support. Essential in their model is a program using a multi-disciplinary team of professionals and volunteers. The model identified existing service programs and volunteer agencies and expanded the total services by tying them together. The problems of cost in this model would be alleviated through the use of solidly-established resources which would not be dependent on outside resources for the program's existence.

It is the feeling of this researcher that in order for a program of this nature to be truly viable and to reach the largest number of people it must utilize community resources in a manner similar to that described above. Many excellent existing programs, especially prenatal

and the isolated infant programs, could go on to become part of a permanent community support system for families if the programs would (1) use volunteer services where appropriate and (2) reach out to a variety of professional services in order to make it a truly interdisciplinary program.

CHAPTER III

RESEARCH DESIGN

The major purpose of this study was to evaluate the effectiveness of a program designed to train volunteer mothers to conduct postnatal parenting sessions. Specific objectives of this study were:

1. to evaluate the degree of change in the volunteer's perception of their knowledge of the subject matter and their feelings of confidence to conduct parenting sessions,
2. to evaluate the degree of actual knowledge gained by the volunteers according to content specified by behavioral objectives,
3. to determine the strengths and weaknesses in content as identified by the volunteer instructors,
4. to determine strengths and weaknesses in method presentation as identified by the volunteer instructors,
5. to make recommendations for use of the program of training to meet the needs of the voluntary community, and
6. to make recommendations for the use of the program of training in order to meet local community needs.

Description of Research Design and Treatment

Since the training program involved an intact group of volunteers, and since the future application of such a program would apply to intact

groups of volunteers, then a pre-experimental, one-group, pre-test, post-test design was chosen for this study (see diagram of research design in Table I).

Volunteers were given a brief description of the program and of the research study prior to the beginning of the interview. On the first morning of a six-week training program, a pre-test questionnaire was given to an assembled group of volunteers in a classroom at the hospital where training was to take place. The pre-test (Parts I and II, Appendix A) was designed to measure (1) the volunteers' perception of their knowledge of the subject matter, (2) the volunteers' feelings of competence to conduct parenting sessions, and (3) the volunteers' actual knowledge of the subject matter presented during training.

Following the first treatment of the training program, which is described later in this chapter, an identical post-test questionnaire was administered to evaluate the degree of change in the above listed objectives. In addition, a series of questions (Part III) was given to determine the strengths and weaknesses in content and in method of presentation as identified by the volunteers, both for the overall program and for each individual session. An additional series of questions (Part IV) was also given to determine the volunteers' evaluations of the effectiveness of the training program in preparing them to conduct postnatal parenting sessions. Open-ended questions regarding the training program (Part V) were included in the post-test evaluation.

Following the second treatment (a six-month period of observation and group leadership experience), Parts I, II, IV and V were repeated.

TABLE I

RESEARCH DESIGN

Pre-Test	Treatment #1 (Training Program)	Post-Test	Treatment #2 (Observation and Experience)	Follow-Up
Part I.* Feelings of competence: a. Volunteers' perception of their knowledge of subject matter (Items 1-4, 6-9, 11-22, 24-28, 30-31, 33, 36-37). b. Volunteers' feelings of their competence to lead parenting sessions (Items 5, 10, 23, 29, 32, 34, 38).		I. Repeated		I. Repeated
Part II. Volunteers' actual knowledge of subject matter to be presented during training.		II. Repeated		II. Repeated
		III. Volunteers' evaluation of content and method of presentation of training program: a. Of the overall program b. Of individual training sessions		
		IV. Volunteers' evaluation of the effectiveness of the training program in preparing them to conduct postnatal parenting sessions.		IV. Repeated
		V. Open-ended questions.		V. Repeated

*See instruments, Appendix A.

Population and Sample

The broad population to which the purposes of this study was directed consisted of the 234 member Leagues of the Association of Junior Leagues throughout the United States, Mexico and Canada with over 120,000 individual members. The invited sample included the 318 active members of the Oklahoma City Junior League. The accepting sample was composed of the 24 members who specifically requested to be volunteer instructors for the postnatal parent-education project. The data producing sample was the final 10 volunteers who were chosen to be volunteer instructors according to criteria specified by the training instructors.

The sample of 10 Junior League volunteers was considered homogeneous to the broader population of Junior League Volunteers because of similarity in the following characteristics: (1) sex and age--membership in the Junior League is comprised of women between the general ages of 21 to 40; (2) educational background--members of the Junior League are generally well educated with a substantial percentage having university degrees; and (3) socio-economic level--members of the Junior League are generally from the middle to upper-middle class socio-economic levels.

Membership in the Junior League requires that volunteers meet the following criteria as set forth under Article III, Section 2 of the Bylaws and Standing Rules of the Junior League of Oklahoma City:

1. expression of interest in the community through civic, social and cultural activities as demonstrated through voluntary effort;
2. time and willingness to be trained through continued League services;

3. demonstrated responsibility;

4. positive attitude; and

5. ability to work with others.

The sample was purposive in nature due to the criteria by which the volunteers were screened in order to provide the data producing sample. Although it is generally believed that nonrandom methods samples cannot be considered representative of any known population, this particular sample has been shown to be homogeneous to a broader population to which the study would apply (Compton and Hall, 1972).

Selection of the Subjects

The subjects for this study were 10 volunteers placed by the Junior League of Oklahoma City as volunteer instructors for the postnatal parent education project. The project originated from a task force on parent education within the Oklahoma City Junior League. The original intent of the task force was to plan a community project in the area of parent education which would utilize volunteers. Volunteers with the Oklahoma City Junior League are committed to do at least two and one-half hours of volunteer work per week, in a specified project each year. The postnatal project was one of some 30 such volunteer placements which could be selected by the 318 members of the Oklahoma City Junior League.

Twenty-four women requested the postnatal project as their required volunteer commitment for 1978-79. These 24 women were then screened according to standards set by the Merch Health Center which co-sponsored the project. The criteria used here were that the volunteer (1) be an experienced mother and (2) be no younger than 25 years of age. Consideration was also given to whether or not the volunteer had specifically

requested night placement. The use of volunteers who desired to conduct sessions at night was a desirable criterion since the evenings would be the only time that fathers would likely be in attendance. Before becoming members of the Junior League each of the volunteers had been screened by the League according to a set of criteria established by the organization. From this sample of 24 women, 10 volunteers met the criteria and were a part of this study.

Data Collection Instrument

The instruments used in this study (Appendix A) were developed for the purpose of evaluating the effectiveness of the training program on the volunteers' ability to lead or conduct parenting sessions. Items were included to obtain the following:

1. background characteristics of the subject,
2. degree of change in the volunteers' evaluation of knowledge gained,
3. change in the volunteers' feeling of confidence in her ability to conduct postnatal parenting education sessions,
4. actual knowledge gained by the volunteers,
5. strengths and weaknesses in program content as identified by the volunteer instructors, and
6. open-ended comments by the volunteers concerning the overall training program.

Procedures

Description of Postnatal Program

Parenting Sessions. The program included four parenting sessions

which met initially once a week for four weeks. Each group session lasted two hours and consisted of time for films, didactic presentation, informal discussion, sharing of experiences, and activities with the babies. In addition to one morning and one afternoon class each week, there was also scheduled an evening class which was attended by both mothers and fathers. The original sessions were conducted by a team of two volunteers and focused on four major topics: the mother, the father, the baby, and the family.

Parents (mothers and fathers) were encouraged to come to the sessions as soon after delivery as possible. (The average age of the babies was three weeks of age.) The group sessions were changed somewhat during the year to meet the needs of the parents. An introductory group session was added to provide a more relaxed time for parents to get to know each other and to share their birth experiences. The only formal discussion and presentation of didactic material during the introductory group session centered around the topic of early infant crying. The parents also expressed a desire for more than four group sessions which were added on an informal basis to cover topics of expressed interest by the parents.

One comment seems appropriate at this point regarding structure of the group sessions. Because this program involves the use of volunteers, it was felt that instructional material should necessarily be structured according to specific teaching objectives (Appendix B). The aim was that the number of learning objectives be comprehensive enough to provide flexibility for parents to choose topics according to their interests and to be specific enough to be presented and evaluated

appropriately. Athough volunteers were trained to handle material covered in the objectives, there was flexibility regarding when and how the topics were covered. At the end of each session, parents were asked to write down topics that they wanted to be included at the next group session. Structure and content of the objectives were evaluated on the basis of expressed parental needs, as well as by the volunteer instructors.

Role of the Volunteer. The general role of the volunteer was to be that of "facilitator" rather than "teacher". Among the more important roles, this author felt that it was necessary for the volunteer (see The Volunteer's Role in the Classroom, Appendix C) to encourage the development of the parents' positive attempts toward parenting. It was felt that since parents of newborn, especially first-time parents, were often fearful and unsure of their own caretaking abilities and were sensitive to cues (real or imaginary) from other persons regarding their caretaking abilities, that it was important to provide verbal and emotional support for these parents who were making their first parenting attempts. It was not unusual to hear such comments from the volunteer as "you look so comfortable holding that baby--he really looks secure in your arms."

Recruitment of Parents. Although attendance in such programs as this are often promoted by one parent telling another, it was felt that recruitment efforts necessarily should be high during the first few years. Recruitment centered mainly around the following criteria:

1. Visits by the volunteer instructors to existing prenatal classes. This included prenatal classes held at Mercy Health

Center as well as private prepared childbirth classes such as those sponsored by Lamaze and Central Oklahoma Childbirth Education Association. Visits by volunteers would include presentations lasting about 10 minutes with distribution of brochures.

2. Distribution of brochures through pediatricians' and obstetricians' offices. The brochures were included with other material that could be picked up by new parents in the waiting rooms of the doctors' offices.
3. Newspaper and radio coverage. Three major news articles were printed regarding the program and public service announcements were made on radio and television.
4. Floor visits at Mercy Health Center. Volunteers visited the maternity floors of the hospital following approval by the hospital staff (Appendix D). The goal of the visits was to provide information on the group sessions through distribution of brochures, to provide an initial one-to-one contact with the parent, and to answer any questions the parent might have regarding the sessions.

The volunteers rotated the activities of facilitating groups, their visits to the maternity floors and the recruitment contacts. This proved to be a satisfactory arrangement providing a variety of different activities for the volunteers. Provision of alternative activities is important for another reason. After being trained, a volunteer may find that she does not, for some reason, want to facilitate parenting sessions. It is important that other activities be available for those volunteers who may not feel comfortable in a group leadership role.

It was felt that most of the parents who attended the sessions were originally informed through attending hospital prenatal classes. This original information was then reinforced by visits from the volunteers while mothers were in the hospital. Brochures left at the doctors' offices were generally felt to be not helpful for several reasons. There was no personal contact with the parents and, because of the newness of the program, there was generally a wait-and-see attitude on the part of many private physicians before specific referrals were made to the program.

Transition Prenatal Session. Although not originally included in the planning, the researcher believed this session to be a vital part of the program. This two-hour prenatal group session included the following information for parents-to-be: (1) detailed description of the postnatal program; (2) information for the parents during their hospital stay, including specific involvement activities in order for the parents to get to know their infant better; (3) a didactic presentation on parent-infant bonding; (4) information for the first few days at home including a handout on development from birth to six weeks and a discussion on crying; and (5) presentation of a film on the newborn period.

This session was important for several reasons. (1) It provided a good tool for recruitment purposes. Prenatal classes at the hospital were meeting three times a week with upward of 60 to 80 people in each class. It was believed that this very large resource should be better utilized for recruiting purposes. (2) There was also a great deal of information regarding infant development and parent-infant attachment which was beneficial for the parents to have before the birth of their

baby. This information was generally not covered in the regular prenatal classes which emphasized prenatal development and preparation for childbirth. (3) The researcher wanted to provide a continuity of support--a means by which parents would feel this was part of their on-going education. Thus, in addition to the 10-minute presentation given to the last prenatal class, this transition prenatal session was added to the regular series offered by the hospital.

Parent Evaluation. An informal evaluation was done of the parenting sessions (Appendix E) which provided the following general information which will be used as a basis for restructuring the sessions. (1) Parents generally wanted some didactic presentation but with the major emphasis on class discussion. One parent said, "I learned as much from others attending as from teachers." (2) Many parents of very young infants enjoyed having a pediatrician or neonatologist visit the session to answer questions. (Including pediatricians or obstetricians from the hospital helps to assure the hospital staff of the value of the program.) (3) Parents wanted a balance of information on infant development and sessions that deal with feelings. Parents of older infants were especially interested in infant development. Parents of younger infants were more interested in meeting their babies' immediate needs, establishing order at home and discussing their fears and anxieties. Thus, the balance of content in the individual sessions must be individually determined by the average age of the babies in the group. (4) The majority of parents wanted additional sessions. (5) Topics which seemed to be of special interest to the parents were on sibling relations (when there was more than one child) and the problems of working mothers.

(6) It was generally concluded that one of the greatest benefits derived from the classes was that of being able to share common experiences with other new parents.

Additional Volunteer Responsibilities. There were several extra-curricular areas that were important for volunteer involvement. One area was that of using the volunteer as a trained observer. Volunteers were given reading material on child abuse and indicators that were used for detection of infants at risk of abuse by their parents. They were also given a "Parenting Inventory" (Appendix F) observation form with instructions to watch for unusual patterns of interaction between a parent and infant that might indicate a high risk factor. It was generally believed that most of the parents that were being recruited would not fall into the high-risk category. However, the researcher felt that it was important that volunteers be aware of signals for unusual parenting.

The researcher also felt it important that the volunteers provide the parents with an adequate means of referral and information regarding use of community support systems. Parents were advised of other parenting programs, such as the "Parent Enrichment Program" of local guidance centers and the parent education programs, offered through local churches. This was done in an effort to provide the parents continuity of support. Parents were also told how to set up local babysitting co-operatives in their neighborhoods and were provided with reading material and a bibliography for specific reading material. Finally, parents were shown a variety of toys suitable for specific developmental ages and were given information on how to make some inexpensive toys of their own.

Description of Volunteer Training

The program involved a total of 24 hours of training that was divided into group sessions lasting four hours each week for six weeks. The training schedule included sessions on each of the following topics: orientation, communication skills, the mother, the father, the baby and the family. During the training program, the volunteers were given specific learning objectives (Appendix B) for each topic to be covered in the sessions. Reading material was also given for each topic and the sessions were designed to reinforce this assigned reading through additional lectures, guest speakers and group discussion. Guest speakers included a neonatologist, a child development specialist and a professor of child development from one of the local universities. An additional time commitment was required in order for the volunteers to observe a session being conducted by the training instructors.

On-going training was provided through the year by means of additional guest speakers or mini-workshops. The volunteers attended a session on postpartum depression held by a clinical psychologist and a session on group process held by a counseling psychologist. They also had the option of attending a workshop on infancy held at a state university. Meetings with the volunteers were held on a monthly basis in order to discuss problems, new material, needs of the parents, etc.

Collection of Data

Volunteers met for a brief orientation during the summer to explain the postnatal program and to advise the volunteers that the training would be evaluated as part of a graduate project studying

its effectiveness. The pre-test was delivered to the volunteers at their homes a few days before the beginning of the training session and were turned in at the first session. The post-test questionnaire was handed to the instructors at the end of the last training session with instructions that they were to be mailed to the researcher when completed. The final follow-up questionnaire was mailed to the volunteers four months after the end of training with similar instructions for their return.

Treatment of Data

A paired t-test will be used to measure the difference in the scores achieved by the volunteers between the pre-test, the post-test and the follow-up test on the following items: the volunteers' perception of their knowledge of the subject matter, the volunteers' feelings of competence to lead or conduct parenting sessions, and the effectiveness of the training program in preparing volunteer instructors to conduct parenting sessions.

The difference in scores on actual knowledge gained by the volunteers between the pre-test, post-test and follow-up test will be measured using a two-way analysis of variance. A comparison of the ranges and mean scores will be used to analyze the evaluation by the volunteers of the content and method of presentation of the training program. Additional descriptive statistics will also be used in further analysis of the data collected for this study.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this study was to determine the effectiveness of a program designed to train volunteer mothers to conduct postnatal parenting sessions for new parents of newborns. This chapter will answer the following research questions:

1. Was there a significant difference in the scores achieved by the volunteers between the pre-test (given before the training program), the post-test (given immediately after the training program) and the follow-up test (given six months following the end of the training program) on the following:
    a. the volunteers' personal perception of their own knowledge of the subject matter which was presented during the training program?
    b. the volunteers' personal feelings of their competence to lead or conduct parenting sessions?
    c. the volunteers' actual knowledge of the subject matter presented?
2. After the training program was completed, what was the range of scores and the mean for an instrument designed to evaluate each of the six training sessions and the total training program?

3. Was there a significant difference between the evaluations by the volunteers of the effectiveness of the program in preparing them to conduct such sessions between the post-test evaluation and the follow-up evaluation (a) for all subjects, (b) for those who actually conducted the sessions, and (c) for those who merely observed the sessions?

The volunteers' feelings about the use of behavioral objectives, the amount of reading required for the program, the hours of training time needed and the use of structured curriculum guides will all be discussed in this chapter. A summary of results from the open-ended questionnaire will also be included. In reviewing these data, the reader may wish to refer to the Research Design, Table I, page 35.

Data Analysis

Volunteers' Perception of Their Knowledge

A paired t-test was used to measure the volunteers' perceptions of their knowledge from the pre-test to the post-test and from the post-test to the six-month follow-up test (Part I, Items 1 to 4, 6 to 9, 11 to 22, 24 to 28, 30 to 31, 33, 35 to 37, Appendix A). The paired t-test indicated that there was a significant difference ($t = 5.29$, 9 df, $p < .001$) in the volunteers' perceptions of their knowledge gained from the pre-test to the post-test. There was also a significant difference ($t = 2.46$, 9 df, $p < .05$) in the volunteers' perceptions of knowledge gained from the post-test to the follow-up.

These findings indicated that from pre-test to the post-test the volunteers felt that they had gained knowledge from the material

presented to them during the training sessions. An increase in the volunteers' perception that they had gained knowledge from the post-test at the end of the training to the follow-up test six months later indicated that they felt they were continuing to gain knowledge after completion of the training program. These perceptions were probably due to (1) participation in on-going training sessions of topics requested by volunteers, (2) observation of parenting sessions and teaching experience, and (3) individual motivation to increase learning in this area.

Volunteers' Perceptions of Their Leadership Competence

A paired t-test was also used to measure the volunteers' perceptions of their leadership competence from the pre-test to the post-test and from the post-test to the six-month follow-up test (Part I, Items 5, 10, 23, 29, 32, 34, and 38, Appendix A). There was no significant difference ($t = 1.83$, 9 df, $p < .10$) between the pre-test and the post-test scores nor was there a significant difference ($t = 2.05$, 9 df, $p < .10$) between the post-test and the follow-up scores.

It was felt by this researcher that these findings can be explained by several factors. (1) The large quantity of new information to which a volunteer was exposed and the increasing awareness of responsibilities to be assumed by the volunteer may have prevented her from developing a feeling of increased confidence in her leadership role. (2) Because all of the volunteers were first-year participants, they were unable to have an extended opportunity to work with an experienced group leader

but were expected to proceed straight from training to conducting parenting sessions. This is unlike the second year where new volunteers will be given an opportunity to work with an experienced volunteer for one year before being expected to conduct such sessions. (3) During open-ended discussion some volunteers expressed a desire for more structure in their curriculum material. This researcher feels that this desire for more structure might have been a factor in the volunteers' initial perceptions of their competence to lead parenting sessions.

Volunteers' Actual Knowledge

Actual knowledge gained by the volunteers was measured through a series of multiple choice items (Part II, Appendix A). The possible scores ranged from a low of zero to a high of 20. The actual scores ranged from a low of six to a high of 12 on the pre-test with a mean of 8.9, and a low of nine to a high of 15 on the post-test with a mean of 11.5, and a low of eight to a high of 15 on the follow-up with a mean of 10.4.

Results of the two-way analysis of variance are indicated in Table II. The means of these tests of volunteers' actual knowledge (Part II, Items 39 to 58, Appendix A) were significantly different at the .05 level.

As recommended by Kerlinger (1964), the Scheffé Test was used to measure for differences between pairs of means. Using this method, the difference between the pre-test means and the post-test means was significant at the .05 level ($F = 4.8$, $p < .05$). The difference in the means of the post-test and the follow-up test were not significant. Therefore,

it appears that a significant amount of actual knowledge was gained from the pre-test to the post-test and that this amount of knowledge was not lost from the post-test to the six-month follow-up test.

TABLE II

TWO-WAY ANALYSIS OF VARIANCE OF SCORES ON KNOWLEDGE OF SUBJECT

Sources of Variation	df	ss	ms	F	p
Treatments	2	31.3	15.65	4.18	.05
Error	27	101.1	3.74		
Total	29	132.4			

It was concluded by the researcher that although the means of volunteer scores were not relatively high that in general the volunteer had learned a significant amount of the material presented during training. That this knowledge was retained was probably due to reinforcement of learning through observation and time spent planning parent classes.

Volunteers' Evaluation of Content and Method of Presentation of the Training Sessions

Possible scores for the evaluation by the volunteers of the total training program (Part III, Items 1 to 14, Appendix A) ranged from a low of 50 to a high of 250. The actual range of volunteer scores was from

from a low of 141 to a high of 215 with a mean of 181. The ranges of scores and the means for each individual training session (with a possible range of a low of six to a high of 30) are indicated in Table III.

TABLE III

VOLUNTEERS' EVALUATIONS OF INDIVIDUAL TRAINING SESSIONS

Session	Range[1]	Mean
Orientation	13-26	20.3
Mother	15-25	20.1
Father	16-28	20.3
Baby	18-28	22.8
Family	18-28	21.8
Awareness Exercises	18-24	20.5

[1] Possible range from 6 to 30.

Table III shows that there was not a great deal of difference in the rating of each individual session by the volunteers. A differentiation was noted, however, in response to the following open-ended question (Part V, Appendix A), "Please comment as to (a) which session you considered most worthwhile and why and (b) which session you considered least worthwhile and why." The majority of volunteers responded that they felt the two sessions on the baby and the family were the most worthwhile. The session on the baby was considered worthwhile because

it had more factual information and seemed to cover more points. The session on the family was seen to be the most pertinent to what new parents needed to know. In both of these sessions, the guest speakers were felt to be especially valuable.

The session considered least worthwhile was the orientation session. The reason most often given was that the time was poorly utilized. There was also a general feeling on the part of the volunteers of a lack of direction from the training instructor.

Volunteers' Evaluation of the Effectiveness of the Program in Preparing Them to Conduct Parenting Sessions

In measuring the effectiveness of the training program in preparing the volunteers to conduct parenting sessions, several findings will be examined: (1) the findings from a total set of seven questions (Part IV, Items 15 to 21, Appendix A) designed to evaluate the effectiveness of the training program from the post-test to the follow-up and (2) the findings from several individual items within this set of seven questions. In this section, a comparison will be made between the ratings of the post-test and the follow-up test for those volunteers who had merely observed sessions and those volunteers who had conducted them, both for the set of seven questions and for one individual question (Item 20) within the set.

Findings of the Effectiveness of the Training Program for All Volunteers. There was a possible range of 7 to 35 on the set of seven questions designed to evaluate the effectiveness of the training program

in preparing the volunteer to conduct a parenting session. The volunteers' ranges on the post-test scores were from 16 to 23 with a mean of 20, and on the follow-up from 17 to 35 with a mean of 22.3. There was no significant difference ($t = 1.74$, 9 df, $p < .20$) from the post-test to the follow-up on this set of questions.

However, one of the questions within the group (Item 20) asked the volunteers to specifically rate the following statement: "I feel the training program in general adequately prepared me to teach postnatal parenting." On this item there was a highly significant difference ($t = 3.012$, 9 df, $p < .01$) from the post-test to the follow-up, with volunteers rating the program higher on the follow-up evaluation after six months additional experience.

Findings of the Effectiveness of the Training Program for Those Volunteers Who Taught Versus Those Volunteers Who had Only Observed. The first two findings came from the set of seven questions designed to measure the effectiveness of the training program in preparing the volunteers to conduct postnatal parenting sessions. For those who had taught a class (four of the 10 volunteers), the difference in their rating of the training program from the post-test to the follow-up approached significance ($t = 1.87$, 3 df, $p < .10$). A comparison of the ratings on the post-test and the follow-up test for those who had merely observed (six of the 10) indicated that there was no significant difference ($t = .566$, 5 df, p n.s.) in their ratings of the effectiveness of the program in preparing them to conduct parenting sessions.

A second set of findings came from a rating of the following question, "I feel the training program in general adequately prepared me to teach postnatal parenting." For those who had conducted sessions, there

was a significant difference (t = 3.68, 3 df, $p < .05$) in their rating of the training program between the post-test and the follow-up with volunteers feeling more adequately prepared on the follow-up evaluation. A comparison of the ratings for those who had merely observed sessions indicated that there was no significant difference (t = 1.59, 5 df, $p < .20$) between the post-test and the follow-up. It should likewise be noted that 90 percent of the volunteers answered "yes", to one open-ended question where they were asked, "Do you feel this training program adequately prepared you to start teaching parent classes?"

Additional Items Pertaining to the Effectiveness of the Program in Preparing Volunteers to Conduct Parenting Sessions

Several other questions (Part IV, Items 15, 17, 18, 21, Appendix A) deemed important to this study were examined in terms of the effectiveness of the training program on the volunteers' preparation to conduct postnatal parenting sessions. Possible scores for the volunteers' evaluation of the following questions ranged from a low of one to a high of five on each question. Scores for the following questions are:

1. "The use of objectives for individualized teaching is a valuable way of organizing the material to be learned." On the post-test, the range of volunteers' scores was from a low of three to a high of five with a mean of 4.0. On the follow-up, the range was from a low of four to a high of five with a mean of 4.4.
2. "There should be more hours of training time to learn what is needed to conduct postnatal parent group sessions." On the post-test, the range of volunteers' scores was from a low of

two to a high of four with a mean of 3.2. On the follow-up test, the range of volunteers' scores was from a low of one to a high of five with a mean of 3.0. It would appear that volunteers remained somewhat neutral regarding their feelings of whether more hours should be required for training. However, when asked to rate the following statement, "There is an adequate number of hours for training but the time could be better utilized," the following scores were obtained: On the post-test, the range of volunteers' scores was from a low of three to a high of five with a mean of 4.0. On the follow-up, the range was from a low of one to a high of five with a mean of 3.5. Thus, it appears that the volunteers generally felt that, although the amount of training time may have been adequate, that the time could have been better utilized.

3. "In a program of this type, structured lesson plans would be of value to me in teaching parent classes." On the post-test, the range of volunteers' scores was from a low of three to a high of five with a mean of 4.2. On the follow-up, the range of volunteers' scores was from a low of one to a high of five with a mean of 4.1.

Thus, it appears from the above that there remained a high feeling of need for structure from the post-test to the follow-up. However, in answering "yes" or "no" to the open-ended question, "Would you prefer your role as volunteer instructor to be more structured than it is? (i.e., would you prefer that initially your classes be planned for you?)", 80 percent of the volunteers answered "no". Some of the comments indicated that many felt that the structure was there if the

volunteers wanted to use it. Likewise, several indicated that they did not want more structure if it meant losing the flexibility to plan the parenting sessions the way they wanted. It is believed by this researcher that, for a first-time leadership situation, a high level of structure is desirable to allay apprehensions regarding group leadership ability. This researcher also believes that behavioral objectives are a good way of providing both structure and flexibility in initial curriculum planning.

Open-Ended Questions

Many of the open-ended questions were designed to elicit information regarding specific suggestions for changes and improvements in the training sessions. Several of these questions will be summarized in this section.

1. "What are some subjects or topics you would like to see included in the training program?" In general, the volunteers felt like they wanted more information on infant development, husband-wife relationships, father-infant interaction, games and toys to stimulate infant development, more community resources for families, and postpartum depression. The volunteers also indicated a desire to present additional information to expectant parents on maternal-infant bonding through a prenatal class.
2. "What do you consider the strong points of the training program?" The volunteers felt like organization of material, guest speakers, use of parent groups for parent interaction, the large amount of pertinent information, the importance of

the program to new parents, the structure and flexibility of behavioral objectives and a strong feeling of volunteer togetherness were the strong points of the program.

3. "What do you consider the weak points of the training program?" The volunteers indicated that poorly utilized time, weak orientation with lack of direction and a feeling of not knowing exactly what was expected of them as the major weak points of the program.

Summary of Results

As a result of the training program, the volunteer instructors showed a significant increase on all measures in their own perceptions of how much knowledge they had gained. They showed a significant increase in actual knowledge gained from the pre-test to the post-test while no significant increase was shown from the post-test to the follow-up test.

Their feelings of confidence regarding their leadership abilities did not appear to increase significantly on any measure. This may have been due to the following factors: (1) a feeling of apprehension regarding an increased awareness of leadership responsibilities, (2) the necessity of the volunteers assuming immediate leadership status without benefit of an extended observation period, and (3) a feeling by the volunteers of a need for more structure in the volunteer's leadership role.

Although there were inconsistencies between the findings of some measures, this researcher has concluded that in general, the results indicate that the volunteers felt adequately prepared to conduct

parenting sessions. It has also been noted that volunteers who had actively taught felt significantly more prepared to conduct parenting sessions from the post-test to the follow-up period than those who had merely observed.

CHAPTER V

CONCLUSIONS, RECOMMENDATIONS AND DISCUSSION

In the fall of 1977, the Junior League of Oklahoma City established a task force to investigate the needs of parenting education in the Oklahoma City area. While it appeared that there were many excellent programs of support available to new parents during the prenatal period, most of these programs ended with the birth of the baby. Rather than the beginning, childbirth was often the ceremonious end of community support to the family. Families were often not being reached again by community support until months or years later. After a year of research, the task force concluded that there was an immediate need for the creation of an education program to be offered to new parents during the period just following childbirth. The task force also felt that volunteers could be adequately trained to conduct such an education program.

The Junior League, in the spring of 1978, joined with Mercy Health Center to co-sponsor a two-month pilot training project. Based on evaluations and revision of the pilot project, a six-week volunteer training program began in the fall of 1978. Sessions for parents also began at that time, conducted by the training instructors. These sessions consisted of four weekly group meetings lasting two hours each and were based on the following general topics: the mother, the father, the baby, and the family. Activities during the sessions included group discussion, sharing of experiences, use of films and didactic

presentations. Volunteers began conducting parenting sessions, with supervision, as soon as training ended.

Conclusions

This research project was undertaken to determine the effectiveness of the program designed to train the volunteers to conduct the parenting sessions. An instrument was designed to measure the following items: (1) the volunteers' perception of the knowledge gained from the subject matter presented during training, (2) the actual knowledge gained from the subject matter, (3) the volunteers' feelings of competence in their ability to conduct parenting sessions, (4) evaluations by the volunteers of the individual training sessions and of the total training program, and (5) the volunteers' evaluations of the effectiveness of the training program in preparing them to conduct parenting sessions.

By using a pre-experimental, one-group design, the researcher was able to measure the differences in the above items from a pre-test period (before training) to a post-test period (immediately after training) and from the post-test period to the follow-up period (six-month period of teaching and observation). Results of the evaluations indicated that, in general, the volunteers had gained from the training program both a perception of increasing knowledge and an actual increase in knowledge of the material presented. It was also concluded by the researcher that the volunteers felt adequately prepared to conduct postnatal parenting sessions, with those having taught feeling more adequately prepared than those who had merely observed. The confidence of the volunteers did not increase significantly after completion of training. This was felt by the researcher to be due to (1) a feeling

of apprehension regarding an increased awareness of leadership responsibilities, (2) the necessity of the volunteers to assume immediate leadership status without the benefit of an extended observation period, and (3) a feeling by the volunteers of a need for more structure in their leadership role.

Recommendations for Program of Training to Meet the Needs of the Voluntary Community

Specific recommendations will be made for use of the material in this study by the voluntary community. These recommendations will be based on the results of evaluations of the training program, parents' evaluations of the parenting sessions, and from the researcher's experience working with both volunteers and parents. Areas covered in this section include organization of training material, volunteers' need for direction, recommended training topics, planning curriculum for parenting sessions and hospital or agency relations.

Organization of Training Material

Material in the training program should be organized through the use of behavioral objectives (Appendix A). Specific topics or areas of knowledge can be chosen which will be relevant for new parents. Each area can then be enumerated in the form of specific learning objectives for the volunteer instructors. The use of these objectives determines not only the organization for presenting material to the volunteers but also the curriculum guide for the volunteers' presentation of information to the new parents. Use of objectives in this manner will provide

the volunteers with a defined range of knowledge by which they can maintain a limited but relevant expertise. This insures not only control of the knowledge base for each volunteer but also provides for continuity between volunteers. The use of such objectives also provides a good basis for evaluation. Objectives can be added or deleted according to need as determined by the volunteers.

Inherent in the successful use of these objectives is the fact that each objective must be carefully supported by appropriate resource material and reinforced by discussion during training. Each volunteer must understand the reason behind and the research for each learning objective. Parents can be given a simplified outline of the objectives (topics) to be discussed so that discussion will remain within the volunteers' range of knowledge. Volunteers can also be given a list of specified questions designed to elicit discussion from the parents on these topics (Appendix G). For the first-year volunteer, this structure appears to be especially important. In addition, material should be organized in such a way so as to provide the volunteer with flexibility to plan her own parenting sessions. It is obvious to those who have worked extensively with volunteers that the most successful volunteer programs in existence are the ones in which volunteers have been given some freedom to be innovative and creative. The use of learning objectives has provided such flexibility in this program.

Volunteers' Need for Direction

Even with properly organized objectives, it should be made explicitly clear to the volunteer what is expected of her in her role as a session leader. Adequate time for observation, when possible,

will often ease her transition into the leadership role. Initial apprehension of the volunteer is often dispelled after she has had an opportunity to conduct a number of sessions. Time and experience have proven that the volunteer mothers provide more than adequate role models and sources of information for these new parents, e.g., that many of the anxieties that new parents experience are problems that the volunteer has already resolved in her own early parenthood.

Recommended Training Topics

It is recommended that eight training sessions be included in the training program rather than the original six. Recommended changes include the addition of a session on group dynamics and an additional session on infant development. It was felt that because these sessions functioned primarily through group interaction that a session on group dynamics would be valuable. Likewise, one session is not considered adequate by this researcher to cover information needed by the volunteers on the subject of infant development. Recommended training topics, to be used in presentation of material to volunteer instructors and as curriculum planning material for parenting sessions, should include the following:

1. Orientation: Topics during this session should include the goals and purposes of the program, specific volunteer role expectations, the materials to be used, introduction to hospital or agency staff, review of training schedules, observation techniques, and explanation and use of behavioral objectives.

2. <u>Communication Skills</u>: The skills learned during this session would place an emphasis on "active" listening.
3. <u>Group Process Skills</u>: The topics during this session would place an emphasis on group interaction and group leadership skills.
4. <u>Mother and Baby</u>: Topics during this session should include the mother's transition to parenthood, the physical condition of the mother, the process of mother-infant attachment, the problems of the working mother, the mother's expectations for parenthood, the mother's role in developing trust in her infant, and the relation of caregiving in the early months to the mother's ease of transition to parenthood.
5. <u>Father and Baby</u>: Topics during this session should include factors relating to the father's adjustment to parenthood, the father's role in the development of his infant, the changing roles of the father, the process of father-infant attachment and the importance of father involvement.
6. <u>Infant Development--Social and Emotional</u>: Topics during this session should include communication of the infant through crying, temperament differences, increasing responsiveness and attachment, sensory awareness, and newborn behaviors (sleeping and waking patterns, reflex responses).
7. <u>Infant Development--Physical and Intellectual</u>: Topics during this session should include how babies learn, the arrangement of the baby's environment, learning toys and activities that facilitate development, and the maturation and milestones in motor development.

8. <u>The Family</u>: Topics covered during this session should include early family stresses, husband-wife communications, in-law relations, sibling problems, styles of childrearing, use of community resources, and setting up neighborhood babysitting cooperatives.

On-going training in the form of monthly sessions covering topics of expressed need by the volunteers should also be provided. Monthly meetings are important to communicate needs, problems and ideas. Systematic evaluation should be an integral part of any postnatal program and should be included in the original preplanning sessions. Evaluations should be done immediately following training. Follow-up evaluations should also be made after a period of observing and conducting of sessions by the volunteers. Evaluations by parents of the parenting sessions should also be made at the end of each parenting session. Revision of the volunteer training program should take into careful consideration needs as expressed by the parents.

Planning Curriculum for Parenting Sessions

Curriculum planning for individual parenting sessions should be done by each team of volunteers on the basis of the material covered by the behavioral objectives. A general recommendation is that there should be at least six parenting sessions, with the first session being an introductory session (Appendix H). Content for the remaining sessions should be planned by the volunteer utilizing the topics in whatever manner she wishes. Sessions generally will consist of (1) informal discussions, (2) sharing of experiences, (3) presentation of some didactic material, (3) filmstrips, and (4) activity or toy demonstrations. Parents can be

given a list of topics for possible discussion from the list of objectives. Topics to be discussed at the next session can be determined by the volunteer by asking parents to write down which topics they prefer from this list. Volunteers should also have a list of questions by which they can stimulate discussion (Appendix G).

It is also highly recommended that at least one prenatal session should be included as part of the postnatal program. Existing prenatal classes which are already part of a hospital setting can add an additional introductory postnatal class as their last session. This session should include:

1. an introductory statement about the postnatal sessions with some of the topics to be discussed,
2. a film on the newborn period,
3. the family in the hospital, including a handout of activities that help the parents get acquainted with their newborn (this might include activities which are designed to show the sensory capacities of the newborn),
4. a discussion of parent-infant attachment (bonding) including the importance of early caregiving on the mother's attachment, the effects of rooming-in on attachment and the ways to encourage parent-infant attachment, and
5. the first few days at home, including some of the early problems new parents encounter.

The inclusion of this session is recommended for the reason that it provides much needed information for parents during the prenatal, perinatal, and early postnatal periods which are not covered in the postnatal sessions. Furthermore, it greatly facilitates recruitment efforts.

Other recommended procedures concerning the parenting program have been delineated in Chapter II, under the subtitles of "Role of the Volunteer", "Recruitment of Parents", and "Additional Volunteer Responsibilities." Based on the results of this initial project and the evaluation research, a diagram of a model postnatal volunteer program has been outlined in Figure 1.

Hospital or Agency Relations

Any parenting program is necessarily enriched by the different disciplines involved in its creation. Every effort must be made by the voluntary organization to seek input and direction from the hospital or agency with which it is working. Implicit in this working arrangement should be an early understanding of the roles of each individual or group involved in the project. Early agreement as to the provision of space, financing, materials and time will save later misunderstandings.

It is particularly important that the volunteer coordinator meet on a regular basis with the education or public relations director of the hospital or with the other agency coordinators so that their indvidual responsibilities are understood. Efforts should be made to include input from the hospital or agency as to content, procedure and use of volunteers. Physicians, nurses or other staff personnel should be included whenever possible as observers or guest speakers to increase their awareness and understanding of the program.

Recommendations for Community Use of Program

Successful postnatal parent programs can come from many sources to meet different community needs. They can be volunteer programs initiated

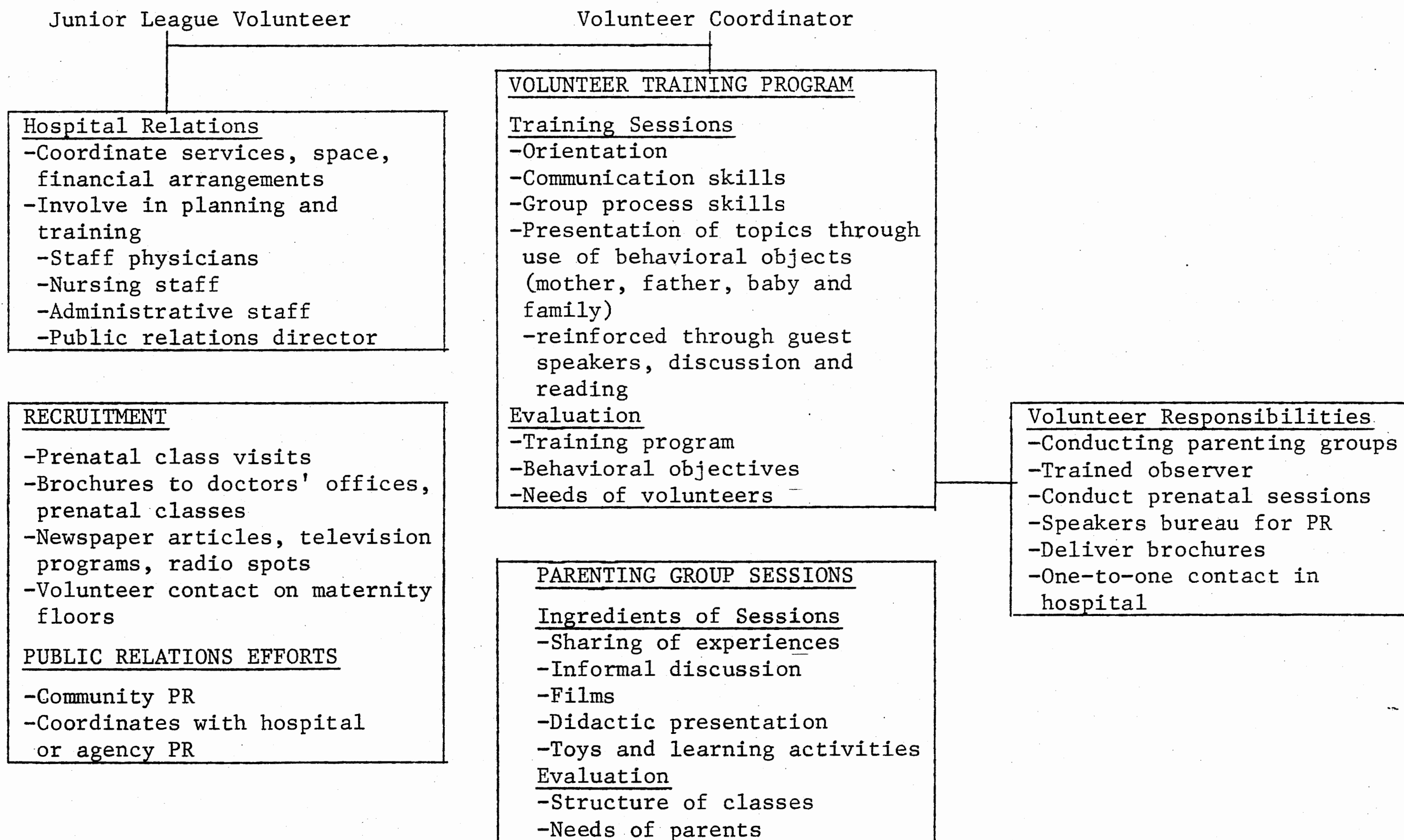


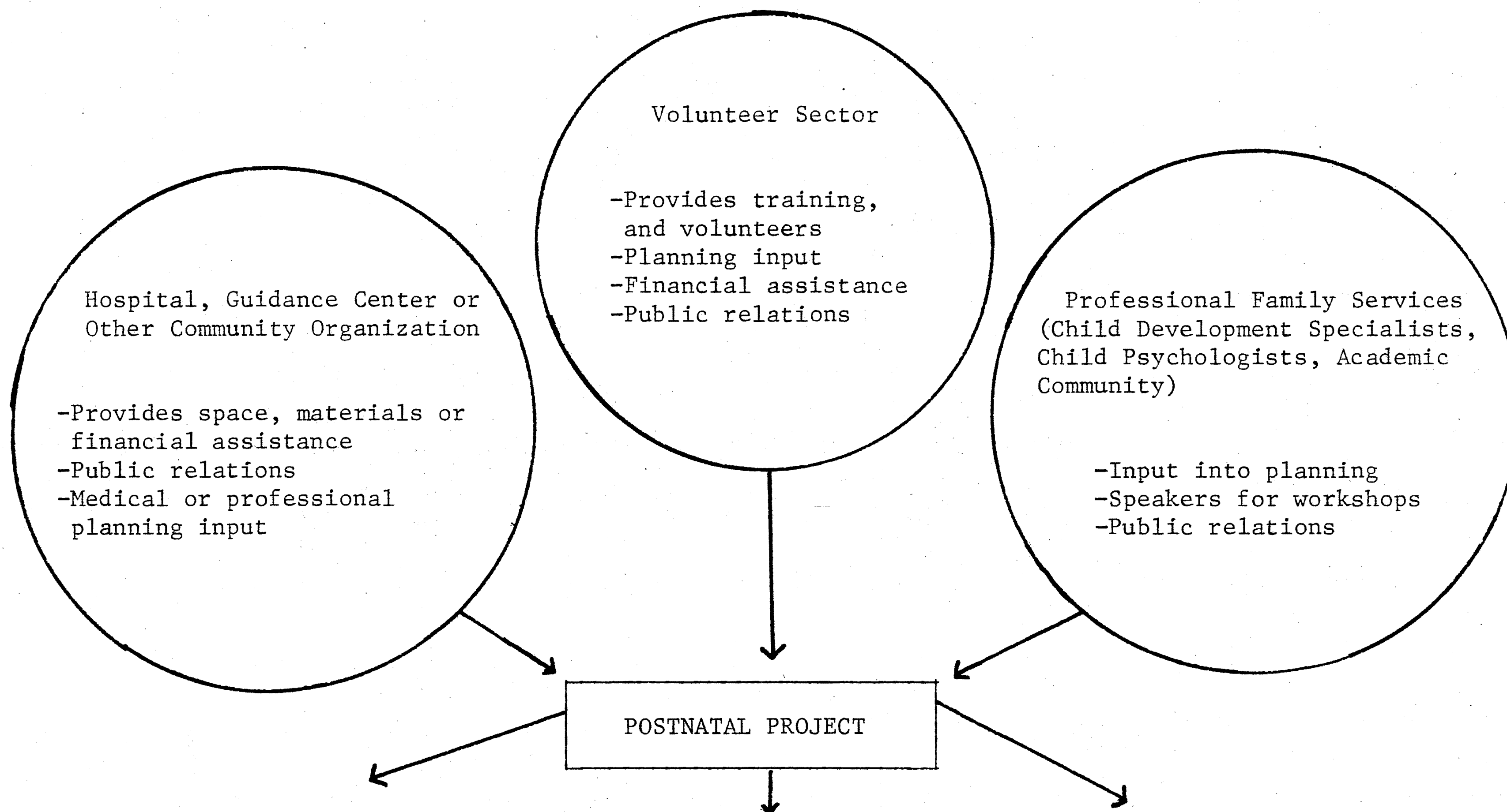
Figure 1. Schematic Diagram of Model Postnatal Volunteer Program

through volunteer organizations, private classes initiated through pediatricians' offices or classes offered by guidance centers or through private church and childbirth education organizations. The use of a variety of professional and volunteer services can expand and vitalize any postnatal parenting program.

The volunteer program described herein was designed to meet the needs of a specified portion of the community population, i.e., parents attending this program were generally recruited from a middle to upper-middle class area of the city and from prenatal classes, which meant that these parents had previously expressed an interest in parenting or childbirth education. It is, therefore, recommended that before utilization by any community organization of the ingredients in this program, individuals or organizations should first assess their own community needs and resources. In particular, behavioral objectives should be written only after first determining the particular needs of the parents which will be served by the program.

Using an interdisciplinary approach, as was discussed under "Community Factors" in Chapter II, planning for content, funding, personnel and use of volunteers could be responsibilities shared by several family and voluntary services. Broadbased community support would insure that a greater number of parents could be reached and ultimately increase the chances for success of the program. Such an approach has been diagrammed in Figure 2.

A personal goal of this researcher and of those who worked in this project has been to create a postnatal parent education program for the community which would be low cost and would provide services to a large number of new parents. In doing so, the researcher utilized the services



BROAD BASED COMMUNITY INPUT MEANS BROAD BASED COMMUNITY SUPPORT

Figure 2. Utilizing Community Resources for Postnatal Programs

that were available in the community. Support for this project came from both the Oklahoma City Junior League, which provided volunteers as well as financial support, and from Mercy Health Center, a total health care hospital, which provided space, public relations and financial support. Program input was likewise obtained from an interdisciplinary group of professionals from the medical and academic community, from family service organizations and from a local guidance center.

In an effort to expand the postnatal program, training will be provided to the community in the coming year. Plans are also being made to implement programs in several other hospitals in Oklahoma City and in smaller communities in the state. The recruitment and public awareness efforts will be expanded through the use of a speakers bureau and two filmstrips for which volunteer labor and materials will be provided by the Oklahoma City Junior League. It is hoped that through these efforts a basis will be provided by which other individuals or organizations can initiate similar programs to meet the needs of new parents in their own communities.

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APPENDIXES

APPENDIX A

INSTRUMENT

___ ___ ___

QUESTIONNAIRE FOR VOLUNTEER INSTRUCTORS

POSTNATAL PARENT EDUCATION PROJECT

PART I

Pre-Test, Post-Test, Follow-Up

Directions:

The following is a list of statements regarding areas of knowledge that will be covered during your training. The five possible responses to how much you know about each statement are:

1--Strongly Disagree
2--Disagree
3--Neutral
4--Agree
5--Strongly Agree

Please read each statement, then circle the number for the response which fits most closely with how much you know about that area of knowledge. Remember, there are no right or wrong answers. Just indicate how much you know at this time. PLEASE COMPLETE PART I BEFORE STARTING PART II AND DO NOT REFER BACK TO A SECTION ONCE IT IS COMPLETED.

	Statement	Strongly Disagree				Strongly Agree
1.	I feel that I know a lot about a mother's physiological condition during the postpartum period.	1	2	3	4	5
2.	Emotional needs of the mother during the postpartum period are something that I understand a great deal about.	1	2	3	4	5
3.	How "bonding" occurs between a mother and her infant is something I need to know more about.	1	2	3	4	5
4.	I know many ways to increase the self-confidence of a new mother.	1	2	3	4	5
5.	I could feel a lot more confident than I do in my ability to speak before a group.	1	2	3	4	5

		Strongly Disagree				Strongly Agree
6.	The difference between Burton White's A, B and C mothers is a mystery to me.	1	2	3	4	5
7.	What research tells us about working mothers is something I need to know more about.	1	2	3	4	5
8.	I feel that I know ways to handle a father's feelings of jealousy over the new baby.	1	2	3	4	5
9.	I understand the process of how fathers become "attached" to their babies.	1	2	3	4	5
10.	I feel confident in my ability to handle people with opinions different from my own.	1	2	3	4	5
11.	I feel that I need to know more about how fathers affect the emotional and intellectual development of their children.	1	2	3	4	5
12.	I feel that I understand the basic factors relating to a close relationship between a father and his infant.	1	2	3	4	5
13.	I need to know more about how "trust" is developed in infancy.	1	2	3	4	5
14.	How a baby communicates with you by crying is something I know a great deal about.	1	2	3	4	5
15.	The importance of environmental stimulation to the infant is something I need to know more about.	1	2	3	4	5
16.	I feel that I need to know more about the subject of child development.	1	2	3	4	5
17.	I need to learn a lot more about the basic temperaments in babies and how to determine what they are.	1	2	3	4	5
18.	The five stages of a baby's waking and sleeping patterns are something I know a great deal about.	1	2	3	4	5

		Strongly Disagree				Strongly Agree
19.	I feel that I have very adequate communication and listening skills to facilitate a group meeting.	1	2	3	4	5
20.	I feel I know a great deal about the sensory abilities of the newborn.	1	2	3	4	5
21.	I feel that I know a great deal about reflexive behaviors in a newborn.	1	2	3	4	5
22.	The definition of "maturation" in terms of child development is something I could learn a lot more about.	1	2	3	4	5
23.	I feel that I could learn a lot more about new parents' needs to help them adjust to their new roles.	1	2	3	4	5
24.	I feel that I understand very well the process of how a baby "attaches" to his or her parents.	1	2	3	4	5
25.	What "stranger anxiety" means in terms of attachment is something I need to learn more about.	1	2	3	4	5
26.	I feel that I know a great deal about learning toys that faciltiate specific skills in infants.	1	2	3	4	5
27.	I need to learn a good deal more about the reasons why the arrival of the baby is a major family crisis.	1	2	3	4	5
28.	I know a great deal about the factors that increase positive adjustment of parents to the arrival of the first child.	1	2	3	4	5
29.	I am pleased with my own parenting abilities.	1	2	3	4	5
30.	I feel that I have a poor understanding of the ways to handle parental disagreement over the raising of children.	1	2	3	4	5
31.	The difference between "authoritarian", "democratic" and "permissive" child-rearing styles is something I know very little about.	1	2	3	4	5

		Strongly Disagree				Strongly Agree
32.	I feel that there is a lot more that I could learn about handling the frustrations of parenthood.	1	2	3	4	5
33.	I feel that I need to learn more about the effect of parental expectations on a child's behavior.	1	2	3	4	5
34.	I am excited about teaching this course.	1	2	3	4	5
35.	I feel that I understand a great deal about facts relating to children and divorce.	1	2	3	4	5
36.	I know a lot about the factors leading to child abuse.	1	2	3	4	5
37.	I feel that I know a great deal about what is meant by "active" or "reflective" listening.	1	2	3	4	5
38.	I am uneasy about teaching this course.	1	2	3	4	5

You are finished with Part I. Please complete Part II and do not refer back to this section.

____ ____ ____

QUESTIONNAIRE FOR VOLUNTEER INSTRUCTORS

PART II

Pre-Test, Post-Test, Follow-Up

Directions:

The following questions cover material that will be presented to you during the training sessions. Please circle the correct answer. There is only one correct answer. PLEASE COMPLETE PART II AND DO NOT REFER BACK TO EITHER PART I OR PART II.

39. Studies on attachment show that

a. even at birth an infant shows a sharply defined attachment to the mother.
b. at six months the infant shows a sharply defined attachment to the mother.
c. first the infant responds indiscriminately to anyone.
d. the mother is the only one who can comfort the baby during the first year.
e. b and c.

40. The more attention a father pays to his baby, the

a. brighter, more alert, and happier that baby is likely to be.
b. brighter, more alert, and happier that baby is likely to be when the child is a son.
c. brighter, more alert, and happier that baby is likely to be when the child is a daughter.
d. less dependent that baby is likely to be.
e. a and d.

41. Research has shown that one way to quiet a restless baby is by

a. isolating the child in a room away from household activities.
b. providing continuous stimulation.
c. providing peaceful, quiet surroundings.
d. distracting the baby by bouncing it on your knee or talking.
e. c and d.

42. Abusing parents may

a. be emotionally disturbed.
b. expect their children to care for them.
c. isolated from other people.
d. all of the above.
e. a and c only.

43. Babies show stranger anxiety

a. with the greatest intensity at about six and one-half months.
b. with the greatest intensity at about 12 and one-half months.
c. little, or not at all, if the parents are close to the baby.
d. little, or not at all, if the mother provides adequate auditory and visual stimulation the first three months of life.
e. b and d.

44. A study which investigated the ways children see their parents found that

a. girls usually see their mothers as more affectionate.
b. boys usually see their fathers as more affectionate.
c. both boys and girls usually see their fathers as the parent more likely to punish them.
d. both boys and girls usually see their mothers as the parent more likely to punish them.
e. boys usually see their fathers as more affectionate and more likely to punish.

45. After extensive testing of 400 preschool children, researchers with the Harvard Pre-School Project identified "A" children (showing all-around excellence), "B" children (average) and "C" children (those who had trouble coping with daily life). The mothers of the "A" children generally

a. were pretty much "on call" when their babies needed them.
b. were fairly casual about letting children take minor risks.
c. spent less than 10 percent of their time interacting with their infants.
d. all of the above.
e. a and b.

46. The "democratic" parent is one who

a. values unquestioning obedience.
b. values independence and disciplined conformity.
c. values punishment as a childrearing technique.
d. is nondemanding and noncontrolling.
e. b and c.

47. The amount of active time that an average father spends with his child each day is

a. one hour.
b. more than 30 minutes.
c. less than 10 minutes.
d. two hours.
e. more than one hour but less than two.

48. Childrearing practices should

    a. reflect the individual temperament of the child.
    b. follow a set of guidelines, developed by child psychologists, that work equally well with all children.
    c. be the same for all children in the family.
    d. be the same for all children since almost any approach works well with all children.
    e. a and b.

49. Which would be the greater help in decreasing a father's feeling of resentment and jealousy?

    a. letting mom assume the major care for the baby's needs.
    b. resuming sex relations as soon as possible.
    c. father becoming more physically involved with the baby.
    d. getting outside help as often as possible so that parents can be together.
    e. father being more attentive and understanding of mother's needs.

50. During first few weeks of life baby's early crying

    a. is a reflexive reaction to the environment.
    b. is a conscious effort on the part of the baby to communicate his needs.
    c. is a means of shutting out disturbing stimuli from the environment.
    d. a and c.
    e. b and c.

51. It is generally best if a mother can avoid going to work for the first time

    a. during the third quarter of the baby's first year.
    b. when mother-child attachments are being cemented, around the baby's second birthday.
    c. when there are major adjustments to make, such as the move to a new home.
    d. all of the above.
    e. b and c.

52. The way a child reacts to parental divorce is <u>not</u> affected by the

    a. child's age.
    b. child's sex.
    c. length of time the marriage is in difficulty.
    d. family's social class.
    e. length of time between first separation and formal divorce.

53. The most important determinant of what a baby can do and when, seems to be

    a. sex.
    b. age.
    c. maturation.
    d. environment.
    e. b and d.

54. Which of the following statements regarding motherhood do you consider to be untrue?

    a. it takes about three weeks to begin to feel love for your baby.
    b. most mothers feel love for their babies immediately.
    c. strong people need a lot of help with their new babies.
    d. all of the above.
    e. a and c.

55. The following is an example of "permissive" parenting

    a. making few demands on children, allowing them to regulate own activities.
    b. never consulting with children about policy decisions.
    c. noncontrolling and nondemanding but relatively cold.
    d. all of the above.
    e. a and c.

56. The amount of sensory stimulus a baby receives in his early environment

    a. causes actual physical changes in his brain.
    b. fosters growth of mental capacities.
    c. is not important because babies act instinctively.
    d. will not improve mental retardation.
    e. a and b.

57. According to research, studies on the relationship between a father's nurturance (warmth) and intellectual functioning,

    a. the more nurturant the father, the lower the son's IQ.
    b. the more nurturant the father, the higher the son's IQ.
    c. the more restrictive the father, the higher the son's IQ.
    d. the more restrictive the father, the lower the son's IQ.
    d. b and d.

58. The following factors increase positive adjustment to the newborn

   a. good marital adjustment.
   b. being committed to parenthood.
   c. parents keeping actively involved with each other rather than too involved with the infant.
   d. all of the above.
   c. a and b.

You are finished with Part II. Please return both parts to the envelope without referring back to any of the questions.

___ ___ ___

QUESTIONNAIRE FOR VOLUNTEER INSTRUCTORS

POSTNATAL PARENT EDUCATION PROJECT

PART III

Post-Test

Directions:

The following is a list of statements regarding possible ways you might feel about the content and method of presentation of the individual topics covered during training and about the training program in general. The five possible responses are:

1--Strongly Disagree
2--Disagree
3--Neutral
4--Agree
5--Strongly Agree

Please read each statement, then circle the number for the response which fits most closely with how you feel about the content and method of presentation of material covered during the sessions.

1. This session seemed particularly well organized.

Orientation	1	2	3	4	5
The Mother	1	2	3	4	5
Awareness Exercises	1	2	3	4	5
The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

2. The purpose of this session was clearly explained.

Orientation	1	2	3	4	5
The Mother	1	2	3	4	5
Awareness Exercises	1	2	3	4	5
The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

3. I feel that I learned a great deal during this session.

Orientation	1	2	3	4	5
The Mother	1	2	3	4	5
Awareness Exercises	1	2	3	4	5
The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

4. It was generally clear as to what was expected of the volunteers in regard to teaching this particular session.

Orientation	1	2	3	4	5
The Mother	1	2	3	4	5
Awareness Exercises	1	2	3	4	5
The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

5. I really enjoyed this particular session.

Orientation	1	2	3	4	5
The Mother	1	2	3	4	5
Awareness Exercises	1	2	3	4	5
The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

6. The time allowed for this session could have been used more efficiently.

Orientation	1	2	3	4	5
The Mother	1	2	3	4	5
Awareness Exercises	1	2	3	4	5
The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

7. The guest speaker for this session was especially interesting.

The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

8. I learned a great deal from the guest speaker during this session.

The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

9. The guest speaker during this session used his (her) time very efficiently.

The Father	1	2	3	4	5
The Baby	1	2	3	4	5
The Family	1	2	3	4	5

Directions:

Following is a list of statements regarding possible ways you might feel about the training programs in general. Please read each statement, then circle the number for the response which fits most closely with how you feel about the training program.

	Strongly Disagree				Strongly Agree
10. The purpose and objectives of the training program in general were clearly explained.	1	2	3	4	5
11. It was generally clear as to what was expected of the volunteers.	1	2	3	4	5
12. The training program completely met all of my expectations.	1	2	3	4	5
13. As it is now organized, I would recommend this training program to other Junior League members.	1	2	3	4	5
14. I enjoyed my training.	1	2	3	4	5

End of Part III.

____ ____ ____

QUESTIONNAIRE FOR VOLUNTEER INSTRUCTORS

POSTNATAL PARENT EDUCATION PROGRAM

PART IV

Post-Test, Follow-Up

Directions:

Following is a list of statements regarding possible ways you might feel about the training program as far as preparing you to teach postnatal classes. Each statement, as before, is followed by numbers which correspond to five possible responses:

1--Strongly Disagree
2--Disagree
3--Neutral
4--Agree
5--Strongly Agree

Please read each statement, then circle the number for the response which fits most closely with how you feel at this time.

	Strongly Disagree				Strongly Agree
15. The use of objectives for individualized teaching is a valuable way of organizing the material to be learned.	1	2	3	4	5
16. The amount of required reading is more than sufficient to learn what is needed to teach postnatal parenting.	1	2	3	4	5
17. There should be more hours of training time to learn what is needed to teach postnatal parenting.	1	2	3	4	5
18. There is an adequate number of hours for training but the time could be better utilized.	1	2	3	4	5
19. Volunteer instructors should observe for more time than is required in order to effectively teach postnatal parenting.	1	2	3	4	5

	Strongly Disagree				Strongly Agree
20. I feel the training program in general adequately prepared me to teach post-natal parenting.	1	2	3	4	5
21. In a program of this type, structured lesson plans would be of value to me in teaching parent classes.	1	2	3	4	5

End of Part IV.

PART V

Post-Test, Follow-Up

Directions:

Please respond to the following questions regarding your feelings about the training program.

22. (a) Please comment as to which of the sessions you considered the most worthwhile and why.

    (b) Please comment as to which of the sessions you considered the least worthwhile and why.

23. (a) At which session do you feel you learned the most? What was it about the session that contributed most to your learning?

    (b) At which session do you feel you learned the least? What was it about the session that contributed least to your learning?

24. What are some subjects or topics you would have liked to seen included in the training program?

25. Which subjects or topics could have been deleted and why?

26. What needs do you think the volunteer instructors have that this training program is not fulfilling?

27. What needs do you think new parents have that this training program is not fulfilling?

28. What do you consider the strong points of the training program?

29. What do you consider the weak points of the training program?

30. Would you prefer your role as volunteer instructor to be more structured than it is? (i.e., would you prefer that initially your classes be planned for you?) Please elaborate.

31. Would you be interested in attending any further infant or parent education type sessions? If so, what kind?

32. Do you think the training program in general was well organized? What specific recommendations would you make as far as organization of the training program?

33. What other changes would you recommend to improve this training program in general?

34. Do you feel this training program adequately prepared you to start teaching parent classes? If not, why?

35. What specific improvements would you recommend for the following sessions:

    (a) Orientation

    (b) The Mother

    (c) Awareness Exercises

    (d) The Father

    (e) The Baby

    (f) The Family

APPENDIX B

OBJECTIVES FOR VOLUNTEER INSTRUCTORS

OBJECTIVES FOR VOLUNTEER INSTRUCTORS

Topic I--The Individual Mother

Objectives: After completion of this class, you should be able to:

---

1. Identify some of the expectations of a new parent.
2. Describe two emotionally draining myths or "witch messages".
   a. "Parenthood is instinctive and automatic".
   b. "Strong people are independent and don't need help".
3. Describe the mother's physiological condition during the postpartum period.
4. Name two emotional needs of the mother during this period.
   a. The need for emotional support.
   b. The need for autonomy.
5. Discuss working versus non-working mothers and name three time periods when a mother should probably avoid starting a new job.
6. List three ways for a mother to increase her self-confidence in her mothering role.
7. Describe Burton White's A, B, and C mothers.
8. Know how "bonding" occurs between a mother and her child by understanding early mother-infant interaction.
9. Identify some normal sexual problems during the postpartum period.

Learning Experiences: The following are designed to help you achieve the above objectives.

---

1. Read the enclosed material pertaining to Topic I.
2. Filmstrip: Choose from Parent Magazine or Concept Media filmstrip.
3. Suggested reading: Papalia and Olds, "A Child's World," pp. 234-244, 524-526, 206-208.

Suggested Class Activities

1. Discuss "warm fuzzies". May want to make fuzzies for parents to wear in class to remind them to keep giving each other "strokes" and emotional support.

2. In discussion Mom's need for autonomy ask parents to analyze their lifestyle and see what they were getting before that they are not getting now. Ask them how they can arrange to get these things for themselves. If not now, to write them down for the future.

3. Go over attached sheet of examples for increasing Mom's confidence with parents in class.

4. Ask parents what their feelings were when they first saw their baby. Did they notice that the more physically involved they got the closer they seemed to be?

5. Talk about interaction between a mother and her baby, and how they can "talk" to each other by eye-to-eye contact and use of body language.

Suggested Activities for Parents to Do at Home

1. Continue to wear warm fuzzies for a few days to remind each other what they are for.

2. Remind parents not to pat themselves on the back out loud for the good job that they are doing.

3. Ask parents to look for signs that their baby is "communicating" with them at home.

OBJECTIVES FOR VOLUNTEER INSTRUCTORS

Topic II--The Individual Father

Objectives: After completion of this class, you should be able to:

---

1. Discuss father feelings of resentment and jealousy.
2. Discuss the importance of Mom understanding Dad's feelings during this period.
3. Describe how the father becomes attached to the baby and how to promote this attachment.
4. Explain what is known through research about how fathers affect the emotional and intellectual development of their children.
5. Describe a father's relationship to his son and to his daughter.
6. Explain the changing role of the father.
7. Discuss the importance of "early involvement" as the key to a close relationship between father and child.

Learning Experiences: The following are designed to help you achieve the above objectives.

---

1. Read the enclosed material pertaining to Topic II.
2. Filmstrip: Choose from Parent Magazine or Concept Media filmstrips.
3. Suggested reading: Papalia and Olds, pp. 250-253, 320-322 (Parent-Child Interaction), and 353-358 (Parental Influences).

Suggested Class Activities

---

1. Ask Dad if he would like to take over care of baby during class to do diapering, feeding, etc.
2. When you want to demonstrate a point using the baby, ask Dad to help you.

Suggested Activities for Parents to Do at Home

1. Tell fathers if they have never done so, their assignment at home is to diaper, feed and bathe the baby.

2. Ask fathers to practice talking to the baby at home, to carry on a "real" conversation.

3. Tell fathers to be "assertive" when they are home. Tell them to remind mom that they can handle baby too, and even if it is a little different than the way mom does it that they need their own special relationship with the baby.

OBJECTIVES FOR VOLUNTEER INSTRUCTORS

Topic III--The Individual Baby

Objectives: After completion of this class, you should be able to:

---

1. Describe how trust is developed in infancy.
2. Describe how a baby communicates with you by crying.
3. Explain the importance of environmental stimulation and know three ways to make a baby's environment more interesting.
4. Know three basic temperament differences in babies and how to determine what a baby's temperament is.
5. Discuss when a baby "attaches" to his parents and define "stranger anxiety" in terms of attachment.
6. Define the concept of "maturation" and how it affects a child's development.
7. Discuss how a baby "learns by doing" and be able to recognize some major milestones in a baby's motor development.
8. Name the five different stages of a baby's waking and sleeping patterns.
9. Describe the awareness level and limits of a baby's five senses.
10. Name three reflexive behaviors in a newborn and be able to explain their function.
11. Name three learning toys that are suitable for infants and describe what skill they facilitate.

Learning Experiences: The following are designed to help you achieve the above objectives.

---

1. Read the enclosed material pertaining to Topic III.
2. Filmstrip: Choose from Parent Magazine or Concept Media filmstrips.
3. Select some learning toys to use in class and understand why they are appropriate.
4. Suggested reading: "A Child's World" by Papalia and Olds, pp. 107-113, 116-121, 148-149, 163-166, 190-192, 218, 231-233, 238 and 244.

Suggested Class Activities

1. Talk about how trust is developed by caring for the infant's needs, and how the baby communicates these needs by crying. Go over the list of reasons why babies cry and talk about some of the things you can do.

2. Talk about a baby's need for sensory stimulation. Describe some things parents can do to make a baby's environment more interesting. Look for examples in the filmstrips that you can point out. You might make a chart showing the baby's basic needs: love, food, shelter and environmental stimulation.

3. Talk about temperament differences in babies. May want to make some visual material. Go over list with parents on how to determine their own baby's temperament and the importance of handling each baby differently, according to his or her own temperament.

4. Describe the baby's attachment to his parent and how "stranger anxiety" is a good sign that the baby is "attached". May want to make visual chart similar to page 238 in Papalia and Olds.

5. Describe how babies start motor activity and why maturation is important (p. 148, Papalia and Olds). Refer to developmental chart for what babies can do at certain ages.

6. Find an example of a "quiet alert" or "deep sleep" state, etc., with a baby in class.

7. Review what babies can see and hear. Most parents will receive a sheet on this in their packets, and films will also talk about this.

8. Describe some of the newborn reflexes and explain that these are "primitive" behaviors that will disappear as the baby's neurological system matures. May want to discuss the walking, tonic neck and swimming reflexes. Point out a tonic neck reflex on a baby sleeping in class.

9. Be aware of several learning toys and what skills they facilitate. May want to make a simple mobile, etc., for class to demonstrate.

10. Demonstrate some activities that involve the parent and baby at home. Use some of the suggestions from "Baby Learning Through Baby Play" by Ira Gordon.

Suggested Activities for Parents to Do at Home

1. Ask parents to do some things at home that will make their baby's environment more interesting, i.e., make a "texture pad" out of different material for baby to feel, etc. Use suggestions from "How to Raise a Brighter Child" by Joan Beck.

2. Ask parents to observe baby at home for certain milestones in motor development.

3. Give parents a list of questions to help them determine their baby's temperament.

4. Give parents two activities that would increase involvement of the parent with their baby, i.e., to give the baby a "body rub" with lotion after his bath or some of the activities suggested in "Baby Learning Through Baby Play."

5. Suggest learning toys that can be made at home.

OBJECTIVES FOR VOLUNTEER INSTRUCTORS

Topic IV--The Individual Family

Objectives: After completion of this class, you should be able to:

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1. Describe three reasons why the arrival of the baby is a major family crisis and know three factors that increase positive adjustment.

   Discuss in-law relations--problems and contributions.

2. Identify two common family stresses: The "4-6 p.m. crisis" and "recreational starvation".

3. Recognize why the care and discipline of children is a major marital problem and discuss ways to handle it.

4. Name and discuss the following styles of childrearing: Authoritarian, Permissive, and Democratic.

5. Increase your ability to solve family problems through use of "family meetings".

6. Understand the effect of parental expectations on a child's behavior.

7. Understand the need for continuing parenthood education and know where to go for community support.

8. Discuss factors relating to children and divorce.

9. Discuss the basic factors relating to child abuse.

Learning Experiences: The following are designed to help you achieve the above objectives.

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1. Read the enclosed material pertaining to Topic IV.

2. Filmstrip: Choose from Parent Magazine or Concept Media filmstrips.

3. Suggested reading: Papalia and Olds, pp. 267-269, 377-381 and 522-523.

Suggested Class Activities

1. Stress "involvement with the baby" as a key to overcoming some of the problems of adjustment.

2. Talk about some things you can do to alleviate the 4-6 p.m. crisis, i.e., Daddy having a rest period when he gets home and then taking over with the baby while mom gets supper. Emphasize need for mom and dad to get support from each other and from other people when they need it.

3. Explain that disagreements on care and discipline are bound to arise and stress importance of communication, i.e., ask couples to read a book together and discuss how they feel about certain concepts.

4. When disagreements arise over handling of the child have the parents ask themselves "is it more important that I prove my point about childrearing or that I solve this disagreement with my husband?"

5. Ask parents to go over three types of childrearing and categorize themselves at home.

6. Go over community resources and how to use them. Describe some problems coming up in the toddler years and the need for understanding this period, as this is the period when most child abuse begins. Tell them about programs for this age group available to them in the community, such as the S.T.E.P. and Parent Enrichment Programs through local guidance centers.

APPENDIX C

THE VOLUNTEER'S ROLE IN THE CLASSROOM

THE VOLUNTEER'S ROLE IN THE CLASSROOM

1. Remind the parents that you are volunteers, but that you have been trained to teach the classes.

2. Remind yourself where your expertise ends--to those areas of knowledge covered during training. If the parent has a problem that you do not feel you can handle explain that you do not know the answer but you will find out or find someone that they can talk to about their problem.

3. Always remember to keep yourself on the objective level--to stay outside of the speaker and not get pulled into the emotional needs of the parent.

4. You are now "experts" within a limited capacity. It is important that you not extend your biases to the parents as "official poop". If you feel you must comment with a personal opinion which differs from that being taught, please express it as your own personal opinion. Likewise, it is important that you buy into 90 percent of our program. If you have strong feelings of disagreement come and talk to us about it.

5. Although it is important to you, as a mother, to offer your personal experiences there are several considerations to keep in mind about your role:

   a. Your role is one of "facilitator" rather than teacher. Encourage the parents to do their own problem solving rather than your having the answer.

   b. It may be more important to say <u>how you feel</u> under similar circumstances than <u>what you did</u>. Thus, if a parent says, "What did you do when you had tried everything and they kept crying and crying?", you might first say "I remember feeling so discouraged when my baby wouldn't stop crying," rather than "Well, the way I solved my problem . . .". The first method says two things to the parent: (1) that they are not alone and that (2) you were not the perfect parent who was able to solve all of your problems. It would then be good to say "Has anyone else solved this problem?" or "Lets discuss all of the reasons they might be crying and some of the things we might try."

   c. Use understanding phrases like "it's really frustrating when they don't quit crying . . ." or "it really makes you feel good when . . ."

   d. Encourage the group to help each other, let them be a support to each other rather than you answering all of the questions or solving all of the problems.

6. Remember that there is no one right way to raise a child. Different things work for different people and you have to keep trying. Most of the statements that parents will hear from you and see in films hold true under most test circumstances but they don't always work exactly that way with every child. You should be aware that all of the fields of study relating to children are changing all of the time and you must keep a mind open and flexible.

7. Give lots of positive encouragement to the parents' attempts to be a mother or father. This is a very sensitive period and they have gotten negative feelings from many people. It would be nice if they can go away saying to themselves, "Gee, they can really see that I'm trying hard to be a good mother." You'll see a lot of "mistakes" but look for the occasion when you can say "It looks like you are really an old hand at holding babies."

8. Become trained observers--be aware of the danger signs for inappropriate parenting and child abuse and make notes when you feel there are some problems.

9. Remember that the things parents discuss with you are to be considered confidential in nature.

APPENDIX D

USE OF VOLUNTEERS FOR EARLY PARENT CONTACT REGARDING POSTNATAL CLASSES

USE OF VOLUNTEERS FOR EARLY PARENT CONTACT REGARDING POSTNATAL CLASSES

Need for Early Contact with Parents

Recruitment effort for the Postnatal Parent Education program depends in a large part on distribution of brochures about the classes. The brochures will be delivered to pediatricians' offices and to obstetricians' offices, and to both private and hospital prenatal classes. Brochures will also be handed out to mothers on the maternity floor, along with other written material which new patients receive. Recruitment necessarily must be strong due to the natural tendency for parents and their newborns to remain near the home in early weeks.

Because of this tendency we feel that early contact with the parents, before the mother is released from the hospital, would be an important part of insuring the success of our recruitment effort. Early contact with the mothers will serve three important purposes: (1) it will give us the opportunity to make the first contact rather than hoping that the mother will first read the brochure and then call us to make the initial contact; (2) it will give the volunteer instructors a chance to describe the classes and answer questions; and (3) it will show each mother that we are personally interested in her and her baby. We feel that this chance to get to know each mother individually will greatly increase her interest in coming to class.

Description of Proposed Volunteer Contact

1. The volunteer will get a list of the mothers' names that she may visit from the hospital contact person.

2. The volunteer would enter the room and introduce herself as a volunteer connected with Mercy's Postnatal Parent Education program, stating that she came to give her a brochure on the postnatal classes.

3. The volunteer would chat briefly with the mother, and father if he is present, to establish rapport. This could be done by asking the sex of the baby, if they have a name picked out, etc.

4. The next thing would be to ascertain whether or not the couple has attended prenatal classes. And if not, why? (in a tactful manner). This will give the volunteer an indicator of the previous involvement and interest regarding childbirth education.

5. The volunteer would then ask if she could tell the mother about the classes. If the mother indicated a desire to know more she would give her the brochure and a printed sheet giving her some information on a newborn's sensory capacities.

6. The volunteer would be instructed to give the mother only information regarding the classes and not to advise her on any subject that might relate to instructions given to her by her pediatrician. If asked, the volunteer would explain that the mother would need to discuss the question with her pediatrician.

7. The volunteer would then ask the mother if she could call her after she returned home to see how she was getting along, and to register her for the class.

8. One follow-up call would be made to the mother upon her return home.

If at any point during the conversation the mother indicated a desire to end the visit the volunteer would do so. Likewise, if the mother did not indicate a desire to be called at home she would not be called. If the volunteer felt that there was extreme apathy or hostility, the mother's reaction would be noted and given to the class instructors.

We feel that this initial contact and personal interest in each mother would be very important to our program. We would like for each mother to be able to meet the instructors and have an opportunity to question us regarding the content of the classes. We feel that volunteers can be well trained to make this initial contact in a non-offensive and supportive manner.

Susan Sturm, Project Chairman

Valorie Jones, R.N. Coordinator

APPENDIX E

EVALUATION OF PARENTING SESSIONS

EVALUATION OF PARENTING SESSIONS

Yes___ No___ 1. Did the series meet your needs?

Yes___ No___ 2. Were you able to contribute all you wanted in the discussion?

Yes___ No___ 3. Do you feel the discussions were on subjects that were important to you? Why or why not?

Yes___ No___ 4. Were the handouts helpful? Why or why not?

Yes___ No___ 5. Would you have preferred more lecture-type presentation?

Yes___ No___ 6. Would you liked to have heard a guest speaker on a topic of interest to you? What kind of a speaker?

Yes___ No___ 7. Would you tell your friends to come? Why or why not?

8. Which topics were most helpful? Which were not?

9. Should we include any additional topics?

10. Do you prefer sessions on childcare and infant development or on sessions that deal with feelings? Or, do you think there should be a balance of both?

11. What would you have preferred the discussion leaders to handle differently than they did?

12. Any other comments:

Please return to: Susan Sturm, 1620 Squirrel Tree Place, Edmond, OK 73034

APPENDIX F

PARENTING INVENTORY

PARENTING INVENTORY

Developed by

Jay Scott Brown

Pottowatomie County Health Department

Shawnee, Oklahoma

Name____________________ Address____________________

Phone____________________ Date of Delivery____________________

Areas of Observation	Yes	No	Comments
1. Does mother/father have fun with baby?			
2. Are most verbalizations about baby negative (odor, motor activity, feeding, crying, etc.)?			
3. Does mother/father talk to baby? Affect? (eye contact? holding position?)			
4. Husband's and/or family's reaction to baby? (disappointed over sex of child? life style changes? degree of bother; support?)			
5. Is mother/father able to comfort child? Do they understand different kinds of crying and their meanings?			
6. Is there an adequate support system for child care demands? Who?			
7. Are their sibling(s) in the home? Rivalries? Comparisons? Other competition?			
8. Are mother's espectations of development beyond the child's capabilities?			

	Yes	No	Comments
9. Does there appear to be any unusual emotional stress in the family?			
10. Will parent raise child differently than the way in which they were raised? Is there conflict in the maternal and paternal childrearing theories?			
11. What indicators does parent use to know whether she/he is doing a "good job"?			
12. Are other areas of their life satisfactory? (Does she/he complain about non-existent things?)			

SPECIAL COMMENTS:

APPENDIX G

SAMPLE QUESTIONS USED TO

STIMULATE CONVERSATION

SAMPLE QUESTIONS USED TO

STIMULATE CONVERSATION

The Individual Baby

1. How do _you_ define the term "spoiled baby?" Do you worry that you are ever "spoiling" your baby? (May discuss how trust is developed in infancy.)

2. Do you ever wonder if your baby is developing at the same rate as other babies you may have compared him to? (May be a good time to discuss concept of maturation.)

3. Do you worry that your baby is not as "active" or seems to cry more than other babies? (May be good time to discuss differences in individual temperament.)

4. How do you feel about older babies (six months to a year) that cling to their mothers or fathers and cry around strangers? (May be good time to discuss stranger anxiety and significance of attachment.)

5. How much do you think your baby can see and hear at birth?

6. Do you feel like your baby sleeps too much or too little? (May want to discuss infant's states and sleeping and waking patterns.)

7. What is your baby doing now (in relation to physical development)? What new things have you seen him develop in the weeks he has been home? (Use developmental chart as reference aid.)

8. How do you feel about conflicting statements like "How can you let that baby cry?" or "Don't pick up that baby, he has to learn he can't always have his own way!"? (May be a good time to discuss how a baby communicates with you by crying and reasons why new babies cry.)

9. How important do you think it is to talk to your baby or give him things to look at or touch at this age? Do you think newborns are just too immature to appreciate any of these things? (May want to discuss importance of a moderately stimulating environment.)

(Use end of period to show parents a learning toy suitable for newborns.)

APPENDIX H

INTRODUCTORY CLASS

INTRODUCTORY CLASS

Introduction

A. Name tags should be given to each parent, along with a list of the names, addresses and telephone numbers of others in the group.

B. Structure of classes.

1. Explain the times and number of sessions.

2. Explain goals for the sessions, generally to:

   a. enjoy the babies and each other

   b. share experiences

   c. learn about infant development

   d. discuss both the joys and the problems that we have in common with our new infants

   e. discuss the different ways that we as parents interact with our infants

   f. learn about activities and toys at each stage of development that will facilitate our child's learning

C. To get to know each other: start with the volunteer.

1. Parents' names, and names, sexes and ages of children.

2. What did mothers do before the baby came?

3. What do fathers do?

4. What activities are you involved in?

D. Do warm-up activity before discussion starts.

Birth Experience

A. Describe birth experience from the beginning of labor through first few weeks at home.

B. What is Dad's response to the whole event?

C. What would you change about your labor and delivery? Did you have rooming-in? How did you feel about it?

D. How did you feel when you first say your baby?

Closure

Hand out form for parents to indicate what they want to discuss at future sessions and what they want out of the group as a whole.

VITA

Susan Chesnut Sturm

Candidate for the Degree of

Master of Science

Thesis: THE EFFECTIVENESS OF A PROGRAM DESIGNED TO TRAIN VOLUNTEER MOTHERS TO CONDUCT POSTNATAL PARENTING SESSIONS

Major Field: Family Relations and Child Development

Biographical:

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Education: Graduated from Las Cruces High School, Las Cruces, New Mexico, in May, 1963; received Bachelor of Arts degree in History from the University of Oklahoma, in 1971; completed requirements for the Master of Science degree at Oklahoma State University in July, 1977.