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# "The real work is what they do together": Peer support and birth parent change

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## **Abstract**

This article examines a peer support intervention with birth parents in the child welfare system. Literature on the emotional change process for child welfare-involved parents, peer-support intervention-outcome studies in child welfare, and findings on peer support in related fields is reviewed. The Mendocino County Family Services Center (MCFSC) model is described, and findings from an exploratory study are presented and discussed. This model engages parents in a sequence of services based on developmental stages. The study used focus groups, interviews, and observation to understand the key components of the MCFSC peer support intervention, and the experience of birth-parent participants with respect to their personal change process. Further research into this model and other interventions that promote birth-parent change in child welfare is warranted.

## **Keywords**

birth, support, together, parent, change, they, peer, do, work, real

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INTERNATIONAL PERSPECTIVES ON FOSTER CARE

# "The Real Work is What They Do Together": Peer Support and Birth Parent Change

Laura Frame, Amy Conley, & Jill Duerr Berrick

## ABSTRACT

This article examines a peer support intervention with birth parents in the child welfare system. Literature on the emotional change process for child welfare-involved parents, peer-support intervention-outcome studies in child welfare, and findings on peer support in related fields is reviewed. The Mendocino County Family Services Center (MCFSC) model is described, and findings from an exploratory study are presented and discussed. This model engages parents in a sequence of services based on developmental stages. The study used focus groups, interviews, and observation to understand the key components of the MCFSC peer support intervention, and the experience of birth-parent participants with respect to their personal change process. Further research into this model and other interventions that promote birth-parent change in child welfare is warranted.

**W**ith the passage of the Adoption and Safe Families Act (P.L. 105-89; ASFA), birth parents of children in foster care face a relatively brief time frame within which to successfully demonstrate progress in their reunification efforts. This progress includes engagement in a case plan, involvement in services, and visitation with children—efforts that are emotionally and practically challenging for many birth parents. Although a number of case and service characteristics associated with successful reunification have been identified (e.g., Child Welfare League of America, 2002; Westat, 1995), relatively little attention has been focused on the nature of birth parents' change processes and their related service needs.

A number of authors have chronicled the intense emotions precipitated by child removal. Although dated, Jenkins (1969) found that birth parents most frequently reported

feelings of sadness, worry, and nervousness. Other common feelings included emptiness, anger, bitterness, thankfulness, and relief for some parents; guilt and shame for some; and numbness or a feeling of being paralyzed for still others (Jenkins, 1969). Feelings of isolation are often reported (Levin, 1992), especially if parents decide to make changes for reunification with their children that involve severing ties with friends and/or family (Maluccio, Warsh, & Pine, 1993). A sense of powerlessness is also common, arising from birth parents' feelings of being controlled by the child welfare system and without influence in decision making regarding their children (Levin, 1992; Maluccio, Fein, & Olmstead, 1986). Another emotional reaction birth parents often experience is a decrease in self-esteem (Levin, 1992; Maluccio et al., 1986). Birth parents may also feel ambivalence about their parenting role (Bicknell-Hentges, 1995; Hess & Folaron, 1991; Maluccio et al., 1986)—feelings that may be indicated by expression of "conflicting feelings

\*Empowerment facilitator, focus group, June 22, 2004.

about parenting, about a particular child, and/or about a child's return home or by a pattern of behaviors that is inconsistent with the parents' stated interest in the child's return" (Hess & Folaron, 1991, p.407).

Given these emotional states, the research literature indicates that birth parents have special needs that, if met, can allow for sustained positive change. Many parents express a need for support that may come from engagement with professionals (Hoffman & Rosenheck, 2001) or from friends and family (Marcenko & Striepe, 1997; Smith, 2002). Gaining a sense of control is also necessary for parents to feel empowered to make changes in their personal lives (Jackson & Dunne, 1981; Maluccio et al., 1986). Self-confidence has been described as a shared characteristic among parents who have successfully reunified with their children (Marcenko & Striepe, 1997). And the parent's own psychological and emotional difficulties may need to be addressed before changes in parenting and in relationships with children can change (Jackson & Dunne, 1981; Maluccio et al., 1986). Child welfare workers who can acknowledge and normalize feelings of ambivalence may also help parents sort through their emotions to determine the best course for the child, be it reunification or alternative placement plans (Bicknell-Hentges, 1995; Maluccio et al., 1986; Hess & Folaron, 1991).

The common theme across studies suggests that support—either from peers or professionals—can help parents navigate the emotional mine fields of the reunification process and inspire behavioral and lifestyle change. Interventions based on peer support are gaining prominence in child welfare (Budde & Schene, 2004; Corcoran, 2000). Such models may involve dyads of parents, in a "buddy" or "mentor" relationship. Alternatively, a number of parents may be assembled in a support group. The goal of peer support is to build relationships of reciprocity and mutual assistance that ultimately reduce feelings of social isolation, loneliness, and stigma (Budde & Schene, 2004). Strategies based on peer support are a notable part of several national child welfare efforts, including Annie E. Casey's Family to Family Program, Casey Family Program's Powerful Families, and Parents Anonymous. Encouraging parents to support one another is part of an overall movement to engage natural helpers in child protection.

## Literature Review

Exploratory research suggests that at least some child welfare-involved families may be receptive to informal social support interventions. A qualitative study involving semistructured interviews with a convenience sample of 61 Canadian child welfare-involved families found that many (52%) expressed a need for more help than was received from child protective services (CPS) (Manji, Maiter, & Palmer, 2005). Specifically, families reported that CPS

provided assistance in connecting to formal services, but none with informal sources of support.

Only a handful of outcome studies have been conducted on interventions that use peer support for child welfare-involved families. One of the earliest such studies was an evaluation of Parents Anonymous (PA) (Lieber & Baker, 1977). Founded by two parents and a volunteer therapist, PA runs support groups for maltreating parents. The goal is to offer mutual support and to share information on parenting. Findings from a program evaluation are promising, although the preexperimental design and reliance on self-report indicate further study is clearly warranted. Questionnaires focused on changes associated with program participation in the domains of emotions, knowledge, social support, and abusive behavior. There appeared to be an immediate program effect on self-described abusive behavior among respondents ( $n = 613$ ), which was reduced dramatically by one month of participation and remained at low levels. Feelings about children and parenting appeared to be unaffected by program participation.

Peer support was also the basis of the Parent Mutual Aid Organizations (PMAO) studied by Cameron and Birnie-Lefcovitch (2000). A 3-year pilot program, PMAO offered a broad array of program activities and experiences to parents with open child welfare cases at three sites in southern Ontario, Canada, focused principally on social support development. Outcomes for all members of the PMAO and a demographically similar comparison group of open child protection cases selected randomly were assessed at three points in time postintervention. The authors found that PMAO members used out-of-home care one-half to one-third as frequently as families in the comparison group, were much less likely to have contact with child welfare professionals in general, and were much more likely to engage in positive social contacts. PMAO members also reported significant improvements in perceived social support, self-esteem, and stress, although parental attitudes showed only a marginally statistically significant improvement (Cameron & Birnie-Lefcovitch, 2000).

Gaudin, Wodarski, Arkinson, and Avery, (1990-91) reported on outcomes for a social network demonstration project called the Social Network Intervention Program (SNIP). This program was aimed specifically at neglectful families and included peer support as one component. SNIP consisted of a five-step process in addition to regular case management activities: assessment of social network, assessment of psychosocial functioning, identification of barriers to the development of a supportive network, setting concrete and network goals, and various social network interventions designed to enhance parents' positive social networks, including mutual aid groups. Although the sample size was small and findings should be viewed with caution, results were positive for those participating in SNIP. Experimental families demonstrated significant improvement on three measures

of parenting after 12 months of intervention, while the control group did not. Reported networks of experimental families expanded by 47% over 12 months, while those of the control families remained essentially the same. Both groups reported statistically significant increases in perceived support from personal networks, but the changes were much greater for experimental families. And by the conclusion of services, 20 experimental families had improved parenting to the point that their child welfare case was closed; the same was true of four of the control group families. The researchers note that although the intervention may be promising, SNIP workers expressed concern that more than 64% of experimental families were likely to maltreat again in stressful circumstances.

For evidence on the efficacy of peer support models, child welfare can look to the fields of mental health, health, and substance abuse treatment, where consumer participation in treatment has a more established history. In a review of the history and empirical evidence regarding peer support

in mental health interventions, Davidson et al. (1999) concluded that while more research is needed, such interventions may aid treatment by decreasing stigma and increasing access to role models, ultimately promoting social integration and quality of life. From a metasynthesis of qualitative and linguistic studies in the field of health, Finfgeld-Connett (2005) determined that the literature on social support interventions supports improvement in mental, though not physical health, through enhancing feelings of competence, empowerment, and reassurance, and decreasing a sense of fear and distress. In general, persons of a similar context and background are preferred for social support, and professionals are looked to only when such support is unavailable (Finfgeld-Connett, 2005). A cross-disciplinary meta-analysis of interventions to improve social support found that peer support models produced improvements in general well-being or specific symptomatology in five of the six studies reviewed and in peer support in the four studies in which it was measured, though the authors caution that none of the designs involved randomization or control groups (Hogan, Linden, & Najarian, 2002).

In addition to outcomes research, there is also theoretical literature analyzing the conceptual framework of peer support. Mutual support makes available resources and structures to its participants due to four characteristics, as

The peer support approach is promising as a component of services for birth parents and their children involved with the child welfare system.

summarized from the literature by Davidson and associates (1999). First, shared experience can promote an individual's understanding of his or her own circumstances and, through the development of a social network, reduce isolation. Thoits (1986) expressed a similar idea in the notion that similar backgrounds create a sense of "sameness" that permits openness to modeling from peers. Second, structured groups may permit the opportunity to assume new roles, allowing members to step out of the passive "patient" role and into other socially valued roles such as mentor and role model. Third, mutual support can create a specific behavioral setting that allows for the development of new skills, strategies, and self-awareness. Fourth, cognitive changes may also be facilitated by mutual support through exposure to new world-views and ideologies (Davidson et al., 1999). Another concrete benefit of participation in peer support groups can be the opportunity to express distress in a safe environment.

Expression of distress can help to alleviate painful emotions, especially when disclosure aids in resolution of the source of the problem, and can trigger concern and attempts at comfort from others, which through consistency and reciprocity can become empathetic relationships (Kennedy-Moore & Watson, 2001). Peer support is a complement, not a substitute, for professional intervention. Helping families to build networks and develop relationship skills promotes the maintenance of gains from professional intervention (Rzepnicki, 1991).

The purpose of this study was to closely examine a peer support model implemented in Mendocino County, California, through the Mendocino County Family Service Center (MCFSC), designed to facilitate the change process for birth parents. In particular, the study sought to give voice to the experience of birth parents with respect to this change process and the services they received. There is a gap in child welfare literature around our understanding of the interventions needed to promote change in birth parents. The MCFSC program is unique in its focus on developmental change for birth parents, supported by peers. With little known about this intervention model, this study is designed to be descriptive and exploratory. Focusing on just a handful of clients, this study is intended to hone in on the personal experiences of birth parents in greater depth than previous studies. The complex process of personal change is best seen through the microcosm of individual clients' experiences.

Guiding this study is the research question: How does peer support facilitate a change process for birth parents? Both peer interventions and facilitation of peer interventions by staff are explored.

## Methods

This study used focus groups, interviews, and observation to understand the key components of the MCFSC peer support intervention, as well as the experience of birth parent participants with respect to their personal change process.

Drawing on grounded theory, efforts to understand the change process of the birth parents involved an iterative cycle of data collection, analysis, and theory generation (Strauss & Corbin, 1998). Grounded theory is particularly suited to the examination of social processes (Clarke, 2005). As such, it is a natural fit for the examination of peer support and birth parent change.

The researchers came to this project with theories from prior research, as well as assumptions and biases. Recent completion of a study of California's efforts to implement ASFA in this and several other counties suggested that county child welfare staff employed few systematic efforts to support birth parents' change processes (see Frame, Berrick, & Foulkes, *in press*). The researchers assumed that it is difficult for parents to make the kinds of changes required by the child welfare system, especially within the relatively brief time frames mandated by ASFA. In interviews and focus groups, birth parents spoke of their need for emotional support from peers and staff as they faced the challenge of major life transformation to regain custody of their children. The MCFSC stood out as a unique approach worthy of further investigation.

## Sample

The study sample included 14 staff and 16 adult clients and former clients of the MCFSC, as well as administrators from the county social services agency. Staff included facilitators of empowerment groups, facilitators of intake groups, and other members of the staff (including the receptionist, social workers, social work assistants, and the supervisor of the Family Center). A total of 7 empowerment group clients, 4 intake group clients, and 5 parent volunteers participated. Six of the empowerment group clients were birth parents currently involved with CPS, and one was a former client who continued to attend the group to mentor other parents.

Given the small size and convenience of the birth parent sample, generalizability of the study's findings cannot be extended beyond these clients.

## Data Collection

Telephone interviews were conducted with key staff prior to visiting the MCFSC to understand the history, purpose,

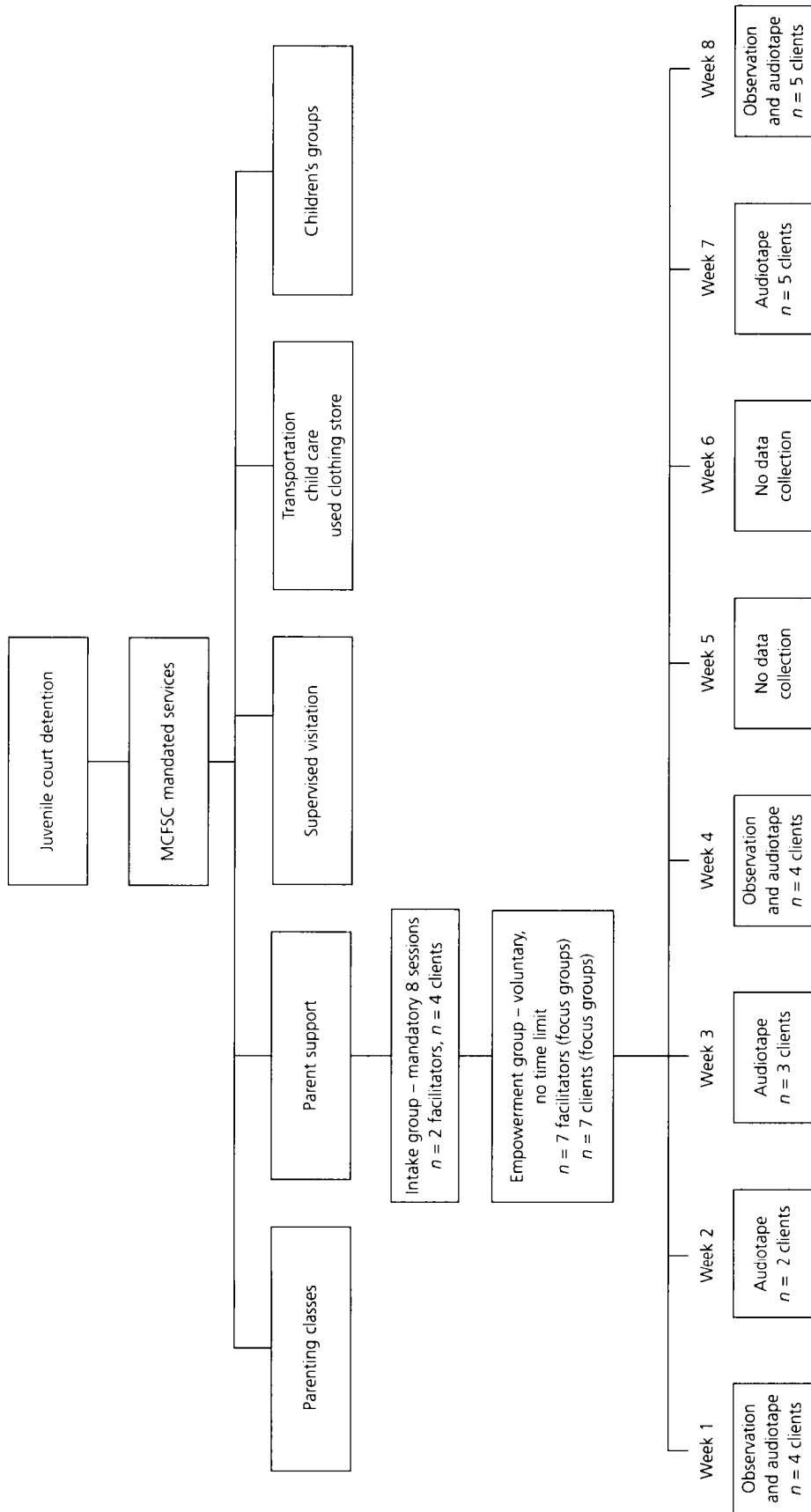
and structure of the program. Focus groups and interviews were then conducted with the facilitators of the intake and empowerment groups and the core MCFSC staff. Additional interviews were conducted with the supervisor, manager, receptionist (a key member of the staff, who had been unavailable for the focus group), and the assistant director and deputy director of the Mendocino County Social Services Agency. During these focus groups and interviews, participants were asked to discuss their views of the program's philosophy and approach, the nature of clients' needs, the relationship between the services provided and outcomes for families, lessons learned about the program over time, and other questions specific to their role.

Focus groups for clients in the intake groups were offered twice. This resulted in one interview with an intake group client during Week 1, and a focus group with three intake group clients during Week 8. Focus groups for clients in the empowerment groups were also offered twice, resulting in 3 participants during the first focus group, and 4 during the second focus group (with 1 client participating in both groups; the total number of unique clients participating was 6). Additionally, a focus group was held with 5 "alumni" of the program, some who continue to volunteer with the Family Center. During these focus groups, participants were asked to describe the circumstances of their child welfare involvement, their understanding of the group's purpose, their experience of being in the group over time, helpful and unhelpful aspects of the facilitators' and other group members' interventions, changes noticed in themselves over time, and their perspective on the usefulness of this intervention with regard to their child welfare case plan.

Additionally, data were collected over 8 weeks of an empowerment group in which 7 clients participated. The group was simultaneously observed and audiotaped by research staff on Weeks 1, 4, and 8. The remaining weeks were audiotaped by the group facilitators in the researchers' absence (Weeks 2, 3, and 7 were successfully taped; Weeks 5 and 6 were not for technical reasons). The purpose of this data collection effort was to understand, in some detail, the nature of the group intervention, the group's dynamic, and any change process that could be observed for participants during that time-limited period (see Figure 1 for a description of the program and the data collection effort).

Validity of the research was increased through an intentional process of triangulation, combining methods to strengthen the study and conclusions drawn (Patton, 2002). Data triangulation was conducted by collecting data from different sources (i.e., staff and clients). Methodology triangulation was also conducted, through the use of self-report and observation (Denzin & Lincoln, 1998). In the analysis phase, investigator triangulation involved regular coworker debriefing to guard against bias, negative case analysis, and leaving an audit trail (Padgett, 1998).

**FIGURE 1.** MCFSC services and data collection approach.



Findings were also checked by examining exceptions to early patterns and taking a skeptical approach to emerging explanations (Miles & Huberman, 1994).

## Analysis

All possible interviews, focus groups, and empowerment group sessions were audiotaped and transcribed for accuracy. The transcribed records and other notes were entered into the qualitative software program Atlas.ti for data management and analysis.

Two researchers coded each transcript independently, then met together to compare coding results. Analysis included a combination of inductive and deductive processes, repeatedly reviewing the text and coding for key themes and ideas. Patterns were identified and codes grouped until central themes emerged. The two researchers had high levels of agreement on emergent themes, and resolved areas of confusion or disagreement by collecting additional data (Glaser & Strauss, 1996). With the empowerment group data, analysis included the use of matrices to track each client's weekly process vis-à-vis the group's interventions, and repeated review of the transcripts to identify intervention and change themes.

## A Description of the Mendocino Program

The Mendocino County Family Service Center's service model was developed with input from child welfare clients involved in traditional parenting classes. Clients expressed frustration that it was difficult to work on changing parenting practices early in their child welfare involvement, given the overwhelming nature of their grief and anger about their child's removal. With this input, a new set of services was created, designed to be therapeutic as well as oriented toward skill development and to follow a developmental model of change for birth parents.

MCFS's services were designed with inspiration from three theoretical frameworks: the Kubler-Ross (1969) model of death and dying, the Maslow (1943) Hierarchy of Needs, and the Strengths Perspective (Saleebey, 1992). The Kubler-Ross model of death and dying is the basis for the developmental sequence of services offered by the Family Center. Similar to this model, Family Center staff have observed that in response to child welfare system involvement, clients typically experience three stages in the change process: the first stage is denial and anger, the second is depression, and the third is awareness and responsibility. Taking an approach inspired by Maslow's Hierarchy of Needs, staff help clients order their service plan priorities from most basic to more advanced needs. In parallel to the hierarchy, the Family Center staff help clients with the basics of recovery, housing, and communication. These basic changes theoretically lay a foundation for higher-level changes in their parenting skills. A strengths-based

orientation to clients is a core aspect of the program philosophy that informs staff intervention and assessment techniques. Strengths-based assessments are reportedly a powerful method employed by staff to move parents through the change process. Often other group members take over this process as they share with a parent the positive attributes and actions they have observed.

When children are removed from their parents' care, the Juvenile Court orders parents to engage in services through the Family Center (See Figure 1). These services include parenting classes, parent support groups, supervised visitation, and groups for children. The Family Center also provides transportation, child care, a used clothing "store," and in-home support in some cases. The Family Center's services are intended to be sequential, with parents initially entering a mandatory intake parent support group as soon as possible after the detention hearing.

The goal of the eight-session intake group is to address issues of anger and denial, educate the clients about the court process and the importance of building relationships with social workers, and facilitate taking responsibility and engaging in further services by focusing on the importance of change. While the child welfare case plan may be developed prior to a client's completion of the 8-week intake group, clients are expected to delay engagement in other services (with the exception of substance abuse treatment) until they have completed the intake group.<sup>1</sup>

Following successful participation in an intake group, parents enter a voluntary, non-time-limited empowerment group. During this period, they are provided with weekly support from professional facilitators and from peers, to aid in their process of change. Parents develop an empowerment plan with the Family Center staff, which is shared with their social worker. The empowerment plan translates the court-ordered case plan into parent-friendly language, defining the sequence of services needed and parental behaviors required to successfully complete the child welfare case plan in a developmental sequence meant to parallel the emotional and behavioral change process. Clients, facilitators, and peers jointly develop weekly action plans to break the changes outlined in the empowerment plan into component parts. The intent is to thus make the child welfare case plan more manageable, while simultaneously setting the pace for its accomplishment within court timelines. Group facilitators in this process juggle a number of roles, including monitor, cheerleader, and motivator.

Intake groups are facilitated by private therapists under contract with the public child welfare agency, while empowerment groups are run by county child welfare workers. The

<sup>1</sup> This program component alone could be considered highly controversial as the 8-week mandated sessions could consume 2 months, or more, of available reunification services time. In California, families with children ages 3 or younger are only allowed 6 months of reunification services, thus further squeezing parents' capacities to make needed lifestyle changes in a short period of time.



rationale is that parents would be more likely to open up to a non-CPS worker in the initial stages of their involvement with MCFSC, but would in time grow comfortable with the staff and would look past their employment by CPS. The group discussion, however, is largely peer-directed with additional input from parent volunteers, all of whom previously navigated the child welfare system with success.

### **Observations of Client Change Processes: The Empowerment Group Over 8 Weeks**

The group chosen for observation was cofacilitated by 2 staff and had 7 parent participants during the observation period (May–June, 2004). Within this group of 7, a core of 4–5 participants had been in the group for many months and attended fairly regularly; one member's attendance was more sporadic, and another entered the group during the last couple of weeks of observation. As a result of this composition, most group members knew one another well and had accomplished some degree of progress on their child welfare case plans. The group was described as "mature" by a facilitator, an observation supported by the participants' apparent trust in one another and the facilitators, as well as their willingness to both accept and offer gentle confrontation. Additionally, one regular group member was a parent with many years of recovery and successful reunification with her children, who appeared to serve as a role model to others.

Observing the group, the participants' overall emotional engagement in the process was evident, and they appeared to welcome the attention, support, and challenges offered by fellow group members and the facilitators. The format of the group followed a general pattern in which participants would "check in" and discuss current events in their lives, and group members and facilitators would respond. Current struggles were linked to the participant's efforts over time, past struggles and successes. Accomplishments—however small—were highlighted and celebrated. And finally, in almost every case, the facilitators encouraged attention to an "action plan" for the week, in which participants were encouraged to specify the actions they would take to accomplish particular goals. Sometimes these action plans were written down (on a form specifically for this purpose; with copies for the parent, facilitator, and social worker). Participants appeared to expect and appreciate this goal-oriented approach, and they returned in subsequent weeks with reports on their progress.

### **Roles of Facilitators and Group Members**

#### **Facilitators**

During empowerment group sessions, facilitators provided a positive, supportive presence and clearly communicated their care, concern, and acceptance for each client. Acting as a team, the two facilitators appeared to take dif-

ferent roles when necessary but to share the same overall philosophy and approach to the group process. This likely added to the overall impression of the empowerment group as a safe environment for clients. In this context, the group facilitators made several types of interventions, including promoting a proactive stance, gentle confrontation and expressions of concern, attention to strengths and positive changes, emotional support, clarification of feelings, and interpretation of meaning. Interventions also included encouragement for the consideration of children's needs, clarification of the child welfare agency's stance, attention to concrete needs, offers of concrete assistance, and advocacy. The facilitators demonstrated to group members how they might support one another, and members of the group frequently appeared to model their interventions after the behavior of facilitators.

#### **Peers**

Parent peers played an essential role in facilitating the change effort with their fellow clients. While each individual brought a unique perspective, personality, and approach to the group dynamic, group members in general were observed to serve two main functions: support and encouragement for taking responsibility.

Peers actively provided their fellow participants with support that took many forms, including expressions of interest in and concern about each other's lives, offers of emotional support within and outside of group, offers of concrete help (e.g., giving furniture), and faith-based help (e.g., prayers). Group members offered practical advice (about drug testing, legal issues, drivers' licenses, referrals to providers, and how to handle social workers), participated in problem-solving efforts with others, and shared their own experiences when they believed it might offer perspective to another. A general sense of camaraderie pervaded the group; participants appeared to appreciate their similarities, shared a sense of humor, pointed out each other's positive changes, and celebrated each other's successes. On occasion, group members openly acknowledged and thanked one another for this support. As one parent said during group to a facilitator, "Women in the (recovery) program will save your ass. I have four of them who care a lot about me. And these three, too (pointing to members of the empowerment group) because they've been a part of my recovery...we've struggled together." The overall sense of emotional safety that had been built within this group was evident, in that group dynamics (such as conflict between members) were directly addressed on at least one occasion over the 8-week period.

### **Birth Parent Change Processes**

Over the course of the observed six sessions, group members made a variety of changes in their lives. Given that group members were at different points in their child wel-

fare involvement, the nature of the change process differed for each individual, yet a few general themes emerged. The majority of observed changes related directly to child welfare goals. Types of changes directly related to child welfare included fulfillment of children's basic needs, increased child safety, improved relations between parents and children, greater family stability, greater knowledge and sensitivity to children's needs, enhanced parenting skills, and increased visitation. Group members also made changes that were indirectly related to child welfare goals, such as improvement in self-esteem and choices about romantic relationships.

Although the majority of changes made by group members were of a positive nature, several group members experienced setbacks. Setbacks were also directly and indirectly related to child welfare case plans and included an acknowledged substance abuse relapse, a positive drug test, child removal, a neglect allegation made to CPS, miscommunication with a social worker, and loss of child custody to an ex-spouse. While these setbacks created temporary problems in the lives of group members, on the whole all group members (with one possible exception) appeared to be in a better place in their lives 8 weeks after the first observed empowerment session. Even when a group member's success was in question, all members were able to make positive use of the group for support and help as they faced decisions in their lives.

Group members and facilitators were very much focused on bringing about changes that would improve their ability to parent. Some changes were of a concrete nature, with the goal of establishing a safe, stable environment in which children's basic needs were met. Describing the steps ahead of her, one group member explained:

So now I'm trying to do the footwork, and I know what I need to get my [housing] certificate ... it's better off to be in transitional housing where I can save my money and clean up my wreckage.

Group members also made changes of a psychological nature. These changes were targeted at eliminating dangerous addictions and behaviors such as drug abuse and promoting positive attitudes and behaviors such as sensitivity to one's children. For example, a group member shared her reason for seeking out individual counseling:

I think once I do that, my stuff will go away completely. I can talk about it in groups, but I see certain things coming back up. Not necessarily past behavior, but past thinking that's going to lead to past behaviors, and I don't want that to happen. That would not be good.

Group members frequently expressed a resolve to do well by their children. Most recognized the flawed parenting they

had provided in the past. A few also alluded to childhoods in which their own parents were unable to provide adequate parenting. One group member reflected on her efforts to end an intergenerational cycle of abuse and neglect:

Yeah, my mother told me she lives through me everyday.... She says I wish I could have done for you what you are doing for your kids.

Group members recognized the positive changes they had made in their parenting and were subsequently less fearful of future CPS involvement. When threatened with a CPS report by a vengeful ex-boyfriend, one client's response was the following:

Bring it on. Today I'm a mother who doesn't have to hide behind the curtain blinds and in fear that someone's going to come up and get my kids.

Other types of changes that were the focus of group sessions, while not explicitly part of a child welfare case plan, appeared essential to generating stability in the lives of group members and their children. The two main changes of this kind involved self-esteem and relationships with men. These two issues were frequently intertwined, with low self-esteem related to problematic relationships. One client's comments embody this problem:

I feel a lot better in my own skin, which is cool. Last year I didn't, but it could have been the person I was with and what I was going through. I wasn't able to know who I was and what I wanted or anything because I was too worried about him. Now I get to worry about me and my kids.

As this quote also illustrates, some group members and facilitators expressed a belief that involvement in romantic relationships could detract from making healthy life changes aimed at improved parenting. A facilitator cautioned one group member that

this addiction issue that comes up with drugs also comes up in our relationships and makes it complicated. It might just be a little easier for you if you just took care of you and your recovery.

The group member who received this counsel agreed and decided to "put off" involvement in such relationships until she had achieved a lengthy period of sobriety.

Making positive changes and choices appeared to increase group members' self-esteem, thereby laying the foundation for further change. The following exchange demonstrates one group member's thoughts on the relationship between her self-esteem and the choices she had made:

Facilitator: So what helped you get more secure in yourself?

Group member: Getting to know myself, being clean and sober, staying out of a relationship, identifying what I need and want.

While most group members moved in a positive direction in their change process, it was not a linear process in all instances. Group members (even those who made some progress) also experienced problems in their lives that negatively impacted their child welfare cases. These problems included factors that decreased safety for children, such as suspected drug use; increased risk, such as allegations of abuse or neglect; or jeopardized a child welfare case, such as miscommunication with a social worker. When group members were confronted with negative behaviors, such as drug use or child neglect, some group members admitted to the problem, while others denied the accusation. One client, who admitted to the allegation against her, regretted her actions and agreed with the group that it was a cry for help. Group members managed to get past these negative occurrences by accepting support and advice from the group, learning from these problems, and taking proactive measures to change. Examples of this include a group member who relapsed and then redoubled her efforts to complete substance abuse treatment and achieve secure housing for her family.

## Case Example

To illustrate frequently used intervention methods and common client life changes, a composite case was drawn from typical experiences of empowerment group members (see Table 1).<sup>2</sup> The process to assemble this composite first involved describing the life changes, group interventions, and change process for each group member. Next, the types of interventions and changes observed were broadly characterized. For example, a specific instance of one group member asking another about her efforts to find housing was characterized as "expression of interest in life events." These broad characterizations were used to develop specific descriptions of life events, interventions, and change processes for a mock client. The client background, which follows, was also developed based on general descriptors for empowerment group clients.

Client A is the mother of two children. Her younger child was removed at birth due to a positive toxicology screen for methamphetamines. Her older child remained in her care. She is in a relationship with the father of her younger child,

who also has a history of drug use. She no longer lives with this boyfriend and is temporarily homeless. Client A participates in outpatient substance abuse treatment.

## Summary and Conclusions

The data from this exploratory study speak to the deep emotional and practical needs of birth parents involved with the child welfare system, and to the ways in which peer support may be used as one method for helping to meet some of those needs. The staff of the Family Center and the clients who were interviewed generally agreed that birth parents need support and encouragement from peers and professionals to successfully navigate a change process. The MCFSC's approach to services appears to give parents a sense of security that enables them to take risks in attempting difficult, yet fundamentally important, changes in their parenting-related perspectives and skills.

Staff and clients reported a high degree of engagement overall in the services, a shared philosophy based on strengths, and a clear goal orientation that translates into action. These staff and client reports are supported by our observation of the empowerment group "in action," where many of these principles were shown to be operationalized during the 8 weeks of data collection. To the extent that the dynamics within this empowerment group are representative of other groups, the peer support model appears to meet its goal of promoting change. The overall progress observed over 8 weeks among this small sample of parents, while incremental in many cases, suggests that the empowerment group process did little to hinder—and more likely, facilitated—those changes. This appears to have been accomplished through a combination of interventions initiated by the group facilitators and peer group members, along with other factors not directly observed.

Thus, the peer support approach is promising as a component of services for birth parents and their children involved with the child welfare system. A number of questions remain, however, that are worth closer study. These include the question of whether, and how, peer support services to birth parents can facilitate a change process that is congruent with the needs of children. The permanency planning timelines should also be studied. Further, the MCFSC's developmental model of change, which appears to provide useful theoretical guidance for its staff and is a core tenet of the services model, is worthy of greater scrutiny and empirical testing. Some authors (Littell & Girvin, 2004) have suggested that a "stages of change" model is not applicable to the population of birth parents involved with child welfare services, because of the variety and complexity of issues they face. Thus, closer examination of the "typical" developmental process for birth parents undergoing change, if there is one, would be a useful contribution to the field as it works to develop effective

<sup>2</sup> A composite case was developed, in part, to protect the confidentiality of clients' participating in the MCFSC. Mendocino County is a small, rural county in California with a small child welfare caseload. Because each family's needs and problems were relatively unique, confidentiality concerns were high.

**TABLE 1.** *Case Example*

WEEK #	EVENTS IN CLIENT'S LIFE	EMPOWERMENT GROUP INTERVENTIONS	CHANGE PROCESS
Week 1	Client A is in need of housing. Her older child is at home with her, and her younger child is in foster care. The younger child will be placed in her custody once she has safe and stable housing. She and her child are currently living in a homeless shelter.	The facilitators encourage Client A to be proactive. They help her develop an action plan to fill out applications with five housing agencies. Group members offer practical advice on which agencies currently have vacancies and recommend agencies that have housing most suitable for families.	Client A plans to look for housing the day after group. She requests character recommendations from the empowerment group facilitators to include with her housing applications.
Week 2	Client A's housing application is approved. She and her child are set to move into their new housing. She is contemplating putting her boyfriend on her housing voucher, but is concerned that his recent relapse is a bad sign for their relationship.	The facilitators bring the focus to Client A's children. They highlight the importance of meeting the children's needs and fulfilling the terms of the case plan so that she can be reunited with her youngest child. A group member questions her decision to stay in an unhealthy relationship. She encourages Client A to be careful to maintain her own recovery by turning to her sponsor, group members, and to God for support.	Client A decides to tell her boyfriend that he cannot move into her new apartment until he is stable in his recovery. She resolves to remain firm in her decision and asks one of the other clients for support outside of group.
	Client A needs furniture and basic items for her apartment. She does not have any money to purchase these goods herself.	A group member offers to give Client A a bed which her child has outgrown. Another client tells her about a church that provides families with furniture donations. A third client says that she could help move furniture with her truck.	Client A has plans to be settled in her new apartment with an adequate set of furniture. She is relieved to have additional security and believes her children will be, too.
	Client A needs to set up a source of income. She is not currently working, and she does not want to rely on her boyfriend for financial support.	One of the facilitators offers to meet with Client A outside of group to examine her options for setting up an income. She also offers to connect Client A with an agency that helps women clean up bad credit.	Client A qualifies for TANF. She is reassured that she will soon have a stable income. Client A also plans to work on cleaning up her credit with the nonprofit agency.
Week 3	Client A got into an altercation with a neighbor, who accused her of neglecting her older child and leaving the child alone on Saturday night. Client A was outraged and denied the allegation. She is fearful that this neighbor will make a CPS report.	A group member gently confronts Client A about behaviors she has observed outside of the empowerment group. The group member expresses her concern that Client A goes out at night with her boyfriend and puts her child at risk. The facilitators express their concern that this behavior could threaten reunification plans. They point out Client A's strengths and achievements and encourage her to stay the course and continue to make progress on her case goals.	Client A agrees that she has to reexamine her priorities. She confirms that her primary goal is to put her life together and reunify with her younger child. She does not want her relationship with her boyfriend to interfere with making progress on her child welfare case plan goals.
Week 4	Client A's social worker has contacted her about setting up extended visits. She will now have her younger children from Friday morning to Sunday evening.	Facilitators and group members express their excitement for Client A. They celebrate her success in achieving housing and increased visitation.	Client A is happy to have extended visitation with her younger child. She is ready to make her children the focus of her attentions. She must make some adjustments in her schedule in preparation for the visits.

WEEK #	EVENTS IN CLIENT'S LIFE	EMPOWERMENT GROUP INTERVENTIONS	CHANGE PROCESS
Week 5	<p>Client A has been attending substance abuse treatment and is 5 weeks away from graduation. She is concerned about childcare for Friday mornings, when she will now have her youngest child. The foster parents have a scheduling conflict and need to drop off the child during Client A's substance abuse treatment.</p> <p>Client A is feeling overwhelmed and depressed. In order to graduate from substance abuse treatment, Client A must find a therapist for weekly counseling, a task that feels daunting to her. She is also interested in finding therapy for her older child because she is concerned that her child was deeply affected by her drug use. The child often appears depressed and withdrawn.</p>	<p>The facilitators suggest that Client A contact her social worker to change the visitation arrangements. They discuss scheduling alternatives. Another group member shares a similar experience and states that her social worker was supportive in adjusting the visitation schedule.</p> <p>Group members offer recommendations of "good" and "bad" therapists from their experiences. The group discusses the impact of parental drug use on children. Several group members also express their guilt and sorrow for the negative effects their drug use had on their kids. The facilitators suggest that Client A add a therapist search to her weekly action plan.</p>	<p>With help from the facilitators, Client A decides on an "action plan" to call her social worker to discuss changing her visitation schedule. She feels reassured that she will not get into trouble with her social worker or her substance abuse treatment program.</p> <p>Client A feels ready to use individual therapy to work with some of the "negative thought patterns" that have led to "negative behavioral patterns." She also wants to work through the guilt she feels about her drug use impacting her children so that she can learn from past mistakes and become a better parent.</p>
Week 6	<p>Client A left a phone message for her social worker about changing her visitation schedule. The social worker misinterpreted the message, believing that Client A wanted to discontinue extended visitation.</p>	<p>The facilitators give Client A tips on how to improve her communication with her social worker. They suggest that she put her request in writing to avoid miscommunication. They help her draft a letter to her social worker explaining her request.</p>	<p>Client A is "terrified" at the prospect of losing her extended visitation. She resolves to improve her relationship with her social worker.</p>
Week 7	<p>Client A gives a letter to her social worker clarifying her scheduling issues regarding substance abuse treatment and visitation. Her social worker helps her to set up child care for Friday mornings.</p>	<p>The facilitators and group members compliment Client A on the way she handled the situation. One of the facilitators cracks a joke about the situation, which cheers up Client A.</p>	<p>Client A feels empowered at the proactive way she handled this problem. She feels good about her communication with her social worker, and is beginning to see the social worker as an ally.</p>
Week 8	<p>Client A reports that she is doing well and is happy with what is currently going on in her life. She states that she wants to "stay the course" and continue working on her substance abuse treatment. Her first extended visit with her younger child went well, and she is happily anticipating future visits.</p>	<p>The facilitators point out how much progress Client A has made, reminding her of situations in the past when reunification appeared less likely. A group member shares her observations on Client A's current situation, also reinforcing how far Client A has come since beginning the group.</p>	<p>Client A is committed to continuing with her services and is open to making further changes to improve her parenting skills.</p>

interventions for this population. Given that the peer support model in Mendocino County appears to be a relatively mature program and a "promising practice" for families involved with child welfare services, formal evaluation efforts of client outcomes are warranted.

The path from child removal to reunification is often lonely; parents may know no one who has experienced a similar fate; stigma may be high; resources may be scant; and feelings of isolation, anger, and hopelessness may paralyze a parent's efforts to make requisite changes. Peer support in a facilitated setting may offer a number of advantages to parents to reduce their isolation and increase their sense of agency. Peer support holds potential for motivating clients to

focus on the needs of their children and to make life changes to increase the chances for safe reunification.

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