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Comparing Developers' and Implementers' Views in Two Parental Intervention Programs

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According to the 2001 Hartford Courant article “Breaking the Cycle,” by Jack W. Cullin, “In 1999, 456 Hartford teens gave birth. That same year, 332 girls graduated from Hartford schools” (cited in Hartford Primer and Field Guide, 86). This frequency of teenage births is also evidenced by the fact that “every 56 seconds another adolescent gives birth,” which indicates another set of problems arising (Parents and the Law Curriculum, 2). These at-risk parents are often victims of “limited schooling, and a poor home situation” (Abrahamson, 6). Coupled with “a culture of violence, the lack of living wage jobs and affordable, safe daycare; the feminization of poverty; and decaying public school systems,” these problems are compounded by the arrival of a baby (Parents and the Law Curriculum, 2). Although it is necessary to deter these types of pregnancies from *ever* happening, it is also crucial to provide these at-risk parents with the information they need to make their situations better once a baby has arrived. The education of these young parents cannot be ignored because “as a society we must concern ourselves with teaching this new generation of parents the skills they need to strengthen families and raise healthy, non-violent children” (Parents and the Law Curriculum, 2). This is why the analysis of different parental intervention programs, or programs that seek to provide at-risk parents with pertinent information to ease their difficult circumstances, is necessary. Empowering and educating these parents with relevant information is crucial so that *their* children can possibly avoid this cyclical nature of teen pregnancy.

The Parents and the Law Program grew out of a 1971 Georgetown University Law Center program designed to teach at-risk pregnant or parenting teens (primarily mothers) critical legal information and parenting skills. The program’s curriculum was

published in 1998 and was written by Alexandra M. Ashbrook and Bebs Chorak. They developed the Parents and the Law program based on teenage parents' lack of knowledge about law related issues. Their approach to the program indicated that teenage parents could not be empowered without a working knowledge about issues like child support and housing discrimination, along with practical life skills. The Parents and the Law Program, based on a twenty-three lesson curriculum, is funded by the Office of Juvenile Justice and Delinquency Prevention and can be implemented in classes, juvenile centers, churches, and schools. The participation is voluntary and the program site has the option to integrate any number of the Parents and the Law lessons with other curriculums.

My internship with the Parents and the Law Program allowed me the opportunity to see this program being implemented. The particular program site was a public vocational high school in Hartford, Connecticut. The teen parents (all women) met every Friday morning for one hour with myself and the other implementer. The group ranged in size from eight to fifteen women, ranging from freshmen to seniors. Some of the women were pregnant, while others had already given birth. Their participation was voluntary, however, they were initially referred by the school social worker based on the fact that they were pregnant. The implementers, myself included, received a one-day training session from the program coordinator in which several curriculum lessons were covered to give us a general overview of the program.

The other program, The Healthy Families Program, stationed in San Angelo, Texas and beginning in 1992, encourages positive, nurturing interaction between the parents and the baby. Funding for Healthy Families is given by the Federal Government, and more specifically the Health and Human Services Department. Its curriculum

focuses on a month by month development of boys and girls (separate curriculum for each sex) up to four years of age, and then moves beyond into “basic developmental milestones” (Healthy Families Curriculum, introduction). Implementers receive extensive on-going training, get feedback about their work, and have limited caseloads so as not to overload them. The program is designed for trained implementers to make one hour weekly home visits to the families. The families are surmised of first-time parents who are chosen from a specific geographic area, neighborhood, or hospital by the host agency.

More specifically, within Connecticut, the host agencies usually pick first-time parents in hospitals because this is usually where the greatest need for the program is. Families are approached by a social worker after the mother gives birth and after Healthy Families has been explained to them. They are assessed based on seventeen critical risk factors, which include but are not limited to a history of substance abuse (#8), history of psychiatric care (#11), marital or family problems (#14), and history of or current depression (#15). A positive screen is indicated when three items or more are marked as true, eight or more items are unknown, or the items mentioned are present with one other item. However, a positive screen does not mandate participation and the participants can terminate participation at any time. While both of these programs provide practical skills the parents can use, whether it is legal knowledge or good parenting skills, one can examine these parents’ problems in various ways.

Overall, I’m interested in how people define at risk parents’ problems and solutions using individual and institutional terms. The author of Framing Dropouts, Michelle Fine, speculated that these parents’ problems are either “individual” based on

their behaviors and individual concerns, or that there are external social forces involved, such as laws, making their problems “institutional.” It is important to differentiate between whether these parents lend themselves to problems in an individual manner by making unwise choices, or if the “the structures of social arrangements, carved through capitalism, institutionalized racism, sexism, and handicapism guarantee unequal outcomes” (20).

Based on this discrepancy, first I chose to look within each program to see if the developer (those who wrote the curricula) and the implementer (those who teach the curricula) define the at-risk parents’ problems and solutions the same way using these terms. Secondly, I speculated about why these discrepancies could have occurred. When looking at interviews and curricula, it was clear that the developers and implementers defined the problems and solutions differently using institutional and individual terms. Overall, the developers and implementers had a different perception of what the problems were because of their roles in relationship to the parents. I *speculated* that the solutions within Parents and the Law were dependent on how the developers and implementers initially defined the problem, while the solutions within Healthy Families were dependent on whose problems the developer and implementer were addressing.

Methodology

To properly analyze the differences between the developers and implementers’ definitions of the problems and solutions, I examined different facets from each of them. To analyze the developers’ definitions, I *examined* the programs’ curricula and how the problems and solutions were defined within the lessons. Within the Parents and the Law

Program, I used the title of each lesson to categorize the definition of the problem. I categorized each of the twenty-three lessons under “institutional problems” or “individual problems.” Institutional problems are those lessons that have local, state, or federal involvement and /or governance *and* enforce laws surrounding these issues. For example, “Lesson 8: What is Child Support?” was categorized as an “institutional problem” because child support is guided by Family Court. “Individual problems” have peripheral laws surrounding them. For example, “Lesson 7: What is Marriage,” is an “individual problem” because, although there are laws surrounding marriage, it is a self-governed social institution. That is, a marriage license is required, but the law cannot tell two people how to be married once the license is issued (See Excel Worksheet for specifics).

The “solutions” were categorized under the same titles. I categorized the solutions based on the proposed outcomes of the lessons reflecting what the participants were supposed to have learned. Although all of the lessons had a mixture of “institutional” and “individual” outcomes, I categorized the solution according to whether the “institutional” or “individual” outcomes were more prevalent.

The methods I used for the Healthy Families Curriculum were the same. I looked specifically at the lessons for the first twelve months of a child’s life. The program defined each month’s development as the problem, making them individually defined. When I categorized the solutions, I analyzed what the parents were supposed to have learned within each of these months according to the objectives listed under each month. For example, under month #2, the parents were supposed to have learned about how the

baby develops; play and learning; baby's health and safety; parent-baby activities; and learning in young infants (See Appendix 1 for specifics).

After receiving approval from the Institutional Review Board, by interviewing one developer from each program, I was able to examine what she intended to do within the program and how she defined the problems and solutions. The questions I asked the developers focused on how they became involved in the program; where the program received funding; how they ended up with a program with the particular focus; the pros and cons of the program; why they think parents are in these circumstances; and the amount of input the parents had in developing the curriculum. I could then compare these to the implementers' definitions, which I obtained by interviewing one implementer from each program. These questions focused on how they became involved in the program, what they saw as valuable in the program, if the program meets the needs of the parents, and what they see as some of the main challenges the parents encounter. This gave me a sense of the implementers' definitions and helped me to determine whether they matched up with what the developer intended. Thus, a total of four interviews (3 via phone and 1 via email) were conducted.

Supporting Evidence within the Parents and the Law Program

The lessons of the Parents and the Law Program leaned towards a more institutionally defined problem. Out of the twenty-three lessons, sixteen lessons defined the problem as institutionally based, while seven were individually based (16:7) (See Excel Worksheet for specifics). But, out of the twenty-three lessons, seventeen had more individually based solutions, including "identifying legal topics of interest, justifying a

position and defending it, writing rules for a family, and practicing public speaking” (17:5) (Lessons within PAL curriculum). Alex Ashbrook, the developer of the Parents and the Law Program and author of the Curriculum, cited definitions that were consistent with the curriculum. She pointed to a more institutionally defined problem. Ashbrook acknowledged that “parenting teens find themselves in need of understanding practical legal information and developing life skills because of larger societal forces” (Interview, 3). She continued, “Social structures have *much more* to do with this picture than personal ‘bad’ choices” (Interview, 3). When she addressed the solutions to the problems, she spoke about “developing life skills, accessing supportive community resources, understanding practical legal information, learning the law proactively, and giving parents a tool to draw on” (Interview, 3). She also admitted, “the program can’t claim to systematically address the more structural issues associated with all the risk of being a teen parent” (Interview, 4). Thus, the solution is individually defined, which is consistent with the curriculum.

The implementer of the Parents and the Law Program pointed to an individually defined problem. She stated, “I think they [teen parents] need some real life skills. We’re talking about communication skills, problem solving skills. We’re talking about budgeting skills, job application skills. These parents have to worry about completing school, dating, effective parenting, proper discipline, a social life, and balancing work and parenthood” (Interview, 5). While she clearly defines the problem individually, she believes that the solutions are institutionally based. For example, she believes that the institutionally based lessons about domestic violence and statutory rape address individually defined problems, like dating; the institutionally based lessons about abuse

and neglect address individually defined problems about how to effectively discipline a child. Thus, it appears that discrepancies exist between how the developers and implementers define the problems and solutions.

Why did discrepancies occur between the Parent and the Law developer and implementer?

The Parents and the Law developer and implementer defined the problems differently for two reasons. First, their experiences with the at-risk parents occurred at different stages because the author of the curriculum wrote about what *led* the parents to the circumstances, while the implementer dealt with the parents *after* they were in the circumstances. Secondly, the roles the developers and implementers played in relationship to the parents were different.

Alex Ashbrook, the author of the curriculum, defined the problems as institutional because these parents faced “a culture of violence, the feminization of poverty, and decaying public school systems” (Curriculum, 2). Thus, she framed the curriculum around what *led* these at-risk parents to these circumstances. But, the implementer’s experience with the at-risk parents occurred *after* they found themselves pregnant or already parenting. Because they were still in high school, they voiced concerns in the program about having “social lives” and “handling the pressures of academics,” which led the implementer to an individually defined problem.

The developer’s and implementer’s roles in relationship to the parents were different as well. Alex Ashbrook said, “I also used my experience working directly with teen parents to shape the contents of the curriculum.” A lawyer by profession, she was probably only witness to the legal needs of these teens. She stated, “I accepted a position

at Neighborhood Legal Services where I represented clients in a range of poverty law issues (e.g., child support, public entitlements, and landlord and tenant law),” which led to Ashbrook’s definition of an institutional problem. However, the implementer’s interaction with the teens occurred in a classroom setting, where she implemented the program in an authoritative position. The implementer *saw and heard* their present-day concerns that led to her definition of an individually based problem.

While the stages and roles impacted the definitions of the problem, I speculated that the developer and implementer defined the solutions differently based on how they initially defined the problem. The developer clearly defined the problems institutionally, while the implementer clearly defined the problems individually. Picturing the problems on a spectrum, with the implementer’s defined problems at the far left and the developer’s defined problems on the far right, the Parents and the Law Curriculum is the solution that falls somewhere in the middle of the spectrum. The developer’s definition of an individually defined solution is relative to the institutionally defined problem. For example, domestic violence is an institutionally defined problem. However, within the curriculum the outcomes of the lesson are individually defined which meets the developer’s definitions. The implementer, on the other hand, sees the domestic violence lesson as a solution to an individually defined problem, dating. Therefore, the implementer’s solution become more institutionally based (see Appendix 2, spectrum).

Supporting Evidence within the Healthy Families Program

The *lessons* of the Healthy Families Program defined the problem as individually based because the individual baby’s development is addressed. Within each month

(months 1-12) of the baby's development, a list of projected objectives were listed, all of which examined individual developmental milestones. For example, in the 2nd month the parent should have learned about "baby development, feeding, playing and learning," thus defining the solution as individually based (Healthy Families Curriculum).

Carolyn Wisehart, one of the developers of the Healthy Families Curriculum, spoke about the individual problems the parents have and how it affects the babies. She stated that "most of the families [that Healthy Families] works with have a generational problem," and this undoubtedly affects the babies because, "...[the parents] did not have the opportunities to develop those internal resources [self-esteem, communication skills, ability to problem solve, think critically, make logical connections, or feel good about themselves]" (Interview, 2). She believes the solutions are individually defined as well, and that the problems are addressed through the baby's development. She spoke of "helping the babies develop the internal resources...that they can draw on later so they can make better choices than their parents made" (Interview, 2). Based on Wisehart's quote, "we [Healthy Families] realized everything that happens for people happens in the first five years," I concluded that the focus of the curriculum was the children because they are the direct benefactors of the curriculum. Thus, Wisehart was consistent with what she wrote in the curriculum in that the problems and solutions are both individually defined.

However, the implementer of the Healthy Families Curriculum defined the problem institutionally. She was prompted with the question, "What do you see as some of the main challenges these parents face?" She replied, "Domestic abuse and sexual abuse" (Interview, 2). However, it was her understanding that "It's not the program's job

to address these issues. It's the program's job to make sure these issues are addressed through referrals" (Interview, 2). She continued, "The Family Support Workers (those trained to do the home visits with the parents) are not therapists. They don't do substance abuse" (Interview, 2). Thus, the solution to these problems is individual. As was seen in the Parents and the Law Program, the Healthy Families developer and implementer defined the problems and solutions differently.

Why did discrepancies occur between the Healthy Families developer and implementer?

The Healthy Families implementer and developer also had different definitions of problems that revolved around their roles in relationship to the parents, as well.

Nationwide, the implementers of the Healthy Families Program participated in one-hour weekly home visits to the families to discuss how to interact with their children and create a nurturing environment. From the 2001 evaluation report of the Healthy Families Program, another implementer stated,

"The curriculum should be based on the community of the people. What's going to serve the people best? And I'm going to be honest—35 to 45 percent of the time our home visitors do not cover curriculum [baby development]...how am I supposed to cover curriculum when I know they have serious issues to consider before the curriculum? Once I get her out of that house and into a stable environment, then I can move on and the two of us can play with the baby. So I think as far as the curriculum itself, it should be based on the community. What serves the population better?" (Evaluation Report, 26-7).

This comment substantiated the Healthy Families Connecticut implementer's reference to "domestic abuse and sexual abuse" as some of the main challenges these parents faced, thus explaining why the implementer defined the problem institutionally. The implementer had to *visit the families, hear their problems, and balance* addressing child

development *and* more structural issues. This indicated that her experience with the families was not only strikingly different, but also much more hands-on than the developer's experience. The developer had no perception that external structural forces, like housing, often outweighed the relevance of child development. Her lack of knowledge was due in part to the fact that she *did not speak* with the audience of the curriculum before she wrote it. She concisely stated, "No. It probably would have been a good idea, but it never occurred to me. And we were kind of in a hurry" (Interview, 3). Lacking firsthand knowledge regarding the parents' needs indicated why the developer wrote the curriculum about child development leading her to an individually defined problem.

The definitions of the solutions were influenced by *whose* problems the developer and implementer thought the solutions were solving. When asked about the main point of the program the developer spoke about the *child*. She stated, "The point is to deliver to the school system a child that is bright, healthy, and ready to learn," which structured the developer's individually based solution (Interview, 2). Because the developer sees the child as the direct benefactor of the curriculum, this also explains why the developer never spoke with the parents as she developed it.

The implementer hardly spoke about the child development as a solution to the institutionally based problem. Instead, she focused on the parents when she talked about the program's goals. She said, "It's *not* only to help the families develop a positive relationship with their child, it's also to help them become integrated within their communities, to help them identify community services that will help them, and how to advocate for themselves. It's about the family and how they function within society"

(Interview, 1). This led the implementer to a clearly defined individual solution, as she spoke of the solution in terms of referring the families to services. Thus, although the developer and implementer both defined the solutions individually, their perceptions of whose problems the solutions were solving were different.

The focus of the training impacted the implementer's individually based solution, as well. As part of the training, the implementers were informed that the families were to be linked "to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance, school readiness programs, family support center, substance abuse treatment programs, and domestic violence shelters" (Healthy Families Program, Critical Element #7). Services were to "focus on *supporting the parent* as well as supporting parent-child interaction and child development" (Healthy Families Program, Critical Element, #6). Staff was to have limited caseloads to "assure that home visitors have an adequate amount of time to spend with each family to meet their varying needs" (Healthy Families Program, Critical Element #8; see Appendix 3). The program's training, although not incorporated into the curriculum, focused on families' referrals to services and meeting their various needs, which also led the implementer to the individually defined solution.

Conclusion

The differences that exist between the Parents and the Law Program and the Healthy Families Program indicated that the developers and implementers defined the problems and solutions differently using institutional and individual terms. Overall, the

developers and implementers had a different perception of what the problems were because of their roles in relationship to the parents. More specifically, the Parents and the Law developer's and implementer's definition of the problem was impacted by the stage that they addressed the parents, while their solutions were relative to how they originally defined the problem. The Healthy Families developer's definition of the problem was impacted by her lack of first-hand knowledge about the parents. The developer's and implementer's solutions were impacted by whose problems they thought the solutions were addressing, while the focus of the training the implementer received impacted her definition of the solution (see Appendix 2, chart).

One might suspect that differences are bound to exist because these programs are clearly distinct. The Parents and the Law Curriculum addresses the needs of the children through the parents, while Healthy Families addresses the children's needs through the children. The Parents and the Law Program approaches issues from a legal standpoint, while the Healthy Families Program examines issues in terms of development. The aims of the programs are strikingly diverse too. The Parents and the Law Program acknowledges that the parent's situations might not be ideal, but the knowledge they gain from the program helps to make their situations better and prevents problems from ever arising. The Healthy Families Program acknowledges a generational cycle of choices within the families, and believes that the best solution is to help their children not to make the same mistakes.

The programs' funding also directly influences how the programs and curricula are framed. The Parents and the Law Program is funded by the Office of Juvenile Justice and Delinquency Prevention and seeks to "*prevent* and respond to juvenile

delinquency...” (“About OJJDP,” p. 1). Not surprisingly, the Parents and the Law Curriculum is also framed with the intention to give the teen parents legal knowledge in order to *prevent* juvenile delinquency. The Department of Health and Human Services funds the Healthy Families Program. The department supports programs covering a wide range of issues, including “improving infant health” (“HHS: What We Do,” p. 1). This directly correlates with the Healthy Families curriculum’s framework. Thus, funding also plays a large role in the programs’ designs and influences the programs’ focus.

However, the differences between the programs only magnify larger implications. Because of the discrepancies in the developers’ and implementers’ views, it is the parents involved in the programs who are being short-changed. Developers need to be conscious to talk to the parents being served to incorporate their needs into the curricula and clearly lay out the programs’ goals for the implementers. As the developer of Healthy Families, Carolyn Wisheart, stated, “The supervisor [implementer] will make or break the program” (Interview, 3). Alex Ashbrook, the developer of the Parents and the Law Program, concluded that one of the downfalls of the Parents and the Law Program is the “difficulty to track all our sites to ensure that people are remaining faithful to the program model” (Interview, 5). Until the developers and implementers display clearer lines of communication, the developers will continue to write about the “ideal” and the implementers will continue to be forced to deal with the “reality.” While problems and solutions do not fall solely into either an institutional or individual framework, my research indicates that the programs’ foundations have a tendency to lean more one way than the other. Although this study cannot claim to generalize about all parental intervention programs, this study does indicate that educational reform, in this sense, is

not just about the programs being used. It is about how to effectively implement the programs while meeting the needs of the parents being served.

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