

5-22-2001

A Summative Evaluation of Hennepin County's Parent Support Project's Healthy Relationship's Parent Education Class

Tina Sorenson-Ford
Augsburg College

Follow this and additional works at: <https://idun.augsburg.edu/etd>



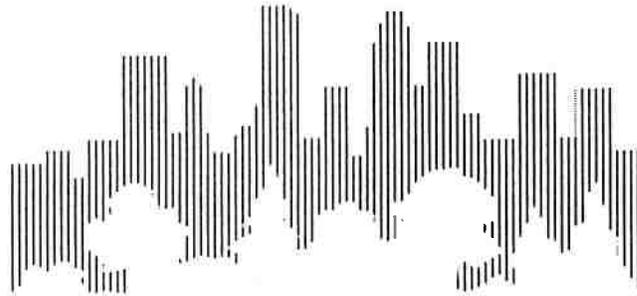
Part of the [Social Work Commons](#)

Recommended Citation

Sorenson-Ford, Tina, "A Summative Evaluation of Hennepin County's Parent Support Project's Healthy Relationship's Parent Education Class" (2001). *Theses and Graduate Projects*. 289.
<https://idun.augsburg.edu/etd/289>

This Open Access Thesis is brought to you for free and open access by Idun. It has been accepted for inclusion in Theses and Graduate Projects by an authorized administrator of Idun. For more information, please contact bloomber@augsbu.edu.

AUGSBURG



C • O • L • L • E • G • E

**MASTERS IN SOCIAL WORK
THESIS**

Tina Sorenson-Ford

**MSW
Thesis**

**A Summative Evaluation of Hennepin County's
Parent Support Project's Healthy Relationship's
Parent Education Class**

**Thesis
Sorens**

2001

**A SUMMATIVE EVALUATION OF
HENNEPIN COUNTY'S PARENT SUPPORT PROJECT'S
HEALTHY RELATIONSHIP'S PARENT EDUCATION CLASS**

TINA SORENSON-FORD

**Submitted in partial fulfillment of
the requirement of the degree of
Master of Social Work**

**AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA**

2001

**MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA**

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

Tina Sorenson-Ford

**has been approved by the Examining Committee for the thesis requirement
for the Master of Social Work Degree.**

Date of Oral Presentation: May 22, 2001

Thesis Committee:

Phu Tai Phan
Thesis Advisor: Phu Phan

Sumin Hsieh
Thesis Reader: Sumin Hsieh

Mark Simpson
Thesis Reader: Mark Simpson

ACKNOWLEDGEMENT

I want to thank the Parent Support Project staff for their willingness to help me through the learning curve and allowing me the opportunity to work with the project.

I want to thank my relatives who include the grandparents, Marcia and Gene, Barb and Arvid, and auntie Janie for providing childcare over the past three years so I could complete my Master's Degree.

Last, but not least, I want to thank Tim, Paige and Evan for enduring and supporting me in a variety of ways throughout my schooling.

ABSTRACT OF THESIS

A Summative Evaluation of the Effectiveness of Hennepin County's Parent Support Project's Healthy Relationship's Parent Education Class.

A SUMMATIVE EVALUATION

Tina Sorenson-Ford

May 2001

The purpose of this study is to investigate what the participant has gained by attending Hennepin County's Healthy Relationship's class. The study is a summative evaluation of a Hennepin County's Parent Support Project's Healthy Relationships class.

The class was designed to provide educational and therapeutic services to mother with cognitive limitations. The class was developed to increase the mothers awareness of reciprocal relationships in her own life and to model positive relationships with others to her children. The design of the study included review of course materials. Additionally, the researcher conducted one hour in-depth interviews with four clients from the class to evaluation how effective the class was in teaching relationship skills, and what skills, if any, did the clients learn from the class. The significance of this study will be used for planning and developing future classes for this client population.

Table of Contents

Chapter	Page
I. INTRODUCTION	1
II. LITERATURE REVIEW.....	3
Introduction.....	3
Definition of Key Terms.....	4
Background on parents with cognitive limitations...	5
Barriers for parents with cognitive limitations.....	6
Successful parenting programs.....	10
Gaps in literature and future research needs.....	11
Conceptual Framework.....	12
Conclusions.....	14
III. METHODOLOGY.....	17
Research Statement.....	17
Project Description.....	18
Conceptual Definitions of Key Terms.....	19
Research Design and Sample Selection.....	20
Participant Selection and Interview Conditions....	21
Data Analysis.....	22
Protection of Human Subjects.....	22

IV.	PRESENTATION OF DATA.....	24
	Secondary Data Analysis.....	24
	Pretest and Posttest Evaluation.....	29
	In-class Evaluations.....	33
	In-depth Interviews.....	34
V.	DISCUSSION	39
	Pretest and Posttest Analysis.....	39
	In-class Evaluation Analysis.....	41
	In-depth Interview Analysis.....	41
VI.	STUDY STRENGTHS & LIMITATIONS, IMPLICA- TIONS FOR PRACTICE AND RECOMMENDATIONS FOR FUTURE PROJECT DESIGN.....	46
	Strengths and Limitations of the study.....	46
	Implications for Practice.....	47
	Future Project Design.....	49
	References	51

Appendixes

- A. Agency consent to conduct research**
- B. Question script for client interview**
- C. Verbal script for recruitment of clients**
- D. PSP Parent Skills Hierarchy**
- E. Written request to study participants**
- F. Consent form**
- G. Hennepin County Parent Support Project description**
- H. In-Class Evaluation Data**
- I. IRB Approval number and date**

CHAPTER I

INTRODUCTION

This research project is a summative analysis of Hennepin County's Parent Support Project's Healthy Relationship class. The 12 class sessions occurred from July through September 2000. The research question is "How successful was the Healthy Relationships class in reaching their goal?" The goal of the class was twofold. First, to increase participant's knowledge of themselves. And, second, to increase their knowledge about relationships with others. The concept of the class was that the mothers in the Parent Support Project (PSP) have difficulties with their relationships with others, in part due to their lower cognitive abilities. Appendix G is a description of Hennepin County Parent Support Project. The women in the PSP program have an estimated IQ of 80 or below. The mothers may also have mental health disabilities. The class was created by PSP social workers because many of the parents have difficulty managing stress, using coping strategies and having reciprocal relationships with others. The intervention concept is through a group setting, the class could increase the mother's awareness of her own self-esteem and increase her skills at setting limits with others, so she could have better relationships with others. With these increased skills, it is expected that the mother could model positive relationship abilities to her child.

Hennepin County's Community Services Group developed the Parent Support Project in 1989. The project is a collaboration between Child Protection Services and Developmental Disabilities in Hennepin County. The Parent

Support Project (PSP) was developed to better serve parents with cognitive limitations (IQ of 80 or below) who were at risk of neglecting their children's needs or neglect had been previously substantiated by Child Protection Services.

In addition to analyzing the pretest and posttest, class evaluations, including all course materials and notes, four 60-minute in-depth interviews were conducted with participants from the class. Since the population and class are unique, the researcher chose to interview two women that completed the class and two women that did not. This research project was to see how their experiences varied. The researcher was interested in learning the reasons the women chose to complete the class or not. This research project was also conducted to see if the participants felt they benefited and gained knowledge from participating in this class. The research was also conducted to gather client feedback for development of future groups.

CHAPTER II

LITERATURE REVIEW

INTRODUCTION

This chapter will examine literature regarding parents with cognitive limitations. This is a relatively new area of study. In the 20th century, during the Eugenics movement, State policy and law attempted to prohibit reproduction by individuals with developmental disabilities. The Parent Support Project services attempt to provide supports and training to these adults. Few programs exist nationally. Little research exists. Much of the work that has been done has been in center-based programs and services. The focus of much of the research has been on teaching basic, concrete task performance (for example, domestic skills). The Parent Support Project is not aware of any program that is attempting to teach abstract, interpersonal relationship skills to parents with cognitive deficits.

This literature review will define key terms in the field of parents with cognitive limitations. A history of services to parents with cognitive limitations will be provided. This research thesis will address barriers parents with cognitive limitations face. This paper will examine what types of parenting programs have been tried with this population and the researcher will look at what elements experts in this field describe as successful programs. This document will address gaps in the literature and address topics for future research. This paper will conclude by providing a theoretical framework based social work theory as a structure for this research project.

Definition of Key Terms

Hennepin County has a specialized project called the Parent Support Project (PSP) that has existed since 1987. PSP was designed to meet the needs of parents in the community that needed services, but had faced major barriers accessing services. The project was developed to serve parents with cognitive limitations. Eligibility for this program was for at least one of the parents to have a full-scale intelligence quotient of 80 or below. The parent also had to be identified as being at risk for neglecting or abusing their child. PSP uses an in-home intensive approach. The social workers are flexible in specializing the services to meet the unique needs of the clients they serve.

Pillsbury Neighborhood Services is a community-based agency that contracts with Hennepin County in a variety of service spectrums. Pillsbury Neighborhood Services has a developmental disabilities center that focuses on meeting the challenging needs of people with cognitive limitations in the community.

Describing who are parents with cognitive limitations is a challenge professional face. Suggested labels in the literature include the following: mentally retarded parents, learning impaired parents, parents with intellectual disabilities, developmentally disabled parents and slow learners. Of the choices offered, this researcher has chosen to describe the population as parents with cognitive limitations. This paper will define cognitive as “the process of knowing or perceiving, or the act of acquiring knowledge” (Webster’s, 1983, p.352). By

using the term, limitation includes a restriction or limit, but it does not entail retardation, which implies an obstruction or hindrance (Webster's, 1983).

Although the label mentally retarded is more universally used, the term person with cognitive limitations is less derogatory. In Minnesota, mentally retarded is defined as a person having an intelligent quotient and adaptive functioning scores of 70 or below on standardized testing.

The articles reviewed included studies of parents with intellectual scores of 80 or below. Expanding the definition from mentally retarded parents to parents with cognitive limitations allows for a broader spectrum of articles to be reviewed. However, throughout this paper, the terms cognitive limitation, learning disabled and mentally retarded will be used interchangeably.

Background information on Parents with Cognitive Limitations:

There are an increasing number of parents with cognitive limitations. The focus of treatment for this population has changed from institutionalization prior to the 1980s to more normalization of services in the community for the mentally retarded and learning disabled (Feldman, 1986; Heighway, Kidd-Webster & Snodgrass, 1988; Whitman, Graves, & Accardo, 1989; Ray, Rubenstein & Russo, 1994). During the period of institutionalization, many of the mentally retarded were involuntarily sterilized. This significantly reduced the number of persons with mental retardation that were parents. In the past 25 years class action lawsuits have stopped the process of involuntary sterilization of persons with mental retardation (Tymchuck, 1998). The fact that people with

cognitive limitations are sexual has been both feared and denied by society (Espe-Sherwindt & Crable, 1993, Zetlin, Weisner & Gallimore, 1985; Tymchuk, 1991; Tymchuk & Andron, 1990; Accardo & Whitman, 1990; Feldman, 1986).

Mandated services and society has ignored or refused to accept that mentally impaired people are as sexual as non-disabled people. When professionals or family members cannot force sterilization the reality is that some people with mental retardation will become parents.

The research on parents with cognitive limitations includes program evaluation, in-depth interviews with clients, and narratives describing the family's story (Tymchuk, 1991; Tymchuk & Andron, 1990; Keltner, 1998, Whitman et al., 1998; Ray, Rubenstein & Russo, 1994, Booth & Booth, 1998; Bakken, Miltenberger & Schauss, 1993; Heighway et al., 1988). Pilot programs are described in articles. Services and program costs were described, but methods of interaction or treatment model are not (Whitman et al., 1989; Ray et al., 1994). Since the literature on this topic is scarce, no research data on strategies or effective teaching models of parenting skills exists.

Common Barriers to Cognitively Impaired Parents:

“Like all other parents, some are adequate and some are not”(Espe-Sherwinde et al., 1993, p.157). Research indicates that parents with cognitive limitations do not have the ability to generalize information presented in typical parent education and apply it to real life situations (Tymchuk, 1991; Tymchuk & Andron, 1990; Keltner, 1998, Whitman et al., 1998; Ray et al, 1994, Booth &

Booth, 1998; Bakken et al., 1993; Heighway et al., 1988). Typical parenting education does not work with mentally retarded parents. Supports by extended family in terms of interdependence and shared support by providing child care was found in many of the families functioning in the community (Zetlin et al., 1985, Tymchuk & Andron, 1990). Many of the parents with cognitive limitations do not read nor do they have abstract reasoning abilities. Most parents in the studies needed hands-on parent education to effectively learn the skills they need to care for their child (Tymchuk, 1991; Whitman et al., 1989; Ray et al., 1994, Booth & Booth, 1998, Heighway et al., 1988; Tymchuk, 1999). Classroom training is not sufficient with this population of parents. Home-based services are needed with ongoing maintenance for the parents to retain the skills (Bakken et al., 1993, Tymchuk, 1992).

There is a high correlation between mentally retarded parents and child abuse (Keltner, 1998; Ray et al., 1994, Accardo et al., 1990). Having a parent with cognitive limitations is recognized as a risk factor of child abuse and neglect (Seagull & Scheurer, 1986; Feldman, 1986; Accardo et al., 1990, Espe-Sherwinde et al., 1993; Tymchuk & Andron, 1990). Since their disability is considered a risk factor, many parents with cognitive limitations do not seek the help of others to increase their parenting skills. “Most of these parents had had so many bad experiences with professionals that their main goal became to avoid them, thereby cutting themselves off from available services” (Whitman et al., 1989, p.432).

Poverty makes parenting difficult for mentally retarded mothers and fathers. Poverty does not make a person mentally retarded, however, most

parents with mental retardation live in poverty (Keltner, 1998; Whitman et al., 1989; Ray et al., 1994). Homelessness is a common problem for the families with mentally retarded parents. Whitman et al (1989) reports in the first year of their program, 46% of the families were rendered homeless at some point. They are frequently socially isolated and economically disadvantaged (Keltner, 1998, Whitman et al., 1989; Ray et al., 1994; Heighway et al., 1988). In the study by Ray et al. (1994), the families with mentally retarded parents, the over half children themselves had one or more disabilities.

Floyd & Zmich (1991) states communities have identified the need for supported parenting program to serve mentally retarded parents. Communities are discovering that this population places high demands on the providers. Due to these high demands, most of the programs can only serve 10-15 families at a time. Additional funding and programs are needed (Tymchuk, 1999).

Floyd & Zmich (1991) also state that research supports there is increased stress when parenting a child with developmental disabilities. Other research indicates that about 40-50% of the mentally retarded parents have children with disabilities (Floyd & Zmich, 1991; Tymchuk, 1990). Floyd & Zmich (1991) report “a long-standing body of research indicates that the additional exceptional demands of raising a child with special needs creates exceptional strains on these parents”(p.1434). People providing parenting supports need to be aware of the demands the parent with mental retardation has when trying to parent, then add to that the increased demands of possibly parenting a child with special needs.

Deficits in parent-child attachment:

Egeland & Erickson (1998) describe developmentally disabled mother as unprepared for the pregnancy and the difficulty the new mothers have caring for the infant once the child is born. A trend by experts in this field stress that parents with cognitive deficits have difficulty with generalizing and overgeneralizing the concepts necessary for good parenting (Keltner, 1998; Whitman et al., 1998; Ray et al., 1994; Tymchuk & Andron, 1990; Bakken et al., 1993; Booth & Booth, 1998). Egeland et al. (1998) describe the term “unhealthy attachment”, which can be described as highly inconsistent behavior on the part of the parent.

Erickson describes attachment as a “deep, intimate, two-way connection between the parent and child starts in the early months, and when it’s working right, has its roots in sensitive predictable care, so that the child learns to trust that the caregiver will be there, and will respond in a way that is attuned to the child’s needs”(Egeland et al., 1998, p.2). The studies reviewed for this project indicated that many of the mentally retarded mothers have difficulty mastering this skill.

Resilience:

Booth & Booth (1998) point out that a child’s destiny is not determined by their parent’s having a learning disability or not. Competent parenting is not solely dependent on the parent’s cognitive abilities (Booth & Booth, 1998; Ray et al., 1994). If that were the case, there would be much lower rates of child abuse and neglect. Abuse tends to be a result of lack of preparedness for parenting rather than purposeful acts of abuse (Espe-Sherwinde et al., 1993, Tymchuk, 1991). Encapsulated in resilience is the concept of capacities. Parents with

learning disabilities are generally judged by their deficiencies. Booth & Booth (1993) present the concept to practitioners to build on the client's capacities for resilience in family instead of focusing on the inability of the parent. In later studies, Booth & Booth (1998) did find in their studies the least resilient families with mentally retarded parents were socially isolated by others.

Analysis of Successful Programs

Literature supports that parents with cognitive deficits are more successful when they are respected, their opinions are valued and their unique learning style is identified (Espe-Sherwinde et al., 1993; Tymchuk, 1999; Tymchuk & Andron, 1990; Feldman, 1986). Since many mothers with cognitive limitations are not prepared for their new child, providing any sort of parent education is a benefit (Feldman, 1986, Tymchuk, 1999). Early intervention appears to decrease the risk to maltreat the children (Feldman, 1986).

The method that parent education researchers find most effective is a class with high levels of interaction between the instructor, parent and child (Bakken et al., 1993). Classes with verbal instruction only are not effective with this population (Bakken et al., 1993). Feldman (1986) articulates that skills presented in a task-analysis approach are an effective training style when working with cognitively delayed parents. Bakken et al. (1993) argue that parents with cognitive limitations can increase their knowledge on parenting but this does not mean they are able to use this knowledge in the home setting.

Successful parent education classes designed for this population have increased knowledge on treatment for burns, treatment for choking, and safety-proofing homes (Feldman, 1986).

Literature indicates that preserving these families is challenging (Ray et al., 1994; Whitman et al., 1989; Feldman & Andron, 1990). The literature implies but does not name the strength perspective as an effective strategy to use with these families (Whitman et al., 1989; Ray et al., 1994). Having a supportive extended family appears to be vital to this population (Tymchuk & Andron, 1990; Seagull & Scheurer, 1986; Zetlin et al., 1985).

Gaps in Literature, Dilemmas for social workers and Needs for Future research

The first dilemma with this topic is simply the lack of empirical research (Whitman et al., 1989; Ray et al., 1994, Keltner, 1998; Heighway et al., 1988; Ronai, 1997; Tymchuk, 1998).

The next dilemma faced when working with this population is to clearly determine who is the client. For example, Parent Support Project staff focus on parent not child outcomes. A predicament professionals face when serving this population is to determine when it is not fair to the child to remain with a parent, who is not capable of parenting independently. Finally, when is it ethical to remove a child from the care of their developmentally disabled parent who is making their best effort to care for the child? (Whitman et al., 1989; Ray et al., 1994).

Accardo and Whitman (1990) propose full family foster care as an alternative to termination of parent rights. Additional research is needed in developing and evaluating foster care settings to see if they meet the needs of both the child and parent (Accardo & Whitman, 1990; Seagull & Scheurer, 1986). Additionally, for this option to be successful, skilled providers will need to be found to take on this challenge.

CONCEPTUAL FRAMEWORK

The curriculum for the Healthy Relationship's class was developed based on knowledge using Developmental Theory and Cognitive Behavioral Theory. The class educators were four Parent Support Project social workers and an outreach worker at a community site with a teaching background. The class was developed for two reasons. The first goal was to increase the mother's coping skills. This would include but not be limited to increase the mother's ability to understand how she personally responds to stress and how she regulates her emotional responses. And if her responses had negative impacts on her relationships with others, then what changes could she make to increase her ability to have positive outcomes. The class instructors' last objective was to teach the women how to act proactively in mentoring positive relationship skills to their children.

Developmental Theory

When the PSP social workers were examining what skills their clients lacked, they realized that in the process of normal development, the parents

lacked the skills to regulate their emotions and to find adequate ways to deal with and get through stressful situation in everyday life. When you look at Erik Erikson's model of development, there was a discrepancy between the actual age of the client and the level of problem-solving abilities. Many of the PSP clients had not moved through stage of Identity versus Role Confusion (Erikson, 1963). The adolescent mind is essentially a mind of the moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult" (Erikson, 1963, p. 263). The class was developed to help the clients move from childlike ways of problem solving to more adult and mature decision-making.

Cognitive-Behavioral Theory

Additionally, the class was developed using Cognitive-Behavioral theory. Cognitive-Behavior is described by Nicols and Schwartz as an effective technique to use with parent education and for modeling techniques to parents to use with their children (Nicols & Schwartz, 1998). Cognitive-Behavioral can be viewed as a circular approach. The premise can be explained as family members influence and are influenced by each other simultaneously (Nicols & Schwartz, 1998). The Parent Support Project (PSP), in conjunction with Pillsbury Neighborhood Services, taught the Healthy Relationships class because the social workers familiar with this population continued to see that the dysfunctional relationships the parents' have with others affects their ability to effectively parent. The class was developed out of the notion that many of the mothers in the group needed to

define and evaluate their relationships with others in order to be good role models and mentors to their children.

The relationship class was built using constructs from cognitive-behavioral theory. Goals of cognitive-behavioral theory include recognizing the connection between cognition and action. The aim of the curriculum was to increase the participants' vocabulary to include such terms as coping skills, empathy and reciprocal relationships. Once the women understood the terms, they could give them meaning and apply the implications of their behavior to their relationships.

For example, the class began with the women of the group forming relationships. The women had the common bonds of cognitive limitation and they were all parents, even if their children did not live with them. All of the women have suffered from some sort of abuse in their life, and they all had problematic relationships in their lives. The classes continued by having the group identify problems and then developing solutions to individual problems the woman had in their current relationships. Techniques implemented by the group facilitator included inductive questioning, role playing, journaling assignments, presenting problems, having the group create solutions, and evaluating the process of learning throughout the class.

CONCLUSION

Trends in research indicate that the numbers of mentally retarded parents are increasing. Normalization of persons with mental retardation includes their

The research supports that parents with mental retardation need specialized parent training to meet the needs of their children. Most of the research indicated home-based, hands-on training was most effective with the parents they served. Barriers to parents with cognitive limitations include high rates of poverty, homelessness and social isolation.

The need for an early attachment to a care provider is necessary for the healthy development of all children. Making sure mentally retarded parents are prepared for the birth of the child is essential for attachment to occur and avoid neglect. Research supports that just because a parent is mentally retarded does not mean they are unable to care for their children. If child abuse were solely based on the parent's cognitive abilities, we would have much lower rates of child abuse and neglect.

Analysis of the literature reveals preserving families with mentally retarded parents is challenging. In the programs evaluated, each program served on average 10-15 families. The generalizability is difficult to compare to the general population of mentally retarded parents.

As the number of parents with cognitive limitations increase, the need for services will also increase. More research needs to be done. Floyd & Zmich (1991) state that for all parents, there are increased demands having mentally retarded children. The research indicates that 40-50% of the children with mentally retarded parents also have disabilities of their own.

Researchers present the idea of full family foster care to keep the families intact. This idea of full family foster care needs to be evaluated for effectiveness

and usefulness. The perspectives of both the provider and of the participants would need to be included in a study.

Developmental and Cognitive-Behavioral theories were researched as the basis to explain the conceptual framework of this research project. It is important to have an understanding of developmental theory in order to understand where clients are developmentally. Clients must also have some understanding of the stages of developmental in order to parent and teach their children life and relationship skills. Cognitive-Behavioral theory is an effective method to view relationships. The staff's goal was to increase the client's awareness of how family members influence one another. This matches goals of cognitive-behavioral theory, which include recognizing the connection between cognition and action. Once the women could identify problems in their life then they could work toward developing solutions to individual problems.

CHAPTER III
METHODOLOGY
OVERVIEW

This chapter will describe the methodology for this research project. This chapter will include the research statement, program description, research design, conceptual definitions, sample selection, participant selection, interview conditions, data analysis and protection to human subjects.

Research Statement

This research is a summative analysis of Hennepin County's Parent Support Project's Healthy Relationship class. The concept of the class was that the mothers in the Parent Support Project (PSP) have difficulties with their relationships with others, in part due to their lower cognitive abilities. The class sessions occurred from July through September 2000, with 12 sessions total. The goal of the class was to increase the knowledge on self and with others in relationships for the mothers in the healthy relationship's class. The women in the program have an estimated IQ of 80 or below. The mothers may also have mental health disabilities. The concept is through a group setting, the class could increase the mother's awareness of her own self-esteem and increase her skills at setting limits with others, so she could have better relationships with others. With these increased skills, the mother could model positive relationship abilities to her child and provide a safer home environment. The research question is "How successful was the Healthy Relationships class in reaching this goal?"

The class was created by PSP social workers because many of the families have difficulty managing stress, using coping strategies and having reciprocal relationships with others.

Project Description

This research project uses the term “Successful” as a gain in knowledge or skills resulting from the class. “Healthy Relationships Class” is a class sponsored by Hennepin County Parent Support Project with Pillsbury Neighborhood Services for mothers with cognitive limitations. The Parent Support Project staff has developed a Parent Skills Hierarchy (Appendix D) that places skills necessary for parenting in one of four levels. The first level of the hierarchy evaluates skill competencies in concrete tasks, such as cooking, cleaning and making appointments. Level II of the PSP Parent Skills Hierarchy evaluates the individual’s abilities in the areas of self-awareness, setting personal limits and setting personal boundaries to protect one’s emotional self. The third level of the Parent Skills Hierarchy evaluates an individual’s ability to set limits, have reciprocal relationships and the ability to use empathic thought with others. The fourth level of the Hierarchy is Child Care Skills. This level evaluates the person’s ability to proactively plan for future needs of a child. This includes setting clear limits, understanding safety issues, using non-injurious discipline and setting future goals for the family’s future. The Healthy Relationship’s Class focused on skill building in Levels II and III of the Parent Skills Hierarchy.

Ten women enrolled in the class. The various class sessions had the following agendas:

TABLE 3.1
HEALTHY RELATIONSHIP CLASS SCHEDULE

WK	DATE	TOPIC
1	07/8/00	Introduction/ice breaker
2	07/18/00	Pretest/Post-test/ additional introductions
3	07/25/00	Level II: Stressors
4	08/01/00	Level II: Coping Skills
5	08/08/00	Level II: Personal Boundaries/self-control, setting limits
6	08/15/00	Level III: Family History
7	08/22/00	Level III: Relationship History
8	08/29/00	Level III: Reciprocal relationships/empathic thought
9	09/05/00	Level III: Exchanges between people
10	09/12/00	Level III: Perspective taking (communication)
11	09/19/00	Level III: Catch-up/review – What is healthy?
12	09/26/00	Wrap-up/Post-test and Party

Conceptual Definitions of Key Terms

The unit of analysis is individual people. This study will investigate the reasons that two women from the sample population completed the group and two that did not. This study will also complete a secondary data analysis using the class materials from the entire group which includes the pretest and posttest, class notes, and hand-in evaluations.

The variables from this group are women from the group that did or did not complete the class (completers versus non-completers). To study the

successfulness of the class, the researcher will critically analyze using the data from the class and the interviews with the participants to determine if skills were gained on the topics listed on the agenda.

Observations will be categorized by using the data from the class to determine if knowledge of the participants was increased from pretest to posttest. An example would be for the participant to have retained four of the eight skills learned in the class. The eight skills are identification of stressors, increased coping skills, setting limits, understanding of how family history impacts own parenting style, reciprocal relationships, changes between other people and perspective taking. Retention will be evaluated based on the participants self-report on acquisition of new skills learned in class. The data was compiled using the pretest and posttest, the class evaluations and from the in-depth interviews completed in February 2001.

The population of the class included ten mothers with cognitive limitations enrolled in the Healthy Relationships Class that was sponsored by Hennepin County Parent Support Project in conjunction with Pillsbury Neighborhood Services.

Research Design and Sample Selection

Participants were recruited from the Healthy Relationships class that was held from 07/00-09/00. The writer of this paper was an educator on the team. Attendance records were kept. Participants were informed research was being conducted on this class and they may be called for additional information after completion of the class. The sample was a non-random-stratified sampling. Of

the ten women that were enrolled in the class, six of them completed the class. The sample was drawn using two that completed and two that terminated the class. Names from each group were placed into separate hats and two from each were drawn (completers and noncompleters). From that group, potential participants were sent a letter requesting them to participate in a 60-minute interview with me. Appendix E is a copy of the letter sent asking the participant to participate in this study. Of the group initially contacted, all four of the women responded and agreed to be interviewed. One of the women had to cancel due to having a baby. Another participant was randomly chosen that completed the group, and she agreed to be interviewed.

Participant Selection and Interview conditions:

Appendix B is a copy of the script used to interview the clients during the in-depth interviews. The script was tested and reviewed by my field placement advisor, my thesis advisor, Hennepin County Adult Services Administration and by Augsburg's Institutional Review Board application. Comments and suggestions were received and edits to the script were made as needed. An open-ended questionnaire was administered to facilitate dialog with the client at a location of their choice. Three the interviews were conducted in the participants home. One was conducted at a quiet coffee shop. The script was used as a guide for conversation with the client about what they learned in the Healthy Relationship's Class. The explanation of the study, completion of the client consent and the interview lasted about 30 to 60-minutes.

DATA ANALYSIS

The data in this study was analyzed using both quantitative and qualitative methods. Secondary data will be presented in the first section of this chapter to give the reader a picture of the composition of the group. Next, pretest and posttest data will be analyzed. The research will continue by reviewing the written and verbal responses from the class evaluations. The interviews conducted by this researcher were transcribed verbatim by this researcher. This method was selected to ensure the data was based on the client's perceptions and not that of the researcher. The process included assembling the raw data, organizing the data for similarities or trends between participants, and making conclusions based on content analysis.

PROTECTION OF HUMAN SUBJECTS

For the protection of the participants in this study, this research project received approval from Hennepin County Adult Services Division (Appendix A) and by Augsburg College's Institutional Review Board (IRB # 2001-12-1).

Additionally, records were kept in private. Only my thesis advisory, the PSP staff and this researcher had access to participant data. After completion of this thesis, all tapes will be erased and participant data and notes will be destroyed. In the event this research project reaches publication, there will be no information available to identify the participants from this study.

Participation in this study was completely voluntary. Consent forms were signed by all of the participants in this study. Due to the cognitive limitations of

the participants, the consent form was read aloud to the participants. The participants were notified of any risk or benefits of this study. The consent form (Appendix F) also provided the telephone numbers of crisis counseling services in the Metropolitan area.

For additional protection to the human subjects in this study, the participants were told they could stop the interview at any time. They were also told they could skip any questions and still remain in the study. This information was presented in the verbal script and in the consent form.

CHAPTER IV

PRESENTATION OF DATA

In the following pages, secondary data analysis will be presented from the entire group sample. This will include demographic information, observations from pretest and posttest data, and final in-class evaluations completed by the women in the group and in a discussion following the completion of the written evaluation. Qualitative data will be presented from the in-depth interviews completed with the participants in February 2001, which was five months after the completion of the class.

SECONDARY DATA ANALYSIS

Class Attendance

Ten women ultimately enrolled in the Healthy Relationships class, which was held over the period of July 8, 2000 to September 26, 2000.

Mean attendance was 5.66 weekly. Of the ten women enrolled in the class, one never attended, one attended once, and of the other eight women, 5 to 6 attended each week. The attendance percentage rate was 71%.

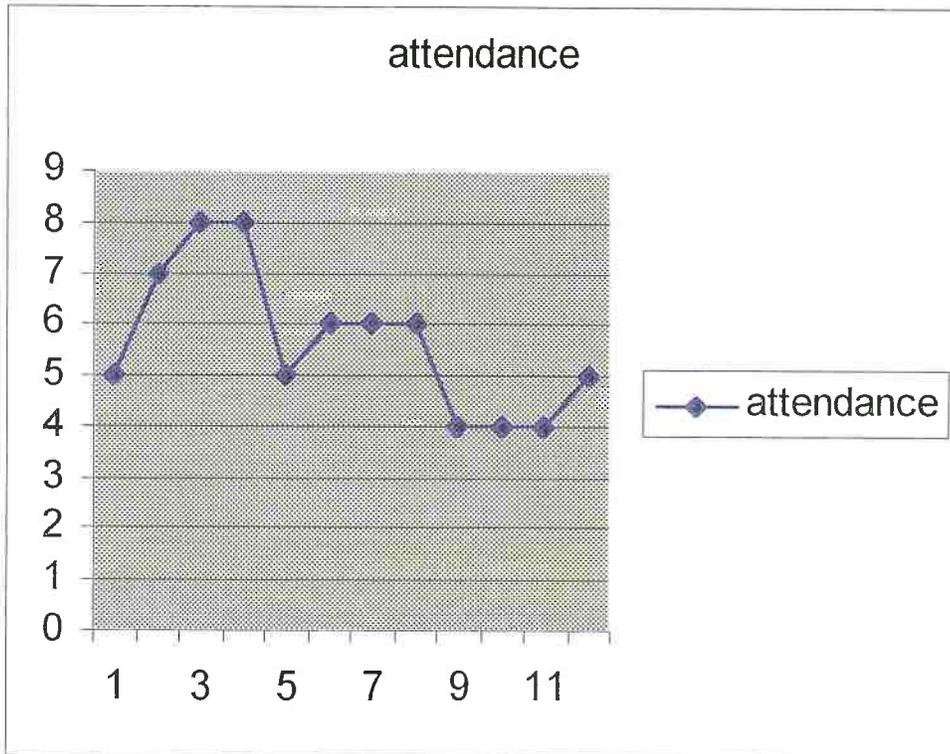


TABLE 4.1

Attendance Data: (n=10) The vertical line represents the number of women attending each week and the horizontal line indicates week one through twelve.

Ethnic Composition of the Class

The group was comprised of four African American, five Caucasian and one Native American mother.

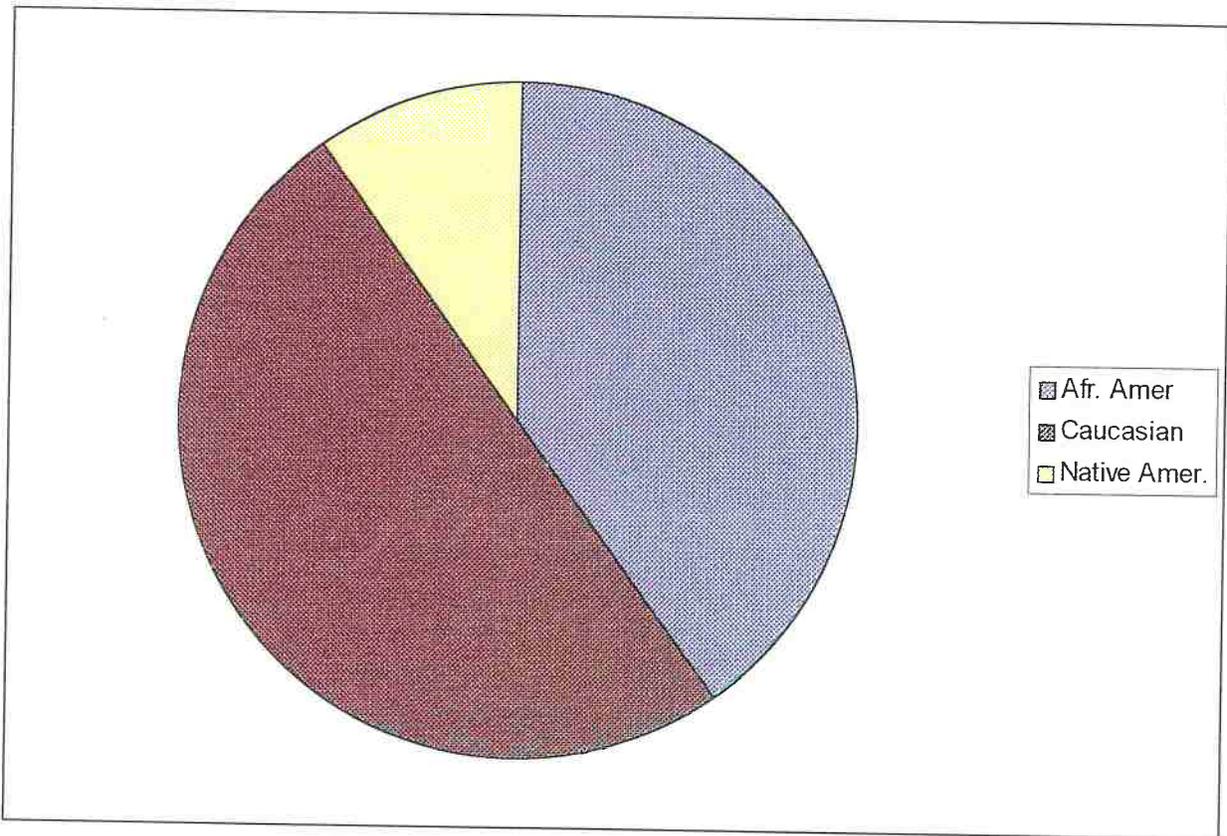


TABLE 4.2

Ethnic Composition: (n=10) The group was comprised of African American, Caucasian and Native American women.

Number of Children

Of the ten women, they had 22 children, which is a mean number of 2.2 children. During the group session, seven of the 10 women were involved with child protection. Of the 22 children, nine of them were in out-of-home placement.

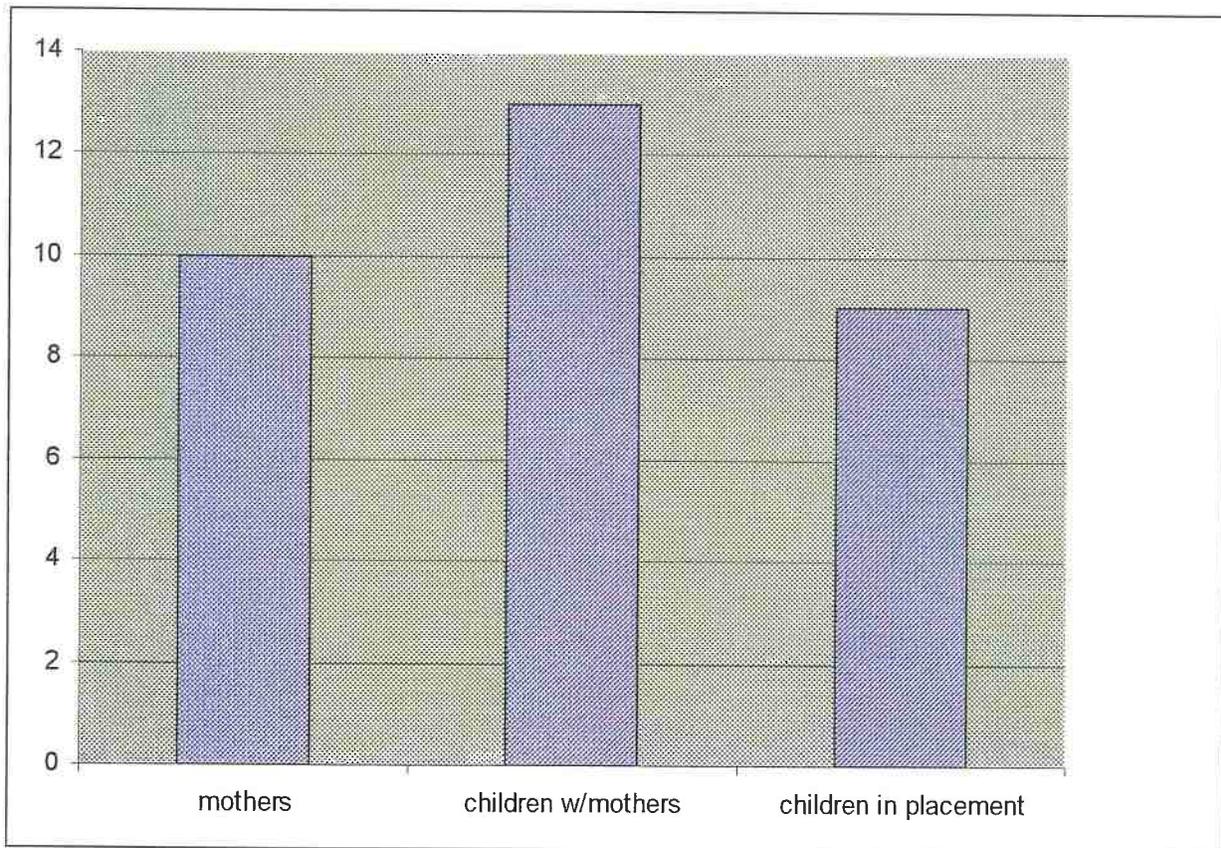


TABLE 4.3

Numbers of mothers to children ratios: (n=10) mothers and (n=13) children with the mother, (n=9) children in out-of-home placement.

Family Composition

Three of the ten women were living with a partner. In all three cases, the man was the father of the child(ren). Two of the three were married to their partner in the home.

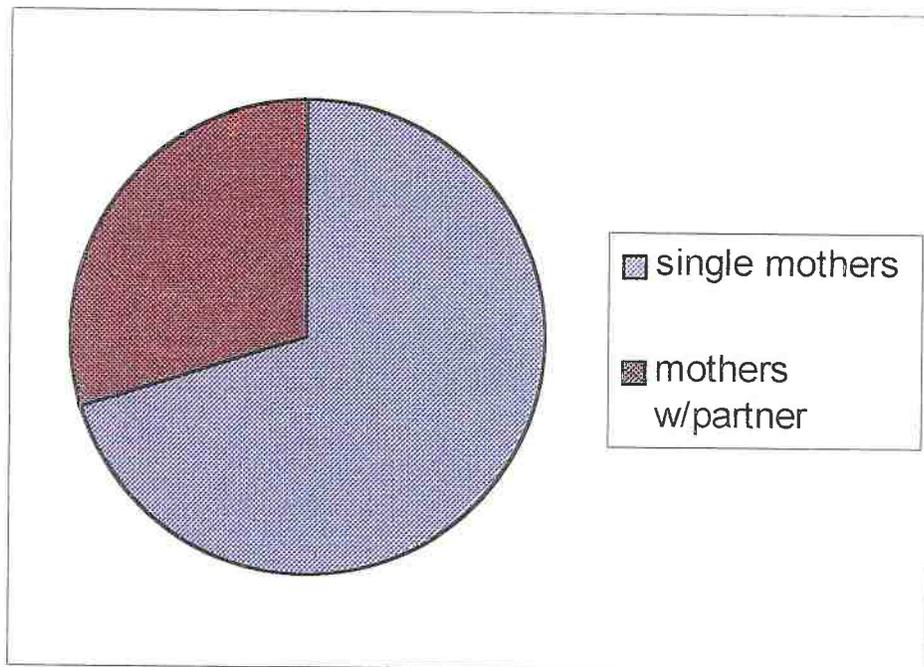


TABLE 4.4

Household compositions: Single mothers versus mothers with a partner in the home (n=10)

Other factors that influenced attendance

Of the eight women that attended group on a regular basis, six of the women relied on transportation provided by Hennepin County Volunteer Services and Pillsbury Neighborhood Service to get to group each week. Childcare was provided. Between three and ten children each week were in childcare with the staff from Pillsbury. Food was also provided for both the mothers and children.

The location of the class was also taken into consideration. The staff did not feel the clients would feel as comfortable or welcome at the local government center. A community site for people with disabilities was selected.

Pretest-Posttest Evaluation

The pretest/posttest evaluation was formulated on the PSP Parent Skills Hierarchy (Appendix D). The four levels are categorized into the following skill levels:

- I. Concrete tasks: domestic chores and competency with basic self care skills
- II. Personal Development: Individual psychological development
- III. Interpersonal Relationships
- IV. Childcare Skills: mentoring skills to your children, which includes thinking and planning ahead.

Sample size is limited to four participants. On the pretest and posttest data that was collected, seven pretests were collected and five posttest were collected. In the data for this project, pretest and posttest data was only used when the same

participant completed both the pretest and posttest, and when the test were submitted with complete data. Tests were discarded that contained incomplete data for analysis purposes.

PRETEST/POSTTEST QUESTIONS AND RESPONSES	LEV EL	PRE-YES	PRE-NO	PT-YES	PT-NO	+ OR -
I know how I feel each day. #1	II	3	1	4	0	+
There are days when I am feeling down, but I don't even realize it. #2	II	3	1	0	4	+
Sometimes my feelings are too much for me. #3	II	3	1	3	1	-
Sometimes I can't name my feelings. #4	II	2	2	1	3	-
I know how to get myself feeling good when I've been down. #5	II	4	0	4	0	+
I can act crazy when the feelings get to be too intense. #6	II	3	1	2	2	-
I'll get angry over little things. #7	II	3	1	4	0	-
I can recognize what others are feeling or thinking. #8	III	3	1	2	2	+
I can read others thoughts/feelings. #9	III	3	1	3	1	+
Sometimes others actions affect my feelings. #10	III	4	0	3	1	+
I know how past relationships influence how I feel about my life today. #11	III	4	0	3	1	+
If someone gets me angry, I can do things that calm me down. #12	III	3	1	4	0	+
I can act in ways that change the mood between myself and others. #13	III	2	2	3	1	+
In a balance of give and take, others take advantage of me. #14	III	2	2	2	2	-

TABLE 4.5

Presentation of pretest/post test (n=4): The table lists the PSP Parent Skills Hierarchy Level being evaluated, and yes or no response on the pretest and on the posttest. The last column is used as a descriptor to define positive group outcomes reflected by a + or – symbol. The plus or minus symbol from the pretest and posttest data delineates if the normative response to the question would be a positive or negative answer.

#	PRETEST	POSTTEST	% CHANGE
1	75% (3/4*100%)	100% (4/4*100%)	+25
2	25% (1/4*100%)	100% (4/4*100%)	+75
3	25% (1/4*100%)	25% (1/4*100%)	0
4	50% (2/4*100%)	75% (3/4*100%)	+25
5	100% (4/4*100%)	100% (4/4*100%)	0
6	25% (1/4*100%)	50% (2/4*100%)	+25
7	75% (3/4*100%)	100 (4/4*100%)	+25
8	75% (3/4*100%)	50% (2/4*100%)	-25
9	75% (3/4*100%)	75% (3/4*100%)	0
10	100% (4/4*100%)	75% (3/4*100%)	-25
11	100% (4/4*100%)	75% (3/4*100%)	-25
12	50% (2/4*100%)	75% (3/4*100%)	+25
13	50% (2/4*100%)	75% (3/4*100%)	+25
14	50% (2/4*100%)	50% (2/4*100%)	0

TABLE 4.6

Changes from pretest to posttest responses: the pretest and posttest measured the clients awareness of their own emotions and the effects of others on their emotional responses and awareness of the effect others have on them.

The pretest/post-test evaluation was an attempt to get a snapshot of the participant self-awareness regarding personal and interpersonal feeling and reactions. The goal of the class was to increase the client's skills and awareness of their own feelings, reaction, coping methods, family history in terms of relationships, empathetic thought, and reciprocal relationships. By increasing their skill level, the mothers should be better at acting and modeling positive behaviors to teach relationship skills to their children. One of the first steps to model better behavior is self-awareness. A person must be able to know and

sense how they are feeling about themselves. They must also have an awareness as to how others impact the way they are feeling in order to have personal control.

It is important to acknowledge that women in this sample have more difficulty managing life stressors than the average person due to cognitive limitations. It is estimated that from this sample of participants that completed both the pretest and posttest all of the women had intelligent quotients in the range of 70-80. The pretest and posttest were read aloud to the women to accommodate any learning disabilities.

Pretest and Posttest Data

One difficulty with a small sample size is there is very limited data. Another draw back to this example is there was limited attendance on the first and last week of class. There were four participants that submitted complete pretest and posttest. Other participants either submitted incomplete data or completed only the pretest or the posttest.

The survey was also developed to evaluate if the mothers were reporting an increase in skills or awareness to Levels II and III of the PSP Parent Skill Hierarchy. The hierarchy was used to develop the curriculum of the class. Of the fourteen questions, seven focused on Level II and seven on Level III.

In-class Course Evaluation

In-class evaluation were completed during the final session of the Healthy Relationships class. Six of the participants responded. Due to the limitation in the areas of reading and writing, the evaluation was given to the women to

complete and the evaluation was read aloud in class. Notes were also taken by staff to include verbal responses for those who did not write all of their responses.

Summary of In-class Evaluations

In evaluating the effectiveness of this class, there was a unanimous response by the clients that the class was helpful in increasing their relationship skills. Five out of the six respondents indicated they would attend another similar group. The one participant not interested in attending another group indicated that this class was too much work. All of the participants had positive responses for having transportation and childcare provided. The women also liked that the childcare was provided on-site. The participants said that for future groups they would like the class to focus specifically on relationship skills to teach your children.

A theme identified in the evaluation was the women built friendships and relationships with the other women, which was a positive experience for them. The women also shared similar life experiences. They also appreciated the advice and the sharing of life experiences with one another.

Criticism of the class included not starting the class on time and not providing enough time to journal during class.

IN-DEPTH INTERVIEWS

The following information was collected during the in-depth interviews with four of the participants from the class. The class ended September 26, 2000. The interviews occurred five months later at the end of February 2001.

Why did participants attend the healthy relationships class?

The overwhelming response by the clients was a personal interest to learn more about relationships. None of the clients indicated they attended due to external pressures. One of the women said “because I thought it would help me out men-wise, daughter- wise, and in friend ways”.

Did the clients like the location, food, transportation and daycare provided by the class?

All the respondents stated they liked the location. The clients either lived in the neighborhood or they were familiar with Pillsbury’s northside site. “The daycare was a big factor”. Three of the four women stated the daycare “came in handy”. One participant stated she could have attended without daycare, but she used it since it was an option.

Of the women interviewed, two of the women took the bus and two relied on transportation provided by the group. One stated “I could have gotten there on my own, but I used the transportation since it was available”.

Did the participants complete the class or not?

Two of the participants interviewed completed the class and two did not. One of the women said, “Yes, I completed the class because I thought it was supportive. I didn’t see any reason for me not to complete it”. Another respondent said she attended the entire class session because she enjoyed the topics and she felt the classes built on one another.

Two of the interviews were conducted with women that did not complete the class. One of the women stated “I could have completed the class if I wanted to, but I didn’t. I wasn’t in a relationship with a man and I was just getting my kids back”. She stated the timing of the class was not right for her. The other woman explained “I couldn’t stay with the class because I had the stuff with child protection and I’ve been going to court and working on my case plan and just other stuff”.

In reviewing the information provided by the women that did not complete the class, both of the women were working on child protection matters and the class was something they did not have the time or energy to complete.

What things did the staff provide to help you attend class?

The clients responded that the staff was helpful in and out of class. The women also stated that the staff were friendly. “Everyone was easy to understand”. This is important since the group population was mothers with cognitive limitations. One woman stated “I think they did a good job. You could talk to them and stuff. It’s not like they didn’t have time for you”.

What would have been more helpful?

The only comments regarding what could have been more helpful included “It was not the class itself – I just had a full plate as they say”. The other respondent commented that the staff:

“probably could have pushed me more. They didn’t call and say how come I didn’t come anymore, or this and that. Somebody could have called and said, “Hi, how come you’re not coming to class anymore”. They could have like pushed me to keep going”.

What did you learn from this class?

Common themes included learning about stressors and coping skills to deal with stress in life. One of the techniques a participant was still using five months later included journaling. “I write down my feeling a lot in that journal that was given out”. She was asked if it helps and she stated it did. One of the other women was asked how she was handling stress differently and she replied:

“I’m not letting things get to me like I used to. When people would say something to me about how I am a raising the kids or how I was letting them do thing then I would just listen to them and I would take it the wrong way. I am speaking up more, you have to when you have kids. When I was in that class I was really angry at the County because they were taking about terminating my rights, so now I just realize they are going to do what they have to do and there is nothing I can really do but stick up for the kids”.

The respondents stated they felt they had better relationships with their children after taking the class. The women also commented on setting limits with others. An example by one of the women is as follows:

“I have learned to not let people take advantage of me like they used to. Like, my mom has said she needed money, and she would say she needed it for a reason and she said she would pay it back. It would be two months later, and she still hadn’t paid me back. She would ask for more money, I

wouldn't think about it, and I would give it to her. Now I do think about it. Now I say no."

Three of the women also responded that the class helped them better assert themselves with men. One related the following story:

"Well, before I started the class I was in a relationship. I ended it because I did not want to put myself in that position again because I have been in that position a lot of time. I did not like the abuse that happened one day and I ended it that minute. The class and the women there helped me decide to end it".

Did the other mothers help or limit the group experience?

The four respondents agreed the group experience was helpful. "They helped by listening to my problems and if I have a problem with the kids they would listen". Another women had a similar response stating "They would tell me what they would do with their kids if their kids had the same or similar problem". A third woman replied "Some of them just told me to take it day by day – and not to worry so much about things."

What would you tell the staff to change for next time?

Two of the women said the class could be longer. One stated she meant longer that twelve weeks. The other stated she meant a longer period of time each week. Her comment was "Probably a little bit longer. To me the class was too short – I mean we got there and we started talking and "boom" – it's time to go".

Overall, the responses were positive with few comments for change. Other comments about the class included the women enjoyed establishing friendships with one another. One woman's final comment was:

“I felt like I could get some things out in the group. Made a lot of new friends. That was great”.

CHAPTER V

DISCUSSION

The information from Chapter IV will be used for discussion to evaluate the effectiveness of Hennepin County Parent Support Project's Healthy Relationships Class. As stated in Chapter I, the goals for the class were to increase the participants' knowledge about themselves and to increase their knowledge about their relationships with others. In this discussion, we will evaluate the successfulness of these goals.

Pretest and Posttest Data Analysis

The evaluation was in the form of self-rating by the participant. The educators were evaluating how the client saw their abilities in understanding their own emotions and how they reacted to others. The individual answered yes or no to the questions on the evaluation. Due to the cognitive limitations of the mothers in the group, it was determined that yes/no responses would be the easiest method to complete the test. The test was read aloud for both the pretest and the posttest in order to take the mothers' limited cognitive abilities into consideration. The questions were rated as a negative or positive response and scored accordingly.

The pretest to posttest data indicates that the mothers had an increase in awareness of their own feelings. Question #3 could be evaluated from either a negative or positive perspective. As a negative

response, it could mean the women lose control. As a positive, the question could mean, they realize that things are sometimes overwhelming. The test results indicate that at pretest and posttest time, three of the four women acknowledge that from time to time, they lose control. For Question #4, there is an increase in the number of women from two to three of being able to name and verbalize how the client is feeling. Question #5 indicates no change in coping skills. Question #7 represents an acknowledgement from three to four of the women knowing that they do get angry over little things. There was a 25% increase in knowing how to change the mood between oneself and others from pretest to posttest in Question #13. For the last question, the women did comment that they were more aware of others taking advantage of them than they were before the class. The women acknowledged this was a skill they wanted to improve.

When comparing the pretest/posttest data to the goals of the class, the participants had a positive increase in the rates of self-awareness of their own feelings and how to change their mood if needed. For example, on the self-administered pretest, three out of four of the women responded they knew how they felt each day to four out of four knowing how they felt each day by the posttest. More significantly, on the pretest three out of the four indicated that they did not even realize when they were feeling down, to zero reporting no awareness of feeling down by the posttest.

There was also a positive correlation in positive responses to other people's actions or behaviors. For example, three out of four on the pretest stated they knew how to calm themselves down when someone gets them angry to four out of four by the posttest. Lastly, on the pretest 50% of the women on the pretest said they could act in ways to change the mood between themselves and someone else and at the posttest, 75% of the women reported they could change the mood between themselves and someone else.

Analysis of the in-class class evaluation

The in-class evaluations state the women enjoyed attending class and they felt they benefited from attending class. The group enjoyed the friendships they made. The women liked having people listen to them and to feel that their ideas and opinions were valued. The women gave positive feedback regarding the format of the class. They liked the topics. They also utilized and appreciated the transportation and childcare that was provided. The criticism of the class included the women would have liked for the class to start more promptly and for in-class time to do more journaling.

Analysis of the in-depth interviews

First, it is important to look at the motivator for attending the class. All of the women responded it was their choice to attend and that they had an interest in increasing their relationship skills.

It is important to acknowledge that the women enjoyed attending the group. The location was convenient and they found the transportation and childcare helpful to attend the class.

For this summative analysis, it is essential to evaluate if the women increased their knowledge or skills in the area of relationships. Specific examples of knowledge gained included learning increased coping skills. One woman said she learned about journaling and five months later, she was using her journal as a coping skill. Another woman said,

“I’m not letting things get to me like I used to. When people would say something to me about how I am a raising the kids or how I was letting them do thing then I would just listen to them and I would take it the wrong way. I am speaking up more, you have to when you have kids. When I was in that class I was really angry at the County because they were talking about terminating my rights, so now I just realize they are going to do what they have to do and there is nothing I can really do but stick up for the kids”.

This example demonstrates coping skills. Not only is she able to articulate what her problem is, she can explain what she did in the past and compare that to her new behavior. She also demonstrates the ability and knowledge to advocate on behalf of her children.

Another example by a client narrates setting limits with others.

“I have learned to not let people take advantage of me like they used to. Like, my mom has said she needed money, and she would say she needed it for a reason and she said she would pay it back. It would be two months later, and she still hadn’t paid me back. She would ask for more money, I wouldn’t think about it, and I would give it to her. Now I do think about it. Now I say no.”

This client describes her old behavior and her knew attitude. Her increased knowledge is beneficial for herself and for mentoring limit setting behavior to her children.

The last example of learning by an interviewee is setting limits with members of the other sex.

“Well, before I started the class I was in a relationship. I ended it because I did not want to put myself in that position again because I have been in that position a lot of time. I did not like the abuse that happened one day and I ended it that minute. The class and the women there helped me decide to end it”.

Acquisition of new skills acquisition and skill retention

This paper defined effectiveness of the Healthy Relationships class as increased relationships skills and retention of the skills. Retention would be evaluated based the participants self-report of learning about and using four of the eight skills taught in class. The eight skills from the class syllabus were:

- identification of stressors
- increased coping skills
- setting limits
- understanding of how family history impacts own parenting style
- reciprocal relationships
- exchanges between people
- perspective taking

In reviewing the pretest/posttest data, the women indicated increased skills in the areas of identification of stressors, setting limits with others, increased coping skills and having fair exchanges with others. In analyzing the information from the in-class evaluation, all the women

indicated that the class was beneficial. The in-class evaluation did not specifically ask what skills the women had learned. In evaluating the information collected during the in-depth interviews, the women demonstrated skill acquisition and retention in the areas of identification of stressors, increased coping skills, improving their relationships with their children, setting limits with family and men, and increased self-advocacy skills.

Summary

The data collected in the pretest and posttest, the in-class evaluations and the in-depth interviews demonstrate that the class was effective for the clients. The client acknowledge they enjoyed attending. The pretest and posttest data demonstrate they are thinking differently about their own feelings and how their feelings and moods affect themselves and others. The class evaluations tell the educators what the clients liked and what they did not.

The in-depth interviews provide rich data allowing the client to tell a story in the client's own words about what they have learned and how they are using the knowledge in day to day situations.

Based on the information provided in this research project, Hennepin County Parent Support Project staff is providing an effective and beneficial service to clients by providing this class. This writer

suggests that the Parent Support Project staff continue to provide relationship-training classes to parents with cognitive limitations.

CHAPTER VI

STUDY STRENGTHS & LIMITATIONS, RECOMMENDATION FOR FUTURE PROJECT DESIGN, AND IMPLICATIONS FOR PRACTICE

Overview

Chapter V provided a discussion of the significance of this research project. It was the conclusion of this researcher that the Healthy Relationship's class was effective in reaching the objectives of the class design. This chapter will conclude by discussing social work practice implications for this current research project and for future project development.

Study strengths and limitations

This research project was designed using qualitative research methods. This method relies on quotes and stories from the participants to give the reader an understanding of how the clients benefited by attending the Healthy Relationships class. "One of the special strengths of this type of interviewing is its flexibility in the field"(Rubin & Babbie, 1997, p.388). The rich stories and narrative examples cannot be replicated by administering a questionnaire. Qualitative data is subject to interpretation by the researcher.

However, the most notable limitation of this study is the lack of generalizability based on the small sample size (n=4) (Rubin & Babbie, 1997). The sample is also very specific and difficult to compare to other populations. This study only evaluated mothers in a Hennepin County project that provides voluntary services to parents with cognitive limitations.

The design of this research project included interviewing two participants that completed the class and two that did not. Six women completed the class and four did not. Due to the small group size (n=10), there was a limited pool of participants to select.

Another limitation is the possibility of social desirability bias of the respondents. The researcher was an instructor from the class. Due to the limited number of instructors for the class, the interviewer had a dual role. A strength is the clients were familiar with the interviewer, however, the clients may “answer through a filter of what will make them look good”(Rubin & Babbie, 1997, p.163).

In designing this research project, the researcher wanted to acknowledge the value of the client’s time and input, and the participants received a monetary incentive of five dollars for agreeing to be interviewed.

Throughout this paper, it is noted that little data exists on the topic of parents with cognitive limitations. In conducting the literature review, no other research was found on other social services or research groups providing relationship skills training to this population. Since no other similar projects were found, there was no other study to use as a comparison.

Implications for Practice

It is important to acknowledge that the Parent Support Project was developed out of concern that parents with cognitive limitations had neglected or were at risk of neglecting their children. The families working with the PSP staff are voluntary. They are choosing to learn and improve their skills to raise their children. Ten women were included in this study. Together the women had 22

children. During the twelve-week class, nine of the children were in out-of-home placement due to abuse or neglect. It is apparent that this is a high-risk population for neglecting and abusing their children. It was also clear from teaching this class that the mothers wanted focused, organized and accessible information for parenting their children. The women presented a strong message in class that they wanted to have better relationships with others and they wanted to be good parents.

In addition to the cognitive limitations these women face, these women have experienced high rates of physical and sexual abuse as children themselves. Many of the women have not received support, counseling or services to address the abuse they have experienced in the past. Of the ten women in the class, at least seven of the ten women reported experiencing sexual abuse as a child. The women also reported that due to their disabilities, the abuse was accepted in the family or the victim was blamed for the abuse that occurred.

Due to the significant and multifaceted issues the women were experiencing their day to day life, this placed increased demands and stress on the staff providing the relationship education. In addition to teaching, the staff had to be prepared to provide crisis intervention supports to the women in the group outside of class. It is essential that the staff have the necessary supervision and support they need in order to provide relationships training and education to parents with cognitive limitations. Without it, the staff will experience burnout and the staff will not volunteer to teach relationship skills classes.

The educators have found this educational experience to be entertaining and complex. The women were very delightful, entertaining and provided great stories and support to one another. Due to the cognitive limitations and low levels of literacy, the staff had to use creative and alternative mediums of education to keep the attention of the class and to provide a learning environment. The class encompassed the use of music, television, movies, stories and story telling as methods to teach the relationship skills. Teaching methods needed to be varied about every 30 minutes to keep the attention of the class.

Future Project Design

Based on the information collected from the literature review, any additional research on the topic of parents with cognitive limitations would be beneficial. Based on the responses from the participants during the group and in the in-depth interviews, the clients benefited by attending the Healthy Relationship's class. Continuation of relationship skill education appears to be beneficial for this population based on the limited design of this study.

Modifications to the group may include another location in the Twin Cities area. Continued transportation and daycare is essential for attendance at the class. The staff plan to provide classes on specific topics identified by clients as areas of interest. These topics included a stressor and coping skills class, a class on reciprocal relationships with intimate partners, and possibly a class geared toward future planning with your children. The staff also mentioned developing a couple's class for both parents to attend.

Future Project Development

A second relationship class was taught from February through April 2001. The class had more focus on relationships with others than on identification of stressors and learning coping skills. The second class was entitled "Relationship skills to teach your children". Another class of similar design is being developed for implementation in Fall 2001.

REFERENCES

- Accardo, P. & Whitman, B. (1990). Children of mentally retarded parents. American Journal of Diseases in Children, 144:1, 69-71.
- Bakken, J., Miltenberger, R., & Schauss, S. (1993). Teaching parents with mental retardation: Knowledge versus skills. American Journal of Mental Retardation, 97:4, 405-17.
- Booth, T. & Booth, W. (1993). Accentuate the positive: a personal profile of a parent with learning difficulties. Disability, Handicap & Society, 8:4, 337-392.
- Booth, T. & Booth, W. (1998). The adult children of parents with learning disabilities. Impact, 11:1, 118-120.
- Egeland, B., Erickson, M., & Wattenberg, E. (1998). Considering attachment issues in permanency decisions. Center for Advanced Studies in Child Welfare, 12:11, 1-12.
- Erikson, E. (1963). *Childhood and Society*. New York, NY. Norton & Company, Inc.
- Espe-Sherwindt, M. & Crable, S. (1993). Parents with mental retardation: Moving beyond myth. Early Childhood Special Education, 13:2, 154-174.
- Feldman, M. (1986). Research on parenting by mentally retarded persons. Psychiatric Perspectives on Mental Retardation, 9:4, 777-796.

Floyd, F., & Zmich, D. (1991). Marriage and the parenting partnership: Perceptions and interactions of the parents of mentally retarded and typically developing children. Child Development, 62:6, 1434-1449.

Heighway, S., Kidd-Webster, S., & Snodgrass, P. (1988). Supporting parents with mental retardation (Positive parenting project of Brown County, Wisconsin). Children Today, 17:6, 24-28.

Keltner, B. (1998). Mothers with developmental disabilities: Common issues and needs. Impact, 11:1, Spring, 4-6.

Nicols, M. & Schwartz, R. (1998). Family Therapy: Concepts and Methods (4th ed.). Boston, MA. Allyn and Bacon.

Ray, N., Rubenstein, H., & Russo, N. (1994) Understanding the parents who are mentally retarded: Guidelines for family preservation programs. Child Welfare, LXXIII:6, 725-743.

Ronai, C. (1997). On loving and hating my mentally retarded mother. Mental Retardation, 35:6, 417-432.

Rubin, A. & Babbie, E. (1997) Research methods for social work, 3rd edition. New York, NY. Brooks/Cole Publishing.

Seagull, E., & Scheurer, S. (1986). Neglected and abused children of mentally retarded parents. Child Abuse & Neglect, 10:4, 493-500.

Tymchuk, A. (1991). Self-concepts of mothers who show mental retardation. Psychological Reports, 68:2, 503-510.

Tymchuk, A. (1999). Moving toward integration of services for parents with intellectual disabilities. Journal of Intellectual & Developmental Disabilities, 24, 59-74.

Tymchuk, A. (1998). Parents with cognitive limitations: Challenging myths, changing perspectives. Impact, 11:1, Spring, 14-15.

Tymchuk, A. & Andron, L. (1990). Mothers with mental retardation who do or do not abuse or neglect their children. Child Abuse and Neglect, 14:3, 313-323.

Webster's (1983). Webster's New Universal Unabridged Dictionary. Cleveland, OH. Dorset & Baber.

Whitman, B., Graves, B., & Accardo, P. (1989). Training in parenting skills for adults with mental retardation. Social Work, 34:5, 431-435.

Zetlin, A., Weisner, T., & Gallimore, R. (1985). Diversity, shared functioning, and the role of the benefactor: A study of parenting by retarded persons. Children of handicapped parents. Research and Clinical Perspectives, 69-95. Academic Press, Orlando, FL.



Hennepin County

An Equal Opportunity Employer

December 19, 2000

Mr. Phu Phan
Augsburg College
Graduate Social Work Department
2211 Riverside Avenue
Minneapolis, MN 55454-1351

APPENDIX A

Dear Mr. Phan:

I am writing this letter in regard to Ms. Christine Sorenson-Ford's request for authorization to contact clients of the Adult Services Department's Developmental Disabilities Services Group in conjunction with her graduate research. Ms. Sorenson-Ford's research proposal and the request to conduct her research as an interview-based study under the guidelines and constraints of Augsburg College's Institutional Review Board protocol has been reviewed and approved by the Adult Services Department's Research Review Committee. With the approval, however, the Adult Services Department's Research Review Committee respectfully requests that you review with Ms. Sorenson-Ford considerations noted in the attached Research Feedback form.

Please advise if additional information is required by Augsburg's Institutional Review Board to facilitate the processing of this proposal.

The focus of all graduate research is important to the Adult Services Department. As such, we look forward to receiving a copy of her research results. Pending final approval of the research paper, we will ask her to present her findings and conclusions to the Adult Services Quality Partnership Committee.

Sincerely,

James W. Baxter, Ph.D., CPHQ
Sr. Manager, Chairperson ASD Research Committee

Barbara Dröher, Director
Adult Services Department

JWB/BD: rrl

cc: Ms. Sorenson-Ford

Adult Services Department

A-1600 Government Center
300 South Sixth Street

Minneapolis, Minnesota 55487-0166

(612) 348-9229 FAX: (612) 348-5173 TDD: (612) 348-6169

Recycled Paper

Appendix B

Question Script for Interview

1. Why did you choose to come to the Healthy Relationship's Class?
2. Did you like the location, food, transportation (if applicable) and daycare (if applicable) provided by the class?
3. Did you complete the class? Why or why not?
4. What things did the staff provide to help you attend class? If you did not continue attending what would have been more helpful?
5. What did you learn from this class?
6. Can you tell me three most helpful things you learned in the class?
7. Have you used what you learned? If yes, can you give me an example?
8. Did the other moms help or limit the group experience?
9. What would you tell the staff to change for next time?
10. Any other comments you would like to share with me about your experience in the class?

Appendix C

Verbal Script for Recruitment

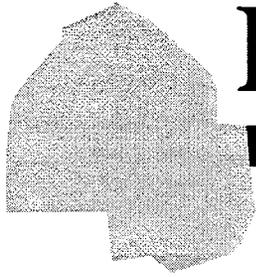
Hello. I am Tina Sorenson and I was one of the educator's from the Healthy Relationships Class in which you participated in from July-Sept 2000. I am completing my Master's Degree in Social Work at Augsburg College. One of the requirements is a thesis project. I am doing research on "How effective was Parent Support Project's Healthy Relationship Class". I would like to find out about your experience in the class. I want to know why you completed the class or not. I want to know what you liked about the class and what you didn't. I also want to hear your recommendations for improvement on the class for future groups.

The interview will be a 60-minute in-person interview where I would ask you some questions. You will receive \$5.00 at the beginning of the interview. I would like to audiotape the interview for transcription purposes. To ensure confidentiality, the audiotapes and my notes will be destroyed when I have finished by study and my paper by August 31, 2001.

Participation in the study is completely voluntary. You will receive an honorarium of \$5.00 regardless or not you complete the interview with me. Possible benefits include your input for improvement of future classes. You may also benefit by reflecting on the knowledge you gained from the class. Do you think you would be interested in participating in my study? By saying no, this will not hurt your relationship with Hennepin County or Augsburg College.

If yes, when is a good time to meet with you for the interview?

If no, thank you for your time.



APPENDIX D

THE PSP PARENT SKILL HEIRARCHY

LEVEL IV. CHILD CARE SKILLS

LEVEL III. INTERPERSONAL RELATIONSHIPS

LEVEL II. INDIVIDUAL PSYCHOLOGICAL DEVELOPMENT

LEVEL I. CONCRETE TASKS, COMPETENCE WITH BASIC SELF CARE SKILLS

LEVEL I. CONCRETE TASKS

The first level of the assessment seeks to learn how well the individual is able to understand and perform the most basic physical tasks. These tasks are the concrete items observable in the world. It requires that the individual be able to objectively view the item and then imagine how it might change. In general these physical items will not change except for the efforts of the individual

COMPENTENCIES NEEDED

- Ability to objectively view items and/or tasks.
- Conceptualize alternatives and make changes.

EXAMPLES OF LEVEL I SKILLS

- Habitability of residence (Physical condition, e.g. structural damage)
- Housing suitability (Ongoing cleanliness problems or presence of pests)
- Personal hygiene
- Clothing (choices, care, & laundry)
- Math and reading skills
- Shopping (including monitoring change)
- Cooking and nutrition
- Transportation
- Medical (assessment and treatment)
- Dental (assessment and treatment)

Adult Services Department

Developmental Disabilities Division
Government Center, 300 South Sixth Street
Minneapolis, Minnesota 55487-0150
TDD: (612)348-4985

Recycled Paper

STAFF INTERVENTIONS:

First, when a need area is identified the staff may work with the family to decide if the problem(s) is due to a lack of training/experience or is it due to an inability to intellectually grasp the concept. Secondly, what is the plan to address the high-risk issues? If the parent is unable to perform the task, what alternative support is available to the family (e.g. family members or representative payee)?

LEVEL II. PERSONAL DEVELOPMENT: PSYCHOLOGICAL AND PHYSICAL

The second level of the PSP assessment seeks to understand how well a person performs the most basic personal insights. This second skill area deals with the beginning level of abstract reasoning. This level looks at the mastery of a parent's self-awareness: It deals with the ability to think about one's own experience, engage in a thoughtful evaluation, and finally make plans for a different future. Key amongst the internal thoughts is the ability to set and maintain internal limits (e.g. saying "No" to oneself).

COMPETENCIES NEEDED

- Basic language to formulate and understand thoughts regarding wants/needs.
- Defining, then choosing, their own reasoning (right/wrong).
- Setting and following internal limits.
- Setting personal boundaries to protect one's emotional self.
- Using life experiences/opportunities and resources to maintain an internal balance.

EXAMPLES OF LEVEL II SKILLS

- Budgeting (setting and following priorities)
- Intellectual performance (IQ Full scale and written & performance scores)
- Recognition of problems
- Verbalizes feelings, opinions, and choices (E.Q.)
- Avoids addictive or obsessive behaviors (Mood altering items and/or activities including food, caffeine, nicotine, alcohol, drugs, sex, sleep, exercise, or shopping)
- Makes decisions independently
- Motivation for problem solving
- Stable mental health (Monitor for depression, personality disorder or thought disorder)
- Memory/executive abilities
- Ability to demonstrate self-restraint and set internal controls, including anger/violence
- Leisure skills
- Able to use activities to achieve emotional stability

STAFF INTERVENTIONS:

First, to discuss with the parent the ability to label his or her own experiences (and the importance of teaching children how to use these terms or concepts).

Second, to help the parent understand their ability to regulate their own wants and needs. Workers need to explain how self-regulation is a skill that they will need to pass on to their children's behavior (i.e. child discipline).

Third, to help the parent achieve a balance between meeting their own needs and being productive (for others). This item sets the stage for developing reciprocal relationships in the third level.

III. INTERPERSONAL SKILLS AND SUPPORTS

The third area of assessment looks to the person's ability to manage the interactions with others, primarily adults. This level of thinking is more abstract than the previous two levels. It requires an individual to observe and interact with another person. Adults frequently deal with situations by simply reacting to situations (in contrast to the need to plan ahead – a Level IV skill). Two key concepts are discussed with clients, empathy and reciprocity.

COMPETENCIES NEEDED

- Communication skills (verbal and non-verbal). To clearly state needs and wants.
- Perception skills, competency in reading others verbal and non-verbal cues.
- Empathic thought, what does the other person need or what is their experience?
- Ability to negotiate for their own (or children's) needs.
- Reciprocity, working out an adult role within the community that expects a balance between one being consumptive and productive.

EXAMPLES OF LEVEL III SKILLS

- Attachment with own parents and/or family members
- Current involvement with family
- Involvement with significant other
- Cooperation with helpers
- Finds and uses community resources
- Emotional boundaries (trust)
- Physical safety
- Financial exploitation
- Sexual abuse/incest experience
- Vocation-economic skills
- Response to emergencies

STAFF INTERVENTIONS:

First, developing and maintaining professional boundaries with families that keeps clear the reason for their contacts and the limits of the interaction based upon the roles.

Second, completing visual documents to clarify relationships, e.g. an ecomap or a family genogram (Defining family connections and behavior patterns, e.g. domestic violence?)

Third, working with clients to objectively interpret the behavior of others and understand the impact of their own behavior upon others. Use written descriptions of exchanges, role playing, and suggesting alternative responses to anticipated (problem) situations.

IV. CHILD CARE SKILLS

The fourth level is the most complicated and requires the most abstract thinking. The focus of the fourth level is meeting the children's needs. A parent must be able to teach their children new skills and will, therefore, need to think and plan ahead:

- They must imagine a future outcome.
- They have to picture changes that their child will need to make to get to this future.
- They need to implement a plan to either change the child's environment or teach a needed skill.
- They then need to reinforce or maintain the child's new behavior.

COMPETENCIES NEEDED

- Able to perceive threats to the child's safety and act to ensure safety.
- Setting priorities, e.g. meeting the child's needs before adult needs.
- Maintaining a direction of consistent nurturing from the parent to the child (not the child caring for the adult).
- Discipline: Teaching the child how to set internal limits and follow the directions.
- Proactive thinking, the ability to make predictive abstractions about the possible outcomes of behaviors and activities.
- Goal setting, looking into the future and imagining a desired end and then conceptualizing a variety of ways to achieve the goal.

EXAMPLES OF LEVEL IV SKILLS

- Meets physical needs of child
- Supervision of child
- Understands child safety issues
- Uses competent child care
- Protects from dangerous others
- Meets emotional needs of child - Parent-child attachment
- Understands child development
- Teaches child/provides stimulation
- Clear limit setting
- Non-injurious discipline
- Behavior issues (home and school)
- Consistent daily living routines

STAFF INTERVENTIONS:

First, meeting the child's emotional needs by coaching the parent and/or modeling.

Second, teaching the parent to teach the children. The parent needs to view his or her own behaviors objectively. Videotaping may be very successful in this area.

Third, helping the parents develop or understand a systematic approach for teaching their child the tasks needed for competencies in an adult life.

APPENDIX E

February 15, 20001

Ms Client
Street Address
City & State

Dear Ms,

You are invited to participate in my research study that will look at the design of the Healthy Relationships class, in which you were a participant July – September 2000. I will ask you about your impression of the class, and for your ideas about improvement for future groups.

The interview will involve me asking questions for about 60-minutes. When I arrive for the interview you will be paid \$5.00. I will ask you about your experience for the class. The interview can be done in your home, or at a location you choose.

If you are interested in participating in the study, please call me at (612) 348-6464 to set up an appointment with me.

If you are interested, please call me by February 23, 2001. If I have not heard from you February 28, 2001, I will assume you are not interested in participating in my research project. By not participating in this project, this will have no impact on your relationship with Hennepin County.

If you have any questions regarding this project or the interview process, please feel free to call me at (612) 348-6464.

Sincerely,

Tina Sorenson
PSP Social Work Intern
Hennepin County

**APPENDIX F
CONSENT FORM**

A Summative Evaluation of Hennepin County's Parent Support Project Healthy Relationships Class

You are invited to participate in my research study evaluating the effectiveness of the Healthy Relationship class. You were selected as a previous group participant. I will read this form to you and ask if you have any questions before you agree to be in this study. Your participation in this study is completely voluntary. His research is being conducted by Tina Sorenson-Ford in partial fulfillment of the Master of Social Work thesis requirement at Augsburg College.

Background Information:

The purpose of this study is to evaluate how effective was the Healthy Relationships class in which you were a participant in the Summer/Fall 2000 for future group planning.

Procedures:

The study includes an audiotaped interview that will last about 60-minutes. A Master of Social Work student will conduct the interview. Your participation is completely voluntary. You will be asked questions regarding the effectiveness of the Healthy Relationships class and to describe any other comments you may have about the group. After the interview is completed, the tapes will be transcribed and I will make interpretations about the interview.

Risks and Benefits of Being in the Study:

It is possible that through the questions and in the interview, painful memories or thought could occur. If at any point during the interview you feel too uncomfortable to continue, you may stop the interview without consequence. After the interview, counseling can be completed by your Parent Support Project Social Worker. Or you may contact the following 24-hour counseling referral sources may the need arise:

Hennepin County Crisis Intervention (612) 347-3161
7 County Metro Area Crisis Connection (612) 379-6363
Walk-In Counseling Center (612) 870-0565

Possible Benefits:

You may benefit through the discussion and recollection of your experience in the Healthy Relationship's class. You may provide a benefit through your comments for future group participants. You will also receive \$5.00 for participating in the interview.

Location of the interview:

The interview will occur at a time and location convenient for you. All interviews will be conducted in person.

Confidentiality:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify you. Research records, including audiotapes, will be kept in a locked file that only the researchers will have access to the records. The transcription from the audiotape will be shared with the researcher's thesis advisor during the process of writing the thesis and several members of a research team will be reading, interpreting and reflecting the transcriptions. All information is confidential. However, the researcher cannot guarantee anonymity due to the small sample size, but I will make every effort to maintain anonymity. Transcripts will be identified with numbered codes only, and no names or identifiable information will be used in this study. All raw data, including audiotapes, will be destroyed no later than August 31, 2001.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with the College or Parent Support Project at Hennepin County. If you decide to participate, you are free to withdraw at any time without affecting those relationships. The \$5.00 honorarium will be yours to keep.

Contacts and Questions:

Before you sign this form, please ask any questions regarding this study that are not clear. I will attempt to answer any questions you may have prior to, during, or following the study. If I am not able to answer your questions, please feel free to directly contact my thesis advisor, Phu Phan at (612) 330-1375.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study.

Signature _____
Date _____

In addition:

I consent to be audiotaped (or videotaped):

Signature _____ Date _____

I consent to allow use of my direct quotations in the published thesis document.

Signature _____
Date _____

If you have any questions or concerns, you may reach me at: Tina Sorenson, Hennepin County, PSP Intern (612) 348-6464.

For further information, you may contact my thesis advisor, Professor Phu Phan, c/o Augsburg College, (612) 330-1375.



Hennepin County

An Equal Opportunity Employer

APPENDIX G HENNEPIN COUNTY PARENT SUPPORT PROJECT

The Parent Support Project began in 1989 as a joint service delivery model between the Child Protection Division and the Developmental Disabilities Division within the Adult Services Department. It was created to better serve the population of parents with cognitive limitations (IQ of 80 or below) who were at significant risk of neglecting their children's needs or where neglect had been substantiated by CPS. The Parent Support Project has since evolved to accept referrals from any social service program area within the Children's and Family Department and Adult Services Department where there is abuse and/or neglect present (or risk of) due to the cognitive limitations of the primary caretaker(s).

The goal of the Parent Support Project is to work in collaboration with the various County Programs and Divisions to reduce the likelihood of further child abuse and/or neglect by helping the parent(s) to recognize their children's needs and then respond appropriately. If there is not any progress made towards this end, and/or should the children remain at risk, other possible interventions or solutions, including permanency planning, may be recommended to the referring Social Worker/program. The average length of involvement by PSP is approximately one year.

The Parent Support Project (PSP) provides an intensive home-based approach, working with parents to enhance parenting skills. Services provided by the Social Workers assigned to PSP include: (but aren't limited to): assistance with reunification (if child is in out-of-home placement and a return to the family home is being considered), child focused services, assistance with housing, homemaking instruction, daily living and social skills acquisition, health and hygiene instruction, crisis intervention, advocacy and case management. PSP contracts with nine community-based, private social service agencies to provide comprehensive and culturally sensitive services that assist in enhancing parenting skills.

When a case is assigned to a PSP Social Worker, a thorough assessment will occur; once that is completed, a comprehensive service plan will be developed (or alternative service recommendations will be made). Progress reviews will occur on a quarterly basis or as needed to provide information to all interested parties.

PSP is a specialized resource for the referring Social Worker/program, and thus does not accept actual case transfers. The county case file must remain open with the referring program or another appropriate program/division for the duration of PSP involvement.

The staff of the Parent Support Project are available to provide clinical consultation with Social Workers in the Children's and Family and Adult Services Departments (whether or not an actual referral has been made). Consultation is available the second, third, and fourth Wednesday afternoons of every month from 1-1:30 on 15-A Government Center, Conference Room B.

For referral (or consultation) information, please contact Debbie Silverstein, Unit Supervisor, at 348-3469 (or E-Mail, Debbie.Silverstein).

Adult Services Department

Developmental Disabilities Division
Government Center, 300 South Sixth Street
Minneapolis, Minnesota 55487-0150
TDD: (612)348-4985

Recycled Paper



Hennepin County

An Equal Opportunity Employer

In our years of experience in working in collaboration with the Childrens and Family Service Department, the Parent Support Project (located within the Adult Services Department, Developmental Disabilities Division) have found the following process to be most effective:

When we are able to assign a case for assessment from our waiting list, we will continue to be requesting that the referring Social Worker meet with the Parent Support Project team to discuss the family needs and service request. During the initial case presentation to the Parent Support Project team, the referring social worker will be asked to identify the immediate issues, so that role definition during the assessment period will be clarified. We will also be requesting access to the client file to facilitate our knowledge and understanding of the client and case needs.

Once the case is assigned to a PSP Social Worker for assessment, the assigned PSP worker will actively work with the client to observe and learn how the family addresses problem areas in their lives, assess what skills they possess, what areas they need help in, as well as determining if they want to work with the Parent Support Project, (since PSP is a voluntary program).

It is usually during the initial assessment time (the 1st 30-60 days), that emergent needs are identified. Often these areas exist for clients and workers, and assistance to resolve these problems may be needed from the referring worker, our agency and community agencies. Such areas have included:

- Connecting to SSI or MFIP for income or emergency assistance;
- Assistance with housing issues;
- Finding financial assistance for application fees (housing), security deposits, and 1st months rent when housing relocation has become a necessity;
- Assistance in coordinating transportation and/or supports (ie. Bus cards, initiating metro mobility, medical van rides, etc.);
- Locating food shelves and resolving emergency food and diaper issues;
- Assistance with unresolved utility bills, disconnection notices and other utility payment problems;
- Assistance in locating furniture and household needs.

Once the Parent Support Project Assessment is completed, the PSP social worker will meet with the referring social worker to review the assessment, discuss case acceptance (or alternative service recommendations), recommendations for service plan goals, as well as specification and definition of respective roles and responsibilities between the referring Social Worker and PSP. Quarterly reviews and reports will occur thereafter.

Adult Services Department

Developmental Disabilities Division
Government Center, 300 South Sixth Street
Minneapolis, Minnesota 55487-0150
TDD: (612)348-4985

Recycled Paper

APPENDIX H

IN CLASS EVALUATION DATA

Class evaluation: (n=6) Clients completed class evaluations on the last day of class.

Healthy Relationships Evaluation: 6 responded; notes were also taken to include verbal responses for those who did not write all of their responses.	
1.	Did you find this group helpful to relationships in your life? Yes -6 No -0
2.	Would you attend another group similar to this? Yes-5 No-1
The requests by the group were to focus specifically on parenting/protecting your relationship with your children.	
3.	If not, why? Too much work
4.	What did you like about this group? So I can work on my stress The friends I have made The different topics How we all have kind of the same problems I liked the way people in this group talked about their relationships I liked now each group was run. It was different each time. The treats. The kids liked the child-care and activities provided for them. The last couple session I started focusing, and I got into deep conversations
5.	What would you want to change? Start on time Nothing Nothing Nothing More activities with money Try to start on time.

Did not leave time for journaling
6. What type of presentation did you enjoy?
Conversations (2) Activities (1) Partner Activities (1)
Other: boundaries, group activities, family history, paper/rock/scissors
I liked conversations and the activities well I am everything.
The conversations were the best.
7. Any other comments?
No
I liked all the staff that did the group. They were concerned about people and I thought that was nice for me to see.
The participants used the journal to take notes, not to journal
Give a smaller travel journal
Add a week to talk about the lack of balance between male/female relationships
In the beginning there was some awkwardness. It took a couple weeks for relationships to evolve.
Keep better control of the group
Liked the activities
Start on time
Transportation issues
It was easier to attend with daycare on site
Parents enjoyed having the daycare on site
Requesting longer than 12 weeks – it felt like we just got started
The snacks were great!

APPENDIX I

IRB APPROVAL NUMBER 2001-12-1 was granted to Tina Sorenson-Ford on February 14, 2001 signed by professor Sharon Patten

76