

BABY STEPS: A PARENTING SUPPORT AND EDUCATIONAL GROUP

By

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Chapter 1: Introduction

Becoming a parent for the first time can be both stressful and joyful. For many, having a new little person in their life is the missing piece of the puzzle. Thoughts of first words, first steps, first day of school, and all the other “firsts” and wonderments of parenting are overwhelming. Inexperienced, first time parents struggle with the transition to parenthood, and various stressors during this transition not only put the relationship of the parents in jeopardy, but also the child’s emotional and physical well-being as well. The purpose of this project is to define and create a proactive program that could exist within our small community that would assist new parents in the transition to parenthood. This program is a proactive approach to help families within the community of Williams Lake. As the program moves forward, the need for such a program in our community will be assessed on an ongoing basis. Anecdotal reports from parents to be and new parents within the community will serve as a basis for the direction and focus of the program.

Significance of the Project

As an educator within the community of Williams Lake, I observe each day how our community’s children are struggling, socially, emotionally, and academically within our schools. Government agencies, districts, and schools, rather than operating in a preventative manner, are more reactive in planning, programming, spending, and focus. Programs such as Families and Schools Together (FAST), fail to thrive in our community. Within the first two years of the program being run, the FAST program was discontinued because of lack of interest with families, and difficulty recruiting staff to participate outside school hours. This particular program focused on bringing the families of at risk

students together, and through the leadership of teachers and community members, work to create a stronger bond through learning and social activities. Schools around the province, and schools within District 27, the Williams Lake school district, are filled with children who are labeled as “1701’s”. These students have been subjected to a variety of tests, academic and social in nature, completed mainly by district psychologists, and are then given a certain letter code within the 1701 category. Each letter stands for a certain learning disability or behavior issue and only some of the students receive funding for the academic/emotional issues that they are up against.

There are additional categories in which students are placed, who do not receive any additional funding for their specific needs. Included are: Mild Intellectual Disabilities (Category K), Gifted (Category P), Learning Disabilities (Category Q), and Students Requiring Behaviour Support or Students with Mental Illness (Category R). It is the Category R students, those who are suffering from depression and other mental health concerns that are becoming more prominent within our classrooms, and, apparently, children are entering this category at a very early age.

Unfortunately, labeling and ignoring these issues has become a common way in which most people in our society address these issues. Neufeld (2004) points out that, “parents seek the formal diagnoses of a professional, or grasp at informal labels” (p. 56). Additionally, schools within the district, as in all districts throughout the province, have very limited counseling time available to their students. On average, each elementary school only receives a day or two a week to work with enormous case loads of students. Other smaller schools west and east of the city, have counseling time once every two weeks. There is one school however, within the city limit that is the exception. This

particular school, which also ran the FAST program, lies within the city center. This school is now deemed a “Community School”, and because of the particular needs of the students at this school, a counsellor has been appointed full time. It is obvious within our schools, as evidenced by the lack of counseling support systems, that we have allowed, and perhaps have contributed to, the breakdown of family structures, traditions, and values, and now children are raising each other. We spend most of our school day working to bring our children and their families back from turmoil and, often, many of the difficult issues that our children face outside of school becomes the problem of educators and administrators. Perhaps the needs of students within Williams Lake would be less if, as Neufeld (2004) states, “we could see that the education of our young is a social responsibility shared equally by parents, teachers, and all the adults who come into contact with our young – and, too, of all those who shape the nature of the society and culture in which children develop and learn about life” (p.175). Children within our city are coming into school unprepared socially and emotionally, and are not able to become effective learners. Furthermore, inexperienced parents are struggling through the first few years of their children’s lives, trying to balance the stresses of daily life, without strong support systems in place. This paired with the lack of counseling support in the school systems creates a tenuous situation.

The small community of Williams Lake, BC, although supported with some programs for parents, mainly those defined as “at risk”, is in need of a program that works with parents who may not fall within that mandate. The parents of our community require the opportunity to meet with others, in a safe and confidential environment, to discuss their struggles, worries, and everyday joys of becoming a new parent. To have such a group

facilitated by a qualified counsellor, could provide greater opportunities for parental success in Williams Lake. The idea is to work with new parents to help them better address the difficulties that often come with raising a newborn; this will assist families in developing a strong foundation, and in some ways help families become more resilient.

The purpose of the Baby Steps project is to create a psycho-educational support group for new parents within the community of Williams Lake, to assist new, inexperienced parents through their transition into parenthood. The group will be open to all new parents and participants do not need to fit in any “at risk” (financially or emotionally) category in order to take part in the group. The focus of the group will be to aid families in the transition to parenthood and becoming a healthier family. The group will be psycho-educational in nature, led by a qualified facilitator, but will also provide regular opportunities for sharing and discussion. Topics for discussion and teaching will include, but will not be limited to: parenting, finances, conflict resolution, self-care, and infant growth and development. The activities will be guided by research and will be based on the needs of the participants. A list of resources and references that can be read and discussed will be provided at the first of twelve meetings.

It is not that the community of Williams Lake doesn't offer opportunities for new parents. Our community does offer a wide variety of parent-child play groups and other opportunities for new parents (directed mainly to stay at home moms), to connect with others. However, there are no current programs that are directly designed to include both parents and, or other direct caregivers. In fact, there are no programs available that help new parents work through the first months of their child's life together, with a guiding facilitator, in a psycho-educational format. Programs neglect to provide support for the

financial, emotional, parental, and relationship needs that new parents require within the first months of becoming a family.

Keeping the social, emotional, and academic development of infants and children in mind, this project is designed to consider many questions. In addition to improved parenting skills, the initiative behind this program is to create a stronger relationship between parents during the transition to parenthood, therefore increasing the resiliency and stability of families. “Couples with more satisfying marriages work together more effectively with their children in the preschool period, and their children tend to have an easier time adapting to the academic and social demand of elementary school” (Cowan & Cowan, 1992, p. 60). Families based in a strong, healthy parent relationship will most likely increase success for children.

Purpose and Rationale

When considering this project, the first question that was reflected on, as a general starting point was: “How could early support groups that are more preventive, and psycho-educational in nature, help build stronger, more resilient families within our community?” In exploring this idea, it seems as though many of the support groups for families in Williams Lake are directed towards those who are already seen as “at risk” families. This could be for a variety of reasons. Poverty, mental health issues, drug and/or alcohol abuse, or previous Ministry involvement are among some of the possible reasons. Unfortunately there is a lack of services that do preventive work in this area. It is clear that the community lacks preventative programs in this area and brings up the question: “How could community-based support groups help new parents?”

For the purpose of this project, the term “new parent” needs is defined as: those, single or partnered, different or same-sexed, who have recently, within the last six (6) months, become parents, either through biological means or adoption.

Other Parenting Programs and the Impact on Williams Lake

With research findings supporting the idea that the majority of new parents struggle with their new responsibilities and roles, it is obvious that there is an intense need to assist first time parents. As LacChance-Grzela and Bouchard (2009) point out, “in the particular context of the transition to parenthood, stress arising from opposing demands of work and family could lead new parents to experience difficulties in adjusting to their new role, namely that of mother or father” (p. 740). As early as the 1970’s in the United States, studies began to appear that focused on the needs of new parents throughout the country. However, it wasn’t until the late 1980’s that various analyses had been conducted in regards to these studies. Philip and Carolyn Cowan (2010), pioneers in studying the new parent transition, began looking at each study conducted within this particular area from the late 1980’s. Although findings were informative, many were inconclusive and a meta-analysis found little evidence that parents were participating in interventions that began with parents in the prenatal stage and continued until well after their babies were born. Based on research results of 31 studies, Pinquart & Teubert discovered that interventions have, on average, significant effects on many aspects of parenting, including child abuse and neglect, child development, parental psychological health and stress levels, and adjustment as a couple (Pinquart & Teubert, 2010). However Schulz, Cowan, and Cowan (2006) could find no long-term evaluation of a couples-focused preventive intervention for partners becoming parents.

With the new addition to the family, come new responsibilities, just adding to their already hectic lives. Schulz, Cowan, and Cowan (2004) agree, stating that “balancing the daily demands of work outside the home, parenting, household tasks, and marital relationships is difficult for many men and women, particularly those with young children” (p. 261). Programs exist throughout Canada that provides parents with support during the transition to parenthood. For example, the province of British Columbia has offered a program in a variety of communities called the “Nobody’s Perfect Parenting Program”. This program is described by Health Canada as:

A national education and support program developed by Health Canada in the Maritimes in 1987... it helps parents of children up to five years of age to increase their parenting knowledge and skills, and promote the healthy development of their children. Parents may also learn life-skills such as budgeting, and stress and anger management, and are referred to community resources (Chislett and Kennett, 2007, p. 475).

Williams Lake has never had the opportunity to offer such a program. However, this program has been reported to be very successful and has even been exported to a variety of countries around the world. Research completed by Chislett and Kennett (2007) found a variety of information regarding parenting, parent education, and the link to positive parent-child interactions. The purpose of the program was to increase parental knowledge about child development and the research found that the increased knowledge of parenting skills led to increased parental confidence. This confidence led to more positive interactions within families, primarily between parents and their children. The Baby Steps program will also aim to increase parental knowledge with opportunities for learning and discussion regarding infant and child development, communication through conflict, and financial changes and struggles.

The Child Development Center, Child Care Resource and Referral Center, and Pathways to Competence for Young Children: A Parenting Program, are three major resources for new parents in Williams Lake. The Child Development Center, which focuses on child development, is one resource that offers a wide variety of services to families, such as speech and language pathology, physiotherapy, and behavior consulting. In addition, families are given opportunities to participate in classes such as prenatal classes and infant massage, for a small fee. The Child Care Resource and Referral Center offers parents of children ages 0 – 6 a few opportunities to assist in child development. For example, Mother Goose Story and Rhyme Time, and a parent participation play group are two programs that are offered through this service. However, each of the aforementioned programs is only offered during the day, often when one parent or the other is at work. The third resource available to parents in the community of Williams Lake is the Pregnancy Outreach Center. Out of the three, this particular center provides the most in terms of resources and education for new parents within our community. Although the Outreach center works with all members of our community, their focus is mainly on Ministry mandated parents and families. Many of the offered programs, with the exception of one, are geared towards the “at risk” families of our community. The one exception that was recently offered through the Pregnancy Outreach Center is called “Pathways to Competence for Young Children: A Parenting Program”. This particular program is designed so that local professionals can work together with parents in order to help them understand their child’s emotional and social development. The focus of the program is psycho-educational, with lessons and sessions focusing on temperament and emotional cues that emerge as the child progresses. In a book review completed by Worcester

(2005), he discusses the program and provides information in regards to the purpose. He briefly discusses each chapter of the book, concluding that:

The Pathway program provides a structured environment for learning about body control and image, attachment, play, language and communication, self-esteem, self-regulation and morality, emotional regulation, problem solving, and empathy (Worchester, 2005, p. 85).

This particular program, which seemed to be quite comprehensive, ended in Williams Lake due to lack of funding and qualified facilitators within the community. It was stated that the program became more of a support group rather than an educational group, and the facilitators were not equipped to deal with the situations that arose. Many of the participants, upon discovering their own parenting styles and ideas, began to reflect on their own upbringing and how they themselves were raised, and with this, came great emotional turmoil for some. Seemingly, due to lack of funding and the lack of qualified professionals to facilitate such groups, it is unlikely that this type of program will reemerge in Williams Lake in the near future. The Baby Steps project could be a prospective answer to the need in our community. This program will offer the parents in our community the opportunity to speak openly in a professionally led support group. Parents will not have to forfeit much of their personal time in order to attend. The Pathways program required participants to devote two hours every two weeks to attend the program. The Baby Steps project would require only one to one and a half hours of time every two weeks, and the timeline could be adjusted easily to the needs of the participants within the group. Unlike the Pathways program, which was generally geared towards parents past the transitional stage, the Baby Steps program will provide learning and sharing opportunities prenatally. Research supports that “programs that began prenatally or at birth have more success”

(Chislett & Kennett, 2007, p. 476). The Baby Steps program, much like the Pathways program and the Nobody's Perfect program, would touch on the social and emotional development of children, and would provide the structured support group for all those involved in raising the child. Furthermore, this program would be advertised to include both caregivers; the Baby Steps project not only focuses on the parents' relationship with their child, but also the parents' relationship together, whether they are living together or not. The program will spend time working with the parents on their relationship in order to create a positive, caring environment in which to raise their child.

It would be beneficial, as research states, to ensure that families of all backgrounds, race, and socio-economic status, are provided the same opportunities to create the best family situation as possible. Schulz et al. (2006) provide insight into this, believing that in today's society, most men and women becoming parents for the first time are virtually on their own when it comes to figuring out how to balance and address the needs of their new baby, their own relationship, and their commitments to work outside the family..."if it is left to new parents to work out this balance by themselves, the relationship between them may be vulnerable to strain" (p. 30). "Despite a widespread recognition of the importance of family relationships and the quality of family life on the psychological, physical, social and economic wellbeing of children, many parents receive little preparation for parenthood beyond their own personal experiences of being parents" (Bunting, 2004, p. 328).

One of the major ways in which this program will differ from others is that the participants will begin the program while the pregnant mother is in the prenatal stage or the family is close to adopting their newborn. Although research in regards to beginning a parent support group within the prenatal stage is limited, Cowan, Cowan, & Schulz (2006)

point out that beginning a program such as this prenatally, will provide parents the opportunities to anticipate many of the changes and challenges ahead, and share these together. This program will focus on interventions that start during pregnancy or in the first 6 months after birth for the following reasons: (a) prevention should ideally start before problems develop, (b) there are many new challenges in the transition to parenthood (Cowan & Cowan, 2000), (c) there is a high risk of postnatal depression in the first months after giving birth to a child, and (d) the first months of the child's life are crucial in terms of attachment development (McElwain & Booth-LaForce, 2006, p. 247).

Before the baby even arrives, this program will offer the chance for parents to work individually, together, and in a small group, to discuss their concerns, questions, and ideas about becoming new parents. Allowing couples to explore their ideas and feelings, along with their fears, of becoming parents can provide opportunities to enhance the couple's relationship. .

Additional Considerations

In addition to defining the term parent, and before beginning such a project several therapeutic, ethical and moral issues that could arise need to be considered. For example, would parents from mid-high socioeconomic families choose to participate, or would they shy away because of a negative stigma of "parenting groups?" Would those who were willing to participate share their stories openly, discussing personal issues? Furthermore, would there be the existence of dual roles within the group because of the community size, and if so, how would they be handled? In designing this group, several other questions were also considered. For example, would parents believe, in coming to such a support group, that they were failures as parents? Perhaps, as a society, we make the assumption

that all new parents struggle in the formation of a family. But perhaps the biggest issue to consider would be to take careful consideration and to not define successful parenting, and the roles, values, and traditions that help to build strong families. The definition of successful parenting will be different with each of the participants of the group, and this could be based on a variety of aspects, mainly culture, ethnicity, personal values, and traditions of each of the parents involved. When facilitating such a support group, one would need to remember the importance of multi-cultural considerations when planning and delivering each of the topics and activities. Williams Lake has a high Indo-Canadian and First Nations population. It would be vital that the facilitator is cognizant of the cultural makeup of the group and respond to their needs accordingly. In this group participants will take the time prior to the first session to complete a “parenting questionnaire” that will help to describe and define individual ideas around parenting (See Appendix B). The definition must be flexible and created by each participant within the group.

Chapter 2: Literature Review

There are numerous books on parenting that parents often turn to when floundering with their children, looking for answers within the pages of a book, seemingly doubting their abilities. As Neufeld (2004) points out, child-rearing experts and the publishing industry give parents what they ask for instead of allowing parents to simply parent, based on their own values, beliefs, and “gut instincts”. Parenting groups are beginning to appear in various communities to assist parents in their daily struggles. Research examining the effects of parenting support groups is not as vast and readily available in comparison to the previously stated literature. In fact, according to Cowan, Cowan and Schulz (2006), very few interventions preventative in nature have been developed for first time parents, and even fewer have been analyzed and evaluated for effectiveness. This seems disappointing considering the links research shows between marital difficulties and negative psychosocial and academic outcomes in effected children. Simkiss et al., (2010) suggest that “sub-optimal parenting is a common risk factor for a wide range of health, social, and educational outcomes” (p. 1471). Programs that could help to avoid this sub-optimal parenting, have simply not been created in order to meet the needs of those making the difficult transition to parenthood. Considering all of the related aspects involved in such a life changing transition, such as relational effects, dynamics and expectations of couples, family of origin issues, communication, and the increased pressures placed on parents today, it seems unsatisfactory that more is not being done to ensure support and assistance.

Effects of Parenting on the Relationship.

Numerous studies and corresponding literature support the idea that becoming parents takes an enormous toll on a couple. John and Julie Gottman (2007), pioneers in parenting and marriage, have found that after the birth of the first baby, conflict and hostility increases between partners, while marital satisfaction between partners, decreases. It is during the transition into parenthood that effective attachments need to be created in order to establish healthy relationships between all members of the family. This is easier said than done. With increased pressures and responsibilities, less time for communication, and multiple, poorly-defined roles, parents must navigate this new path carefully, ensuring that they are creating the best possible environment for their new addition.

Dynamics and Expectations of Couples

As roles of men and women begin to change in society, the same is true within relationships, especially after the birth of a child. It is already difficult for many, with increased pressures outside of the home, to adapt to the dynamics and expectations of each other, as partners, and as parents. Throughout the transition into parenthood, the expectation of spousal support, both emotional and physical, in addition to financial, is perceived as vital to both parents. The definition of this support changes as the transition is made, and has been linked to marital satisfaction for both men and women. As Simpson and Rholes (2002), point out, marital satisfaction declined for both men and women when each was seen as hesitant or ambivalent. Unsure and scared new parents could easily be perceived as either of these when trying to adjust to their new roles, and without effective

and open communication in regards to expectations and feelings, this could be the beginning of a relationship in trouble.

It is essential that parents-to-be and new parents are assisted in discussing their expectations of each other in all aspects of their relationship as they move towards becoming a family. In 2009, Hirschberger, Srivastava, March, Cowan & Cowan noted:

The transition to parenthood is a particularly important milestone event in a marriage that provides excitement and joy, but it is also often related to distress in the individual parents. Thus, the period following this transition may be a critical time for determining the health and longevity of the marital relationship. (p.401)

Pinquart and Teubert (2010) agree, and believe that for many couples, and for mothers in particular, parenthood also causes negative experiences, such as decline in the quality of the couple relationship, physical exhaustion, increase in psychological distress, and difficulties with developing effective parenting behaviors.

Multiple Roles Within Families

Parenting in today's society is vastly different than parenting twenty or thirty years ago. With more parents working outside of the home, the division between work, home, and family responsibilities can be overwhelming. Viera, Avila, and Matos (2012) support this idea, stating that "contemporary adults in dual-earner families with children face increasingly new challenges in balancing their multiple roles as spouse, parents, and workers" (p. 31). With role overload encroaching on our families, it is no wonder that parents are struggling. Costigan, Cox, and Cauce (2003) discuss the concepts of role overload within dual income families, and how these stressors effect parenting and the attachments parents create with their children. In addition, the concept of internalized stress and negative emotional responses are also linked to the increased financial burdens

weighing on parents. This negative emotional response affects parents' abilities to care for their children after work hours, and their ability to work through conflicts both at home and at work. Balancing work and family responsibilities takes energy away from parents, and creates less rewarding and joyful experiences at home. These challenges are increased after the birth of a child. Costigan et al. (2003) continue by noting:

...after the birth of the first child, family role arrangements and individual adaptation become more strongly linked than they were before the transition to parenthood and marital satisfaction tends to decline. The stressful aspects of this transition may be exacerbated for couples that need to balance the demands of two jobs in addition to negotiating new roles and responsibilities as parents. (p. 399)

The information and results contained within this article support the idea that the increased pressures within families, due to role overload, are effecting the interactions with families at home. These pressures, such as financial concerns, are causing increased stress and decreased joy when parenting. Inexperienced, first time parents feel the stress even more, as the authors further state that with the birth of the first child, the workload that new parents take on, in addition to their already hectic lives, exponentially increases (Costigan et al., 2003).

Research in regards to role overload within families at the transition stage is rather limited, but further findings by Lee, Lee, & August (2011), discuss concepts of financial stress, social support, and parental depressive symptoms and the correlation between the three. The research indicates that disruptive parenting behaviours, including hostility, anger, and withdrawal, are more likely to occur if parents are experiencing financial stress. Typically, along with this financial stress is decreased social support and when dealing with such difficult issues, parents often feel overwhelmed. Lack of energy and hope due to this may cause parents to retreat to isolation, not wanting to seek the support of others.

This research also highlighted the importance of social support for parents and how this type of support can increase the positive interactions between parents and their children.

One of the aims of the Baby Steps program is to assist parents both in the areas of social support and interaction, while addressing the everyday difficulties faced by new parents. The aim of the psycho-educational component focused on family finances is to help parents learn to discuss openly their concerns, in a safe, confidential environment. Consequently, it will be critical for the facilitator to be aware of the differences that may exist within the group in regards to financial situations. The counsellor will need to respond to each of the families' situations in a flexible and understanding matter. These differences within the group could be better addressed by a community professional that could discuss financial items, help parents through the transition stage, and help them to build the knowledge, confidence, and effective communication skills they need in order to assist them during difficult financial and emotional times. Having such knowledge will not only benefit them during the parenthood transition stage, but it would also serve as a tool throughout their lives, and can prove especially useful during difficult times.

Effective Communication Between Partners – Becoming Co-parents

During the transition to parenthood, and with the increased pressures of family and work, effective communication between partners is vital in creating and/or maintaining an optimal situation in which to build a family. Although nobody sets out for their marriage to fail, however, as the number of children increases within a family, so does the chance of marital dissatisfaction (Hirschberger et al. 2009). It is suggested that the introduction of help and support within the early stages of parenting aids families withstand emotional,

physical, and financial chaos and assists parents in staying together. Included within the realm of this help and support is the learning and practicing of effective communication skills, through the use of couple enactments, which will be discussed later. Positive and effective communication between parents will help to create and nurture a safe and caring environment for which to raise their children. In a study completed by Coyl, Newland, and Freeman (2010), infant-parent attachments were discussed, looking at how a secure family base helps to support the child's connection to his/her parent. Negative interactions between family members can alter this attachment relationship, and cause children to feel a sense of insecurity. The article further discusses the idea of co-parenting, and how effective communication in regards to family responsibilities and roles can help to create this sought-after nurturing environment. Co-parenting, according to the authors is defined as "how mothers and fathers either support or undermine one another in their mutual parenting roles" (Coyl et al. 2010, p. 501). The idea of co-parenting is an effective way of working with couples and their positive conflict resolution and communication skills, while keeping their child(ren) at the center. Co-parenting is also discussed, in addition to effective communication, in detail within the research of Margolin et al., 2001; McHale, 2007. Other researchers further define this idea by stating:

Co-parenting is conceptualized as a broad construct composed of several factors including parenting alliance and support, antagonism and undermining between parents, division of childcare labour, the extent to which each partner is engaged in the day-to-day organizing of the lives of their children, and triangulation. (as cited in Morrill et al., 2010, p. 60)

Co-parenting effectively is a goal that could be set and worked on through the Baby Steps program. Through activities and discussion, parents could build on the skills they already possess in order to create effective problem solving situations. In addition, the program

would provide opportunities for parents to learn how to communicate effectively in order to create and maintain a positive family environment that could withstand hardship. The vast research in this area proves that “one of the strongest predictors of marital satisfaction and stability is the way partner express emotions when they try to resolve disagreement” (Mehta, Cowan, & Cowan, 2009, p. 895).

Family of Origin

Each of the aforementioned ideas: role overload, expectations, communication, and the dynamics of a couple, all play an enormous role in becoming a parent. Just as important, however, is one’s family of origin, and how each of these aspects contributed to their upbringing. The family people grew up in, the relationship with one’s parents, the relationship between their mother and father, siblings, and the ideas that surround how they were parented, all have an enormous influence as well. Whether positive or negative in nature, each of these ideas work together and has an influence in the manner couples navigate their way through the transition to parenthood and in the years beyond.

For example, Parenting 21 is an Australian parenting study that investigates how the country’s parents are handling the task of rearing their own children, children who will live the majority of their lives in the 21st century. One of the main concepts that this study focuses on is the background of the parents. Kolar (1999) examines this idea in her article which discusses intergenerational influences that may play a role in parenting. She reviews the program, Parenting 21, and each of the themes that became apparent as people began exploring their own family of origin, including: personal qualities, emotional and physical nurturing, communication, involvement and availability, and discipline.

Respondents within the study discussed each of the themes, and whether they agreed with the style and models their parents used, they believed that they had learned something about parenting from their mothers and fathers (Kolar, 1999, p.68). Whether the lessons learned were positive or negative in nature, parents will often be influenced by the way in which they were parented as children and adolescents.

The idea of family of origin and its impact on parenting was further discussed within the article by Beaton and Doherty (2007), but focused on a different aspect. Within their research, the fathers' family of origin was studied, and the results were interesting. This particular study found that fathers tend to model the positive relationships and compensate for their negative relationships, based within their family of origin, when parenting their children. Although one's family of origin may contain multiple, complex relationships, the most important of these, is the one a father has with his own father. This article focused on both the prenatal and postnatal time periods, and included discussion and research regarding: closeness with mother, closeness with father, view of parents' marital closeness, and view of parents' co-parenting relationship (Beaton & Doherty, 2007).

Family of origin and the impact that it has on parenting, is further complicated with the idea that it also influences the relationship between a mother and a father. Relationship behavior, according to some research, like that presented by Whitton et al. (2008) can be greatly influenced by one's relationships and observations within their childhood years. Although the article presents a variety of information, one key idea is the difference in positive and negative interactions within family of origin, and the role that they play in predicting future relationship behaviours and adjustment within children. Conflict and

communication are key features within this research, stating that “a couples’ ability to communicate constructively and effectively during times of conflict is a well established predictor of marital health and longevity” (Whitton et al., 2008, p. 274). Successful communication and conflict resolution between couples is characterized by listening, attunement to feelings, and validation. Negative interactions within relationships, as the article suggests, is not just the absence of positivity. However, hostility is a key indicator within a marital relationship that may be the most damaging. Each of these aspects, whether they be positive or negative, according to social learning theory, have an impact on a child’s developing communication skills. Children learn and develop communication skills as they observe and participate in family interactions.

Understanding individuals and their family of origin is essential in understanding one’s beliefs in regards to not only their personal relationships, but also their role as a parent. Whether positive or negative in nature, the family in which someone is raised has a critical influence within someone’s life.

Understanding Emotional Intelligence: The Link to Academic Success

Adding to the understanding of individual’s beliefs, and a couple’s relationship, with each other and with their child, is the idea of emotional intelligence. Daniel Goleman, a pioneer and leader in emotional intelligence, defines it as “knowing what your feelings are, using your feelings to make good decisions in life, being able to manage distressing moods well, controlling your impulses, being motivated, remaining hopeful and optimistic, and having empathy” (as cited in O’Neill, 1996, p. 6). Childhood is the first experience in which children learn about emotion and feeling. Through observation and direct contact

with those closest to them, children begin to develop their own emotional intelligence.

Understanding others' feelings, their own feelings, and how relationships are created and maintained, are all a part of emotional intelligence. Positive or negative, children observe and relate to others in their lives, and each of these encounters and "lessons" help to shape the emotional beings that they become. As children grow, they need to learn the basics of emotional intelligence, just as they would learn other social and academic skills.

Emotional intelligence is a learned and taught set of behaviours. As Goleman (1995) points out, these behaviours include: learning how to recognize, manage, and harness their feelings, as well as empathizing with others. In addition to becoming more attuned to their own feelings and those of others, children whose emotional intelligence is nurtured and explored in a positive manner, also experience a wide variety of social and academic success as well. For example, "children tolerate frustration better, get into fewer fights, and engage in less self-destructive behavior. They are healthier, less lonely, less impulsive, and more focused. Human relationships improve, and so does academic achievement" (Schilling, 1996, p. 6). Children who develop skills within emotional intelligence are often seen as more skilled learners within the classroom.

Goleman (1995) addresses the idea further in his book, providing a list of the seven critical "ingredients" for emotional and academic success for children. They include: confidence, curiosity, intentionality, self-control, relatedness, capacity to communicate, and cooperativeness. Each of these characteristics assists children in developing their social skills within the academic setting as well. Children who possess these skills tend to be less aggressive and more socially accepted within their own peer group.

As Daniel Goleman stresses in his research, children learn and develop emotional intelligence beginning at a very young age. The relationship that they have with their parents and the relationship their parents have with each other, is the first opportunity for learning skills mentioned previously. It is critical, that relationships and interactions are positive in nature, and provide children with numerous opportunities to live and understand feelings, emotions, and empathy. The relationship between parents is a wonderful place to begin positive modeling of appropriate emotional behaviours. Goleman (1995) believes that the most critical skills for couples to develop and nurture within their relationship are listening, validation, and empathy. He states that “listening is a skill that keeps couples together (and) the most powerful form of non-defensive listening is empathy” (Goleman, 1995, p. 145). If conflict does occur, as it naturally will, the ability and willingness to validate another’s point of view, greatly increases the chances that the fight will de-escalate. Families today are faced with so many obstacles. It is the daily lives of families that are starting to take its toll on the strength of the family unit. As Brofenbrenner (as cited in Goleman, 1995, p. 234) notes:

In the absence of good support systems, external stresses have become so great that even strong families are falling apart. The hecticness, instability, and inconsistency of daily family life are rampant in all segments of our society, including the well-educated and well-to-do... We are depriving millions of children of their competence and moral character.

Furthermore, despite what many may conclude, no children, rich or poor, are exempt from the risk; these problems are universal, occurring in all ethnic, racial, and income groups (Goleman, 1995).

The Baby Steps program will provide parents with opportunities to learn about ideas surrounding emotional intelligence, within a structured setting. Parents will work

together to develop more effective and “active” listening skills and conflict management, skills through a variety of different activities. These activities will provide opportunities for group members to write, discuss, and role play in order to become more emotionally intelligent partners and parents. Ideas about how to create an emotionally intelligent environment for their child, and opportunities to discuss comments or concerns will also be included within the weekly sessions. In addition, parents will be provided resources, within their information package, in order to learn more about raising an emotionally intelligent child, while nurturing their relationships as well. Ideally, the Baby Steps program will be an effective, educational, and supportive program that will help to foster positive relationships.

The Group Approach

A group approach would be beneficial for this project for a variety of reasons. First and foremost, it would provide new parents, both the mother and father, an opportunity to connect with others in the community that are experiencing many of the same day to day issues. As Corey (2008) points out, a group setting offers opportunities for members to not only learn how to cope with their problems, they are also provided opportunities for modeling and observing others’ behaviours as well. In addition, group structures provide rich feedback for participants. Psycho-educational groups, such as this one, are also beneficial to participants, through sharing common experiences, offering support, and imparting information. The information provided to parents within this group, whether it is about finances or self-care, would be beneficial and practical for years to come. It is the intention of this group project, that parents will receive vital information that can help

them to withstand the emotional, physical, and even financial chaos that can be added to the already difficult task of becoming a parent.

Therapeutic groups go through a number of stages when working towards one particular goal, or numerous goals, depending on the dynamics and needs of the group. No matter the nature of these goals, as Yalom (1970) points out, the task of the therapy group remains the same, striving to value seven (7) particular aspects that include acceptance of the patient role, self-disclosure, honesty about feelings toward oneself and other members, nondefensiveness, interest in and acceptance of others, support of the group, and personal improvement (p. 51).

Initial Stage

Gerald Corey (2008), points out that the first few sessions as a time of exploration and orientation. Yalom (1970) further claims that this initial stage is one of orientation, hesitation in participation, and an individual's search for meaning. It is within the first two or more sessions of the group, that participants and the facilitator discuss the timeline and structure of the group. In addition, it is during this time that the confidentiality and participation contract that was previously signed, would be discussed in further detail. Handouts, those included in the parent's manual, would be distributed by the facilitator. The first few sessions are also a time for participants to bring forth their concerns regarding their own situations, being in the group, and any issues regarding safety and trust as it relates to the group. Yalom (1970), discusses the importance of cohesiveness within a group, and believes that this is the core of a successful group. "The development of each individual lies within the group membership, acceptance, and approval of that person"

(Yalom, 1970, p. 39). It is through early opportunities for story-telling and discussion that participants begin to feel a sense of acceptance within the group. It is essential that within the first few sessions that a sense of cohesiveness is formed within the group. For “members of cohesive groups are more accepting of each other, more supportive, and more inclined to form meaningful relationships in the group” (Yalom, 1970, p. 56). The initial stage also helps to focus on the process of the group, the interaction between members. Many members, expectedly, would have a great deal of anxiety around participating in such a group as Baby Steps. It is essential for the group facilitator during this time, to address the issues regarding anxiety that may be present within participants. As Yalom (1970) points out, clarifying goals, expectations of behavior, and the structure and process of the group will greatly help to alleviate and reduce many of the anxious feelings within the group. It is then that the group can continue to progress.

Transition stage

As the schedule progresses and the parents’ new arrivals are beginning to attend, the group will hopefully progress from the initial stage into the transition stage. Yalom (1970) characterizes this stage as one filled with anxiety, conflict, dominance, and even rebellion. Group members may now be experiencing feelings of anxiety, conflict, and even resistance throughout the next few sessions, and post-partum effects may also be prominent at this time. It is during this time, that participants may be at their most vulnerable, both physically and emotionally. It will be vital to address each concern or conflict as it arises, in a respectful and appropriate manner; continuing to create a comfortable and accepting atmosphere is of the utmost importance. Group members need to continually feel that they are accepted within the group. Sources of anxiety may include

feeling alone in terms of worries or concerns, worried that others may be judging them or their situation, and perhaps just anxiety around all the changes in their life. Yalom (1970), describes anxiety, stating that “anxiety is a natural consequence of being placed in a group situation in which one’s expected behavior, the group goals, and the relevance to one’s personal goal are exceedingly unclear” (p. 225).

Resistance within the group also becomes clear and relevant during this stage in the group process. Sources of resistance, such as individual psychopathology, beliefs, and attitudes towards counseling, according to Yalom (1970), may cause absenteeism, tardiness, and conflict within the group and towards the facilitator.

The transition stage within group work is also characterized by conflict as well. Conflict can be a result of both resistance and/or anxiety, and the conflict can exist amongst group members and towards the facilitator. Yalom discusses this further, explaining that during the transition phase of a group, conflict arises due to the participants’ desire for power, control, and perhaps dominance within the group. Hostility can arise out of this conflict and must be dealt with appropriately and swiftly by the facilitator. Negative comments and judgments may also arise during this time, so the cohesiveness of the group, and the environment of trust and comfort must be maintained. Despite the negativity that may arise during this phase, it is essential in order for the group to move into the next stage, the working stage.

Working stage

As the group moves forward, and infants are beginning to arrive with their parents, the dynamics of the group will most likely change. For example, parents, no longer worried about the arrival of their little one, may now have new concerns regarding the health and well-being of their baby, themselves, and their relationship. It is within the next few sessions that the real work will begin, in the “working stage”, as Corey labels it. Group cohesion, the original goal previously mentioned and supported by Yalom, occurs in this stage, and this involves a sense of inclusion, belonging, and solidarity (Corey, 2008). As new parents’ energy may fade with sleepless nights and days, it is vital that the group facilitator continue to encourage parents at this time to share each of their experiences with the group members. These common themes and ideas among the group members will help to build trust, and a more open dialogue. Just as in the previous stages of the group, this stage too, can contain its own issues. For example, group members could now begin to form subgroups, and may participate in extra group socializing. Group members may form intimate friendships and may begin spending time together outside of the sessions. This may be a confidentiality concern for some so the group facilitator must ensure and communicate the importance of confidentiality, especially when outside of the group. It is not acceptable for group members to discuss items and topics that were addressed within the confidential setting of the group. Other group members may feel very uncomfortable about this, and such a situation could cause intense conflict. It would be essential for the facilitator to ensure that group members have the understanding that the issue would be addressed, possibly by removing a group member, if such confidentiality is broken.

It is obvious that the working stage of the group is just that, “work”. However, all therapy groups must proceed through these groups in order to reach the final stage, the stage of consolidation and termination.

Final stage

The final stage of the group process is characterized by Corey as consolidation and termination (2008). It is during this final phase of the sessions that group members learn, with the guidance of the facilitator, how to use their knowledge, skills, and confidence, outside of the group to meet each of their parenting and relationship goals. This may not be easy for some group members, and the end of the group may be difficult for some to manage. Participants may feel that they are losing their support system, the opportunity to openly discuss their concerns, and the group of people they have come to understand and trust. The termination of the sessions may have some participants feeling anxiety of “having to do it on their own”. As Yalom (1970) points out, the end of the group is a real loss; patients gradually come to realize that it can never be reconvened, that even if they continue a relationship with a member or a fragment of the group, nevertheless the entire group will be gone forever.

It is essential that during this time, group members work alone and together, with their partner (if applicable), to reflect on their own feelings, and the impact the group has had on their lives. As a facilitator, one should try to encourage long term relationships between group members, in order to ensure continued support.

As the group sessions come to an end, the job of the facilitator is not over. In order to gather feedback about the group and its processes, it is highly beneficial during the sixth

and final stage of group work to incorporate an evaluation component. This will take the form of a questionnaire for participants (see Appendix D). In addition to this evaluation, the group will be asked to follow up in six (6) months' time, individually, as partners (if applicable), and as a group. This will provide members with an opportunity to share experiences and concerns that have arisen since the group last met.

The Baby Steps Group

The facilitator's manual of the Baby Steps program, will both describe and discuss each of the 12 sessions that will occur over a six month period. The sessions will occur bi-weekly, beginning in the prenatal stage, and will continue until approximately three months post-partum. In order to recruit participants for the Baby Steps group, the facilitator will approach, with permission of the Child Development Center staff, a group of prenatal class participants where prenatal classes are conducted. The facilitator will provide an overview of the proposed program, which will include information about the purpose and initial goals of the group. Potential participants will be given the parent information package and decide, based on the information given, whether or not they would be willing to participate in the no-cost parenting program. During this stage it would also be anticipated that potential participants would ask questions and voice concerns about participating in such a group. Questions could arise in terms of location, time commitments, confidentiality, cost, pre-existing relationships with other members, structure of the sessions, and the goals and benefits of the Baby Steps program. After this initial contact with potential participants, the group facilitator would ask those interested to contact them privately.

Once contact with the facilitator has been made, and couples begin to show interest in participating, the facilitator would meet individually with each couple during a pregroup orientation and screening. During this time, participants would be given the confidentiality and group participation contract. The facilitator would take the time to review the contract and discuss any concerns or questions regarding confidentiality and expectations of the group. After this meeting with each of the interested parties, the group would be formed and would begin to work through each of the aforementioned stages, moving towards the final goal of successful completion.

Supervision and Facilitator Self Care

The group facilitator needs to be very aware of their personal experiences, biases, and values that could affect them, and would benefit by establishing a personal boundary around them when working with the group. It would be wise to create a small network of support and supervision that is professionally based. Creating the opportunities for feedback and discussion with colleagues would be of great importance. Kozina, Grabovari, De Stefano, & Drapeau (2010) agree, stating that a clinical supervision relationship is critical to the both the training and development of therapist, and helps to create core competencies within professionals. They underscore the importance of supervision, and how this relationship promotes learning and self-efficacy in training counsellors, especially during their time in practicum. In addition to self-efficacy within counsellors, an effective supervisory relationship for counsellors helps to enhance self-awareness as well. Wheeler & Richards (2007), found in their study “through supervision supervisees experienced significant increases on three developmental dimensions; they perceived themselves as more aware of their own motivations and dynamics, less concerned about their

performance during a session and less dependent on their supervisors for direction and support” (p.149).

In addition to self-efficacy and self-awareness, counsellor supervision can be essential when learning to deal with issues such as countertransference and transference. Supervision, not only aids the counsellor in dealing with transference and countertransference, but as Richards & Wheeler (2007), state “has an impact on therapist self-awareness, skills, self-efficacy, theoretical orientation, support and outcomes for the client” (p. 63). Tobin and McCurdy (2006) also look at both of these ideas within their research, understanding the important and inevitable role each of the play within a group setting.

It is critical for counsellors to participate in professional supervision sessions. The theories or methods practiced within this relationship are less important, however, supervision for the group facilitator could model the theories the Baby Steps program utilizes. Both the Adlerian and solution-focused ideas and strategies could help the facilitator gain knowledge, understanding, and confidence when working with the group. By creating a supervision relationship grounded in these two theories, the supervisee has opportunities to set goals, reflect on experiences, and work to gain insight into the concerns that have arisen during group sessions. McCurdy (2006) points out that Adlerian theory is effective in supervision because the theory has several strengths such as: the interaction between supervisor and supervisee, the emphasis on democratic and egalitarian relationships, and the holistic approach to teaching, learning and growing. A supervisory relationship grounded in such theories could help the facilitator observe such critical aspects, and learn to use them more effectively when working with the group. The

opportunity for supervision could also provide the facilitator the chance to learn more about the theories and methods used, so as to better utilize them within the sessions. Furthermore, just as in the Baby Steps group, supervision sessions can also include opportunities to work with scaling questions, miracle questions, and unique exceptions in order to focus on strengths. Through the use of these two theories intertwined into one approach, it is possible for “supervisees...to feel like they can view supervision as a process where it is not possible to fail” (McCurdy, 2006, p. 149).

In Session Care of Infants by Elderly Volunteers

As new parents within the group adjust to their new roles and begin bringing their infants to the program, childcare during this time may become difficult. Parents may want to bring their infants, but may be distracted by their attendance. The Baby Steps program will provide parents with the opportunity to have free childcare during group sessions. Elderly volunteers from the community could be recruited in order to assist. The benefits of this would be two-fold. Parents could participate freely knowing that their infants are close by, and the elderly volunteers could be provided with the opportunities to spend time with the infants, and with other volunteers.

Research supports that when the elderly volunteer within their community, the emotional and physical benefits are measurable. As Fratiglioni et al. (2004) discovered there is sufficient evidence that shows that there are numerous health-promoting effects when the elderly are involved in social relationships. These findings also correlate with what others, such as Ryden, Pearson, Kaas, & Hanscom (1999), have found that

approximately 26% to 43% nursing home residents in the United States suffer from some form of depression, whether it be mild, moderate, or severe (as cited in Chao et al, 2006).

Chapter 3: Program Overview

The program discussed in this project will take the form of a support group for new parents. This program will include both a psycho-educational and a formal discussion component. This twelve session program will be approximately six months in length, running every two weeks. Each of the sessions will be approximately 90 minutes in length, including sufficient time for a check – in, discussion/guest speaker, an activity, and a wrap up.

Theories that will Guide Group Sessions

Because the particular group setting, the participants, and their experiences will be varied, the theoretical approach and the activities presented must also be diversified. In order to meet the needs of the participants, the theoretical orientation of the group will be integrative with a main focus on Adlerian and solution-focused approaches.

Alfred Adler was a pioneer in group counseling. He believed that individuals feel the need to belong and when this need for belonging has been met, people will function well and in a healthy manner. The understanding for this particular need is enhanced within the group and family settings, because group members often share similar concerns and feel validated and less alone when discussing these concerns. As the group progresses and bonds are formed, the need to be connected with others through this experience is important for participants. This sense of belonging helps participants to feel safe and accepted as they share intimate and personal details about their daily lives. As Ferguson (2010) discusses, Alfred Adler believed that the events and relationships throughout early childhood have long-term influences on a variety of things, including personality and one's

mental health. Along with our need to belong, raising a child can be a lonely, isolating experience. This idea, coupled with our own earlier influences that might accentuate feelings of isolation is a good argument that an Adlerian approach is a good theoretical foundation for a parenting group: an approach that could prove to be highly effective. Research completed in the late 1970's and early 1980's, as reviewed by Krebs (1985), support significant results when an Adlerian based program was used with parents. The study compared three types of parenting programs, an Adlerian based program, a behavioural based program (shaping children's behaviours), and a parenting effectiveness training (PET) program. Each of the programs focused on a variety of parenting behaviours and their impacts on the children. The items of focus included child behavior modification, family environment, mother-child interaction, and child-rearing. Although the results of this research made it almost impossible to rank one approach over the other (Krebs, 1985), the results did reveal, that the Adlerian approach provided a more democratic manner of parenting, increased cohesion within the family, and mothers viewing their children in a more positive manner. In addition, children became more considerate and responsible, and there was an increase in verbalization in children.

Corey (2008) demonstrates that such a counsellor adhering to an Adlerian approach has characteristics such as presence, the courage to be imperfect, willingness to take risks, acceptance, and caring; characteristics greatly beneficial for each of the members involved in this group. In addition to guiding the facilitator, the Adlerian-based ideas, not specific techniques, also lend well to the rationale for a group approach. A group such as this one helps to create an environment that fosters belonging, community, and social connectedness. Parents within this group will be able to share their stories and ideas and

will be benefited by such a caring and comfortable atmosphere. Adlerian theory along with solution focused theory will help to form the foundation of the group, in terms of the structure, leadership, and activities of the group.

As Corey (2008) points out, a counsellor following a solution focused approach, helps and encourages participants to understand that they are resilient, resourceful, and competent, and that they have the power and ability to create their own solutions to problems and issues that may arise in their lives. The approach focuses on optimism and working towards positive possibilities for the future. Seemingly, a solution-focused approach will help parents to examine their thoughts, ideas, actions, and decisions, and decide what is working well for them. The parents of the Baby Steps group will benefit greatly from focusing on the positive, rather than on the negative. This particular approach provides opportunities for a variety of questioning techniques, Gingerich & Eisenhart review these, stating the following:

The specific techniques include the ‘miracle question’, which helps clients envision a preferred future; ‘exception questions’, which help clients notice and describe times when their problem is reduced, or not present; and the ‘scaling question’, which helps clients search for and notice parts of their preferred future that may already be happening. (as cited in Miller, 2010, p. 173)

For example, both the miracle question and scaling questions will assist parents not only during sessions, but between sessions as well, when problems within relationships, both with each other, and as parents, may arise. In addition to this approach, scaling questions are also a wonderful way to explore parents’ feelings about numerous items, including, prenatal concerns, the idea of labour, birth, and the arrival of their child. Furthermore, these scaling questions can help to identify feelings of depression, anxiety, and anger in the postpartum time. Reiter’s (2010) research regarding the use of such an approach focuses

on the ideas of hope and expectancy when working with clients in a solution-focused manner. His article discusses the use of scaling questions, miracle questions, and finding exceptions and the manner in which these approaches are linked to hope. Reiter (2010) explains, “hope is a major factor within therapy that can lead to positive change within clients” (p. 133). Scaling questions are “inherently hopeful, leading to expectancy of change because they illuminate a range of experiencing” (Reiter, 2010, p. 140). In addition, the miracle question provides clients with a feeling of hope. This type of question allows clients to see past the overwhelming situation within their lives, and allows them to look forward to a future of new experiences. This in itself can be a powerful way of helping clients to consider the possibilities as it relates to change. The concept of couple enactments within a solution-focused therapy situation is discussed by Seedal (2009). These enactments provide couples with the opportunity to work through issues and conflicts while being guided by a facilitator in a safe and helpful manner. Enactments, as defined in this article, are opportunities for couples to interact while receiving coaching by a therapist. They are designed to create and facilitate couple interactions that are self-reliant and constructive in nature, and are designed to help couples increase hope, confidence, cooperation, and collaboration. In addition, “enactments constitute a valuable context in which to generate solution-building process and dialogue” (Seedal, 2009, p. 106). The article ends by pointing out how couples can work towards building solutions together, without the assistance of the facilitator, when they return home.

An Adlerian and solution-focused approach to the Baby Steps program will be greatly beneficial to those involved. Each of these ideas contains tools and strategies that will help new parents work through conflict and create a feeling of hope within their

relationship. Parents will, through various activities and discussion, begin to foster self-reliance, resiliency, cooperation, and a sense of belonging that will help them to become better partners and parents.

Selection of Group Members

The program will be advertised throughout the community, with prenatal participants in mind. Flyers will be distributed locally (see Appendix A for an example of a flyer), placed in areas of interest, and handed out to prenatal participants at the Child Development Center. Local organizations such as the Pregnancy Outreach Center, the Child Care Resource and Referral Center, and the Child Development Center will be approached for their support in organizing such a group. The facilitator will attend a local pre-natal class to speak to members about participating in the group. A program overview will be distributed during the discussion so that questions, comments, or concerns could be addressed. It is my intention, to have 4 – 6 couples or single parents, and the number of the participants in the group will not exceed 12 people. This will help to ensure the small and intimate feeling that is needed for this particular program. However, the program will not be feasible without a minimum number of 6 participants. During the support group's orientation meeting, members will be informed of confidentiality and its limits, and informed consent will be obtained. At this time members will be encouraged to complete the program in its entirety, but will be permitted to drop out if they choose to do so.

In-session Care of Infants

As parents begin to introduce their new arrivals to the group, in-house child care would be beneficial. Having someone in the building, in close proximity to the meeting, to watch their infant, would allow for new parents to continue participating in the group activities and discussion, while still feeling at ease knowing that their little one is in good care. For this option, it would be a wonderful dynamic to add capable, elderly volunteers from the community to come in as child-care providers. This would allow the volunteers the opportunity to not only bond with the infants, but also the opportunity to socialize with others. The Baby Steps program could offer some elderly volunteers (one per infant), the opportunity not only to create a social connection with others in the same stage of life, but also with members of other generations. Perhaps bi-weekly contact with the infants could promote a greater sense of well-being and renewed vitality.

Overview of Manuals

The details of the program will be found in the facilitator's manual in Chapter 4. This manual will provide a schedule of discussions and guest speakers, corresponding activities, and a list of references that will be helpful to them and referred to throughout the program. Topics and ideas may be added to the schedule to fit the needs of the participants. The facilitator's manual will provide information in regards to each of the sessions. It will be well organized and will include a series of reproducible handouts for parents, information to structure each session, and a reference list from which to draw further information.

Psycho-educational Components

The psycho-educational component of the program will cover the following topics by including a guest speaker from the community: infant development, finances, mental health, and physical health. Parents will have the opportunity to work individually, as couples, and in small groups in order to complete activities that will be presented to them during the sessions. Furthermore, participants will be encouraged to complete a daily homework assignment such as a journal entry, or series of entries. The purpose of this would be to document feelings, progress, setbacks, or responses from readings or guest speakers.

Conclusion

When I became a parent for the first time, nothing could have prepared me for the complete change that was about to occur in my life. My husband and I believed that we had done everything “traditionally” and “right”. We met, dated for what seemed like a lifetime, got engaged, had a traditional wedding, and then decided to have a baby. Everything in order, just as it should be...

We prepared the nursery, took prenatal classes, and read books about parenting and babies, and “what to expect”. We never talked about discipline, our relationship, duties, diapers, or college funds. We always believed that we were on the same page, and to some extent, we were, but when our daughter came along, a lot changed. We changed. We became Mom and Dad.

We always believed, as relatively well-educated, and self-proclaimed “common sense type people”, that parenting was just the next logical step in our life together. We

could do this, there was so much we had been through together, we could handle a little 7 pound baby. But as the days and nights ran into each other, and the months became a year, it is easy to see how difficult, although delightful, having children can be. It is a huge change in roles, change in lifestyle, and a change in financial and emotional responsibility. The more people and friends I spoke to, the more I began to realize that we weren't alone in our struggles.

As a teacher I see it all the time: the breakdown and breakup of families, and the long term emotional and academic turmoil that children go through. As I began to think about my project, the more I began to realize that our system, mainly educational, but others as well, are very reactive in thinking and funding. We work hard to help "at risk" families and children, but I wonder why we wait. Was there more that could be done in order to help families before they became "at risk?" Was there a way to give new parents the emotional, financial, and educational support that they needed to help guide themselves, their spouses or partners, and their newly-created families so that they were more resilient? Hence, I wanted to design a program that was preventive in nature.

The community of Williams Lake needs increased support for the families. Although programs are available to members of families and their children, a piece of the puzzle seems to be missing. There are families within the community that are not being provided with opportunities, or are not taking advantage of opportunities that could assist them in the first critical years of their children's lives. We are waiting too long to support families and are faced with a series of issues within our schools that are affecting the education of our children. The Baby Steps program will be an opportunity for parents to relate, learn, share, and support each other in their journey in becoming parents.

Chapter 4: Facilitator's Manual

This manual is intended to be a guide to the program Baby Steps. Although the schedule of topics, discussions, and guest speakers has been set, it is critical, as a facilitator, to remain flexible. If an opportunity presents itself, through client need or request, to address a topic relevant to the group's members prior to the date selected, it is important that the facilitator take the opportunity for the discussion.

Pre-Session Meeting – for each couple (approximately 45 minutes each)

Prior to the group commencing, each of the potential participants will be contacted for a pre-screening meeting. During this time, the facilitator will discuss the confidentiality and group participation contract. Give the participants opportunities to ask questions and voice concerns before signing the contract. The group facilitator should also sign the contract.

Schedule of Discussions and Guest Speakers

12 Sessions – 6 months in length (Meetings twice a month)

Session #1 – Welcome to the Group (90 minutes)

Materials needed:

- Parent information packages for each group member (these will be conveniently placed in a labeled shelf so that members can add new items to the package each week).
- Sharpened pencils
- Lined paper
- Introductions – facilitator and group members
- During this first meeting, it is vital that all aspects of behavior and expectations are discussed openly. Items such as tardiness, confidentiality, informed consent, and the structure and time limits of the group sessions should be discussed. Ensure that

each section of each session (check in, discussions, activity, wrap up, homework) are clearly defined to participants.

- Give participant the opportunity to ask questions of the facilitator if they choose.
- In addition, before moving on to the program overview, take a few minutes to acknowledge any pre-existing relationships between members.
- The more discussion with the members, the better. Give them opportunities to tell their stories, without getting too in depth and personal right away. Allowing the time and opportunity for participants to open up will help participants to begin to feel comfortable within the setting. Items for discussion could include: what brings participants here? What ideas do they have? What are their feelings around the situation?
- Discuss the program overview (included in the parent package). Encourage participants to ask questions, voice concerns, and share their initial thoughts about the topics and process.

**** 5 minute break **** - During break time in the first session, the facilitator will provide a small snack of fruit, veggies, water, juice, tea and/or coffee. Discuss with group members if they would like to set up a “snack schedule” for future sessions. Perhaps members could take turns contributing to the refreshments served.

- Individual writing activity: “Now that we’ve had the opportunity to discuss how the next 11 sessions will occur, what are your personal thoughts? Any initial fears or worries? How might your relationships and/or parenting be affected throughout this program?”
 - If participants wish to continue this activity for homework, they can do so.
- Wrap up: Thank everyone for coming, ensure that each participant has an information booklet, and remind them of the time, date, and location of the next session.

Session #2 – Seeking Help (90 minutes)

Materials needed:

- Ensure that members have brought their information package (have extras just in case).
- Sharpened pencils
- Lined paper
- Any information/paperwork supplied by the guest speaker
- Check in: How is everyone?
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of

each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.

- Throughout the entire duration of the group (6 months), continually keep track of the participants' responses to the scaling questions. This can help the facilitator to track progression or regression from week to week, and from beginning to end. Facilitator should be aware of differences of 2 points or more, and can initiate discussion around the answers given.
- Guest speaker: (40 minutes)
 - Introduce the community member (counsellor) who has been invited to speak about counseling, what it's about, and the resources available for couples.

**** 10 minute break before discussion****

- This session will include a group discussion time to voice concerns, ask questions, or make comments in regards to the information being presented.
- Wrap up: (20 minutes)
 - Group discussion about the information presented with the guest speaker and any other concerns, questions, or comments.

Session #3 – Parenting Worries: What Keeps Us Up At Night? (90 minutes)

Materials needed:

- Ensure each member has brought their information package
- Lined paper
- Sharpened pencils
- Large, lined chart paper
- Permanent coloured markers
- Check in: Welcome back. Anything new? How is everyone? (20 minutes)
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
- Activity and Discussion: (40 minutes)
 - Tonight's topic: biggest parenting worries – have each individual write down their top 3-5 parenting worries. This may prove difficult, and getting the list down to 3-5 ideas may take some work.

- Once everyone has completed their list, have them partner up. Ensure that participants are not partnering with their spouse for this activity. Partners will discuss their concerns and ideas, and record them on the chart paper provided.

**** 10 minute break ****

- Have the partners present their ideas to the group.
- Once each pair has presented, have the individuals pair up with their spouses to compare/contrast/discuss their ideas.
- Wrap-up: (20 minutes)
 - Discuss: what was it like to discuss your worries? How was it different discussing them with someone other than your parenting partner?
- Daily Homework assignment: (10 minutes)
 - Over the next week or so, pay attention to how often you are faced with your parenting worries/fears. How did you handle them? Who (if anyone) did you discuss them with?

Session #4 – Mental Health (90 minutes)

Materials needed:

- Ensure that members have brought their information packages.
- Sharpened pencils
- Lined paper
- Any information/paperwork supplied by the guest speaker
- Check in: Welcome back. Homework discussion. How is everyone? (20 minutes)
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
- Guest speaker and discussion (50 minutes) ** 10 minute break before discussion
 - A community professional will come into the session and discuss post natal mental health issues, including post partum depression in both males and females.
 - Discussion and question time will allow for participants to ask questions, make comments, and voice opinions about the topic presented.
- Wrap up: (10 minutes)
 - Thank the guest speaker for coming.

- Participants will take this time to reflect on what they learned during the discussion. This will be an opportunity for group members to share ideas and thoughts.

Session #5 - Our Family: Values, Traditions, and Morals (90 minutes)

Materials needed:

- Ensure that members have brought their information packages – especially critical during this session due to the use of the “Create Everyday Rituals of Emotional Connection” list provided for the homework assignment.
- Sharpened pencils
- Lined paper
- Check in: How is everyone? Anything new? (15 minutes)
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants’ numbers.
- Activity: Partner activity (45 minutes)
 - Each participant will define the following terms (on the provided lined paper).
 - Value
 - Tradition
 - Legacy
 - Morals

**** 10 minute break ****

- Parenting partners will work together with their definitions to discuss these topics and how they fit into their lives. Partners will consider and discuss how each will influence their parenting and relationships with other members of their families.
- Wrap up: (15 minutes)
 - The group will, during this time, discuss their ideas with the group. What ideas, concerns, or thoughts came out of this activity?
- Daily Homework: (5 minutes)
 - For the next session, have the participants look over the “Create Everyday Rituals of Emotional Connection” list from “And Baby Makes Three” (will be photocopied and placed into the parent package)

- Parenting partners will follow the instructions given and choose one topic to discuss together before the next session.
- In addition, discuss with participants ideas, questions, concerns they may have about their family's finances. Have them discuss this at home and write down anything they'd like to bring to the next session regarding finances.

Session #6 – Finances (90 minutes)

Materials needed:

- Ensure that members have brought their information packages – especially critical during this session due to the use of the “Create Everyday Rituals of Emotional Connection” list provided for the homework assignment.
- Sharpened pencils
- Lined paper
- Any information/paperwork supplied by the guest speaker
- Check in: How is everyone?
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
 - Homework discussion on topic: “Create Everyday Rituals of Emotional Connection”. (15 minutes)
 - Review ideas and experiences that came out of this assignment, whether they are positive or negative in nature.
- Guest Speaker: (45 minutes)
 - Introduce the community member chosen to come and discuss a variety of ideas and topics regarding finances.

**** 10 minute break ****

- The focus for the discussion will be on household budgets, savings, education plans, and any other ideas that have been brought forward by the participants.
- The discussion time will allow for parents to ask questions, discuss concerns, and learn about community resources available.
- Wrap up: (10 minutes)
 - Thank the speaker for coming in.

- This time will be for parents to reflect on ideas of interest and areas of concern.
- Daily Homework: (10 minutes)
 - For the homework assignment this week, parents will go home and create a budget for their household. Included in this must be information regarding income, expenses, and savings.

Session #7 – Making Time For You and As a Couple (90 minutes)

Materials needed:

- Ensure that members have brought their information packages.
- Sharpened pencils
- Lined paper
- Check in: How is everyone?
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
 - Homework assignment discussion. (20 minutes)
- Discussion: Making time for you and as a couple (group discussion – 20 minutes)
 - "What do each of you do individually and as a couple, that helps you to feel happy, less stressed, energetic, etc.?"

**** 10 minute break ****

- Activity: Individual and partner (20 minutes)
 - Writing activity to answer: "If I had 2 hours a week to myself (no interruptions), these are the ways I could spend it: _____". "Ways this would benefit me: _____, my parenting: _____, and my closest relationships _____".
 - Partners will then get together and discuss their answers. Then, together, they will make a plan for an activity to do together as a couple.
- Wrap up: (15 minutes) Group discussion about the individual and partner activity
 - How can we help our parenting partner to get the individual time they need?
 - How can we, as a couple, ensure that the time we need as a couple is also being provided?
- Daily Homework: (5 minutes)

- Journal until next session (and beyond), about time as individuals and as a couple, and thoughts about the impact on all close relationships.

Session #8 – Infant Development: Social, Emotional, and Physical (90 minutes)

Materials needed:

- Ensure that members have brought their information package.
 - Sharpened pencils
 - Lined paper
 - Any information/paperwork supplied by the guest speaker
- Check in: How is everyone?
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
 - Discuss homework and the topic of "time" (20 minutes)
 - What were the conversations that came out during this? Were they positive or negative?
 - Guest speaker: (50 minutes)
 - Introduce the community member who has been invited to discuss the topic of infant development and the social, emotional, and physical connections.

**** 10 minute break before discussion****

- This session will include a group discussion time to voice concerns, ask questions, or make comments in regards to the information being presented.
- Wrap up: (10 minutes)
 - Group discussion about the information presented with the guest speaker.
 - Direct participants to their resource list. Discuss quickly with them Daniel Goleman's Emotional Intelligence.

Session #9 – Conflict Resolution (90 minutes)

Materials needed:

- Ensure that members have brought their information package.
- Sharpened pencils
- Lined paper

- Check in: How is everyone? Anything new? (15 minutes)
 - o The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
- Discussion: Conflict in the household (30 minutes)
 - o As a group, discuss conflict.
 - What starts conflict in your house?
 - How is conflict dealt with?
 - How do you recover from conflict?
 - What effect does your ability to handle conflict have on your child(ren)?
 - o Using the ideas of Goleman's Emotional Intelligence, look over the information in regards to being an active listener (handout provided within the information package). Discuss the traits of an active listener.

**** 10 minute break ****

- Activity: partners/small group (20 minutes)
 - o Think about the discussion the group just had. On a piece of paper, individually write down your thoughts about conflict within your household. Try to stick to "I" statements.
 - Use the handout provided titled "Getting Your Message Across". Take time, as a facilitator, to work with each couple as they work through this activity. Use "couple enactments" to help guide participants safely through their conflict.
 - Not all couples will have the opportunity during this time for an "enactment". Perhaps time would be best used if all the couples could observe the couple enactment at the end of the activity.
 - o With a partner, discuss what you've written. What similarities do you see? Differences?
 - o Now, partners will join others to create small groups.
- Daily Homework: until the next session, document conflicts that occur within your household – only choose the ones that seem to impact you the most. How did you deal with these individually? How did you deal with them with your partner? What did you do "well"? What could you have improved on? Discuss exceptions with participants for this activity. Have the participants focus on the positive aspects of their interactions rather than on the negative. This will help them to focus on the positive aspects of their conflict resolution, rather than on the negative aspects.

- Wrap up (15 minutes): short group discussion regarding today's topic and the homework assignment.

Session #10 – Physical Health (90 minutes)

Materials needed:

- Ensure that members have brought their information package.
 - Sharpened pencils
 - Lined paper
 - Any information/paperwork supplied by the guest speaker
- Check in: How is everyone? Anything new? (20 minutes)
 - The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
 - Guest speaker: (40 minutes)
 - Introduce the community member who has been invited to discuss the topic of post partum physical health.

**** 10 minute break before discussion****

- This session will include a group discussion time to voice concerns, ask questions, or make comments in regards to the information being presented.
- Wrap up: (20 minutes)
 - Group discussion about the information presented with the guest speaker and any other concerns, questions, or comments.

Session #11 – Meeting Needs Emotionally and Physically (90 minutes)

Materials needed:

- Ensure that members have brought their information package – especially critical for this session due to the use of the “Turning Towards Your Partner’s Needs” list provided. Have a few extra copies just in case someone has forgotten to bring theirs.
 - Sharpened pencils
 - Lined paper
- Check in: How is everyone? Anything new? (15 minutes)

- The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
- Discussion: (30 minutes). Meeting our needs. Once baby has arrived, this can become a sensitive subject, and one that partners may not agree on. John Gottman's book "And Baby Makes Three" has a very interesting section about meeting the emotional and physical needs of ourselves and our partners. Using page 154 from his book, the group will discuss the items listed. How realistic are they? Are these items cause for conflict in relationships?

**** 10 minute break ****

- Activity: (partner) (20 minutes). Using the "Needs List for Turning Toward" from Gottman's book, each of the partners will individually complete the list (by checking off those that apply to them). Once they have completed this, each partner will take the opportunity to discuss these with their partner.
 - Remind participants, as they are listening to each other, to refer to their active listening handouts, to ensure they are doing their best to really hear and understand their partner's needs.
- Wrap up: (15 minutes). Take the opportunity to have a group discussion/review of what they learned about themselves and each other when completing the activity during this session.
- Homework: Ask each of the participants to journal about their needs over the next few weeks. Have them express their thoughts, feelings, and concerns about how well they meet the needs of their partners and how they are at expressing themselves to have their own needs met.

Session #12 – Checking in on Our Family – A Look to the Future (90 minutes)

Materials needed:

- Ensure that members have brought their information package.
- Sharpened pencils
- Lined paper
- Pencil crayons
- Coloured markers
- Blank, drawing paper
- Check in: How is everyone?

- The session check in will involve a scaling question (out of 10) for each participant. The use of such a question will help to gauge the feelings of each parent. In addition, the results will help to guide the facilitator in discussion with the group, finding exceptions, and understanding the reasons for each of the participants' numbers.
- Tonight is our last night, what does that mean for each of you? (20 minutes)
- Homework discussion on meeting needs (20 minutes)
 - Was active listening a part of the discussion at home? Why or why not?
- Activity and Group Discussion: (40 minutes)
 - "My family in five years" – Use of the miracle question here.
 - Describe the miracle question. Give an example.
 - Each of the participants will spend some time writing a journal entry five (5) years into the future. The journal entry will talk about each aspect of the participant's life. The purpose of this activity is to have each parent think ahead to what they would like to have their life look like in 5 years. If members choose, perhaps they could create an illustration in addition to, or instead of, the journal entry.
 - Group discussion about each of their journal entries. Participants can begin by reading their journal entry or they can choose to simply paraphrase their ideas.

**** 10 minute break ****

- Discussion and Reflections: (20 minutes)
 - During this time, participants can complete the final feedback questionnaire about the program, the process, and the result.
 - In addition, participants, once finished the questionnaire, can take the opportunity to discuss and reflect about their program experience openly with the rest of the group.

“Create Everyday Rituals of Emotional Connection”

From John and Julie Gottman’s

“And Baby Makes Three”

Lesson 11 Handout

Instructions: Pick one of the following topics and discuss it with one another. At another time, you can choose one of the other topics to discuss if you like.

1. Talk to each other about family dinnertime in your home. What does eating together mean to you? What are family meals like now? What are some example of good events and nightmare events around mealtimes when you were each kids? What were these events like for each of you? What did they mean to you, if anything? What is the role of food in your family now?
2. Talk to each other about reunions or the family getting together at the end of the day. What is the reunion like? What goes on? What was it like in your two families growing up? What is important when you all get together at the end of the day? What would you like it to mean?
3. Talk to each other about bedtime in your home. What was it like in your two families growing up? How would you like it to be now? What should it mean?
4. Talk to each other about the weekends. What goes on during the weekends? What were weekends like in your two families growing up? What are some examples of good and bad ones when you were kids? How would you like weekends to be now? What should they mean?
5. Talk to each other about the rituals you have around finances. How do you view money? Why? How was money handled in your two families growing up? What were some examples of good events and nightmare events around money when you were kids? How do you think money should be handled now?
6. Talk to each other about entertaining in your home, having friends over, having parties, and so on. What typically goes on? What was it like in your two families growing up? What are some examples of good events and nightmare events around entertaining when you were kids? What is important to you about entertaining? What atmosphere are you trying to create? What should it mean?
7. What are especially good times for you as a couple, and for your family together? Walk about some recent examples. What was important to you about these times? What were family times like growing up? What kind of good family times do you want to create in your family today?
8. What are typical everyday things you celebrate? Birthdays? Anniversaries? Family reunions? How do you celebrate them? Talk to each other about what these events were like in your two families growing up. What are some examples

- of good events and nightmare events when you were kids? What do you want these events to mean?
9. What are typical things that happened around someone in your family getting sick? What was being sick like in your family growing up? What do you want it to be like in your own family?
 10. Talk about vacations, rituals of renewed spirit, and travel in your life. What are these events like now for you and what do they mean? What were vacations like in your family growing up? What are some examples of good events and nightmare events when you were kids? What do you want these to be like in your family?
 11. Explore recreation rituals that may involve experiences such as dates and getaways, weekend activities, sports events, movies and TV viewing, playtime with the kids, and others. What were these rituals like in your family growing up? What do you want them to be like in your own family?
 12. How does your family run errands? What were errands like in your family growing up? What do you want them to be like in your family now?
 13. How do you get renewed and refreshed when you are burned out or fatigued? How did your two families do this? How do you want to renew yourselves in your family today?
 14. How do you obtain stimulation and enrichment (e.g. through music, plays, art, hobbies, other common interests)? What was enriching in your family growing up? How do you want to enrich yourselves as a family now?

Gottman, John M., & Gottman, Julie Schwartz. (2007). *And baby makes three: The six-step plan for preserving marital intimacy and rekindling romance after baby arrives*. New York: Three Rivers Press.

“Turning Towards Your Partner’s Needs”

From John and Julie Gottman’s

“And Baby Makes Three”

Lesson 11 Handout

Instructions: Read the list that follows, and select a need that you have from it. Then take turns. Each of you, describe the need you selected to your partner. Try to be as specific about it as you can. If you’re the listener, ask your partner for suggestions about how you can meet his need better in the coming week. You can refer to this list from time to time later on to help you voice your needs to your partner. Just remember, do your best to turn toward your partner, not away or against him or her.

Needs List for Turning Toward

- I need you to be more physically affectionate.
- I need to cuddle more.
- I need to talk more about the baby.
- I need you to answer me when I call your name.
- I need you to ask me about my hopes.
- I need to talk every day about how my day went and to hear about your day.
- I need more help with housework.
- I need to get some time alone.
- I need for us to go on a date sometime.
- I need the TV to be on less often.
- I need a foot rub or a back rub.
- I need to invite some friends over.
- I want us to divide up the chores.
- I need you and me to do more things as a family.
- I want to order food or have you do the cooking one night.
- I want you to run my bath water and let me take a long bath.
- I need to see my friends.
- I want us to spend more time with my parents.
- I need an adventure.
- I need you to tell me that I look nice.

- I need a kiss hello and a kiss goodbye every day.
- I need you to play with the baby.
- I need to travel.

Gottman, John M., & Gottman, Julie Schwartz. (2007). *And baby makes three: The six-step plan for preserving marital intimacy and rekindling romance after baby arrives*. New York: Three Rivers Press.

“Be an Active Listener! Experience Sheet”

From “50 Activities for Teaching Emotional Intelligence”

Listening is a very important part of good communication. Listed below are characteristics of a good listener. Check the ones that describe you most of the time.

A good listener:

- Faces the speaker.
- Looks into the speaker's eyes.
- Is relaxed, but attentive.
- Keeps an open mind.
- Listens to the words and tries to picture what the speaker is saying.
- Doesn't interrupt or fidget.
- Waits for the sender to pause to ask clarifying questions.
- Tries to feel what the sender is feeling (feels and shows empathy).
- Nods and says “uh huh,” or summarizes to let the speaker know he/she is listening.

Schilling, Dianne. (1996). *50 Activities for teaching emotional intelligence: The best from inner choice publishing*. Torrance, California: Inner choice Publishing.

“Getting Your Message Across – Experience Sheet”

From “50 Activities for Teaching Emotional Intelligence”

When you want to be heard, send a clear message. Follow these steps:

1. Ask to be heard. For example, say “I’d like to talk to you” or “There’s something I want to say.”
2. Look directly at the listener.
3. Speak in a clear voice.
4. Use I-statements. They have three parts:
 - a. Describe the situation: “When you...”
 - b. State how you feel: “I feel...”
 - c. Say what you want: “I’d like you to...”
5. Check for understanding.
6. Thank the listener.

Schilling, Dianne. (1996). *50 Activities for teaching emotional intelligence: The best from inner choice publishing*. Torrance, California: Inner choice Publishing.

Resources for Parents

Books

Cowan, Carolyn Pape, & Cowan, Philip A. (2000). *When partners become parents: The big life change for couples*. New York: Psychology Press.

Gottman, John M., & Gottman, Julie Schwartz. (2007). *And baby makes three: The six-step plan for preserving marital intimacy and rekindling romance after baby arrives*. New York: Three Rivers Press.

Neufeld, Gordon, & Mate, Gabor. (2005). *Hold on to your kids: Why parents need to matter more than kids*. Toronto: Vintage Canada.

Goleman, Daniel. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York: Bantam Books.

Local Resources

Cariboo Chilcotin Child Development Centre Association

- #221 – 51 Fourth Avenue South
- www.cccdca.org
- 250-392-4481

Counselling Services

- Individual therapy, family therapy, and expressive therapy for children
- EAP/EFAP plan supported
 - Intake Manager: Coleen Onofrechuk
 - 250-392-4481

Other Services Available to Parents/Guardians

- Child Development Centre Preschool
- Pre-Natal
- Infant Development Program
- Key Worker
- Occupational Therapy
- Physiotherapy

- Speech & Language Therapy
- Supported Child Development
- Child & Youth Care
- Various Groups

Child Care Resource and Referral Centre

- 301 – 19 north First Avenue
- www.childcarechoices.ca
- 250-392-4118

Services available include:

- Child care referrals/child care options
- Drop-in activities
- Training and networking for childcare providers
- Child care subsidy information and assistance
- Newsletters
- Toy, equipment and book lending

Canadian Mental Health Association

- 51 Fourth Ave South Williams Lake
- 250- 398-8220
- www.cmha.ca
 - Easy links to follow for the local website.
- Bounce Back Program and coaches available
 - www.bouncebackbc.ca

Appendix A

Baby Steps Flyer

Kylie Philpotts, B.Ed, M.Ed

Baby Steps: A Support and Educational Group for Expectant/New Parents

The Baby Steps program will be an opportunity for parents to relate, learn, share, and support each other in their journey in becoming parents.

Over the course of 12 sessions, a total of 6 months in length, parents will be given the chance to share stories, learn new ideas, and be introduced to community specialists that can help to guide them through the difficult transition to parenthood.

Baby Steps

Kylie Philpotts



Appendix B

A Parenting Questionnaire for Participants

1. What do you think new parents in our community need to help support them in their new roles?
2. What traditions, roles, and values shape you, as a new parent, in our community, and how did they develop over time?
3. How important is a support group where you could openly discuss your challenges, fears, and joys as you become a new parent?
4. Do you, as a new parent, believe that information about finances, physical and mental well-being, and infant development could be beneficial to you? In what ways?
5. Is there a stigma attached to “parenting groups”, “parent education”, or “support groups” within our community?
6. If there is a stigma, does it affect your willingness to participate in such a group? Please explain.
7. Do you believe, as a parent, that a child’s emotional, social, and later academic success can be affected by family relationships?
8. How would you define successful parenting?

Appendix C

Baby Steps: A Parent Information Package

Confidentiality/Group Participation Contract

Before participating in the Baby Steps program, it is essential to understand confidentiality and the role it plays within the group. In our situation, confidentiality is unique, we live in a small town, and it is critical that the issues, ideas, and stories discussed within the group, stay within the group.

Confidentiality: As a member of the Baby Steps program, I promise not to disclose any information discussed within the group sessions to others outside the program. I understand the importance of confidentiality and understand that if confidentiality is broken, it may result in a release from the group. In addition, the topics discussed within the sessions will not be discussed once sessions have completed. I also understand the limits of confidentiality and that if there are safety concerns for myself or others, this confidentiality contract may be broken.

(Participant Signature)

(Date)

(Witness)

Appendix D

Final Feedback

Questionnaire for Participants

1. Was attending the Baby Steps program on a regular basis helpful for you? In what ways?
2. Did participating in discussions, completing homework, and attending during guest speakers help to change your thoughts about parenting?
3. Did the opportunities you experienced here help you to feel more confident in your role as a parent?
4. Did the support group and its members help you to feel less alone during this transition into parenthood?
5. Do you believe that your relationship with your parenting partner/spouse was changed during the course of the sessions? If change occurred, was it positive or negative in nature?
6. What was the most helpful part of the Baby Steps program?
7. Would you recommend the Baby Steps program to others? Why or why not?
8. What could have been done to improve your experience during the program?
9. Was having a qualified facilitator valuable in this process? Why or why not?

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