

# Application of the Parenting Research Partnership Model to an Evidence-Based Case Study Approach

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This evidence-based case study explores the impact of an 8-week parenting intervention among diverse parents with young children who attended an urban, community-based parent program. The case study consists of a group pretest/posttest design with the intervention program as the manipulation. As such, the community-based pilot program forms the case study rather than a clinical case. The unique benefits of an evidence-based case study approach are presented. Data analyses include correlations to examine relationships among variables at Time 1 and at Time 2 and within-subjects *t* tests to analyze differences between participants' responses pre- and postintervention participation for variables that reflect parenting style, parenting competence, and the experience of being the parent of a baby. Results indicate 2 significant subscale changes (i.e., Life Change and Centrality) between Time 1 and Time 2. Changes are thought to indicate a shift toward positive parenting. The study concludes with an application of the parenting research partnership model to the evidence-based case study approach.

*Keywords:* parenting intervention, community-based programs, evidence-based case study approach, community-based participatory research, parenting research partnership model

Research documents the importance of parenting during the first four years of life. It highlights how parenting during this early period contributes to long-term positive child outcomes (Sroufe, Egeland, Carlson, & Collins, 2005). At the same time, parenting during early childhood may be affected by family stressors

as well as whether the parent is parenting for the first time (Stolk et al., 2008; Ma & Siu, 2016). Studies may focus on child outcomes postintervention, rather than explore parental changes that result from parent intervention participation (Duarte, de Azevedo, Pereira, Fernandes, & Lucion 2017). The current study defines the term

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At the time the data were collected for this study, Melanie Austin, Larraine Ahto, and Florence Samperi were employed by the center where research was conducted. Caroline S. Clauss-Ehlers served as a consultant. Study results had no impact on any financial gain for the researchers in these respective roles.

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intervention as in alignment with the guidelines for evidence-based treatment in couple and family therapy that refer to “techniques that might go together to have a desired outcome” (Sexton et al., 2011, p. 381). A goal of the current evidence-based case study is to apply specific aspects of the parenting intervention to the parenting research partnership model (Clauss-Ehlers, 2017), so this approach can be replicated by “producing clinically reliable outcomes” (Sexton et al., 2011, p. 381).

The current study takes an evidence-based case study approach rather than a traditional research approach. As such, the case being examined is a community-based intervention rather than a clinical scenario. Similar to a traditional research approach, the current study’s evidence-based case-focused approach incorporates a rationale, intervention, and a culturally responsive approach to the intervention. At the same time, however, the evidence-based case-focused approach is somewhat analogous to the clinical case study in what it has to offer. For instance, clinical case studies are often written to talk about work with a particular client (whether an individual, group, or family). A description of the process of this work might include a discussion about helpful therapeutic techniques, the theoretical approach that guided the clinical intervention, and the impact of therapeutic treatment on desired changes as reported by the client. Similarly, the current evidence-based case study describes aspects of an intervention program that are geared to meet the needs of the specific community in which they are implemented. For instance, the description of the evidence-based case study includes consideration of what was helpful about the intervention, the intervention’s underlying theoretical approach, and potential outcomes among parent participants.

Evidence-based case studies, such as the one presented in this article, can bring a unique perspective to our understanding of parenting interventions. This approach is quite different from randomized clinical trial (RCT) inquiry that is often considered the legitimate strategy to generate empirical evidence in couple and family psychology. State Sexton, Kinser, and Hanes (2008) of the RCT approach: “The ‘power’ of these approaches lies in the randomization of participants, and control group designs that optimize internal validity by minimiz-

ing and eliminating error allowing for the possibility of reliable and valid causal claims regarding efficacy . . .” (p. 389).

Although RCTs provide important, empirical findings for the couple and family psychology field, current debate highlights the importance of “methodological diversity in research” (Sexton et al., 2011, p. 388). One such view is that efforts to minimize error with an RCT approach may omit consideration of clinical complexities connected to working with people and communities (Sexton et al., 2008). This is not to say that an RCT should not be used, but rather that an evidence-based case study approach can add to our knowledge base with regard to understanding effective parenting interventions. A body of literature that presents RCT research findings, as well as those that result from the evidence-based case study approach, may strike a better balance between the scientific rigor reflected in RCTs while also maintaining responsiveness to specific community clinical needs represented in the evidence-based case study approach.

Specific benefits can emerge through the integration of the evidence-based case study approach. One such benefit is that the evidence-based case study can be uniquely tailored to a specific community. In the current study, for instance, our first step in intervention development was to talk with community members to get a sense of what they wanted to learn. Talking with participants about how an intervention can best meet their interests is in direct alignment with a community-based participatory research (CBPR) framework that incorporates research participants in study design and implementation (Belone et al., 2016). Just as clinical themes develop in therapeutic work with clients, so too community themes emerged as we talked with potential participants about what was affecting their parenting. Workshops that reflected these identified themes were subsequently developed. A related benefit is that the framework developed for an evidence-based case study may be replicated and/or adapted for diverse communities.

Another benefit to the evidence-based case study approach is its potential to decrease the gap between research and practice (Sexton et al., 2008). In the current evidence-based case, for instance, the intervention helped us learn that parents greatly appreciated hearing from

each other, rather than merely learning from the “experts.” It was important for parents to get a sense of what other parents were experiencing. These nuanced, yet highly meaningful levels of clinical understanding can emerge from the evidence-based case approach. Hence, research informs practice and practice informs research.

Another benefit of the evidence-based case study approach concerns practicality. Currently we are in a climate in which funding for couple and family research is decreasing. The smaller evidence-based case study may provide a more feasible way to conduct research given resource allocation issues. Finally, a unique benefit of the evidence-based case study approach is its ability to generate and apply new conceptual models. By capturing specific community stories and experiences, the researcher can develop and apply models that reflect these voices. The parenting research partnership model, for instance, is fully applicable to the collaboration between parents and researchers in this community as presented in Table 6.

Other related research has found that parental perceptions of competence play a significant role in actual parenting practices. Teti and Gelfand (1991) found that maternal self-efficacy beliefs, or sense of competence, significantly mediate the relations between maternal behavioral competence and other psychosocial factors (e.g., maternal depression). The result of this study also suggests that an increase in maternal self-efficacy predicts a decrease in psychosocial risk among infants. In more recent work, Day, Michelson, Thomson, Penney, and Draper (2012) found significant increases in positive parenting among parents who participated in a peer-led intervention program focused on parent empowerment.

Parent intervention literature has focused on interventions geared to supporting self-efficacy among primiparas (i.e., first-time mothers). Findings in this area indicate that parenting interventions that provided home visits for first-time mothers prompted greater environmental resources such as more play, language usage, and less harsh discipline (Olds et al., 2002). Research indicates that parents who participated in a postnatal psychoeducation program intervention reported higher maternal parental self-efficacy and social support and lower postpartum depression 6 and 12 weeks after delivery in

comparison with a control group (Shorey, Chan, Chong, & He, 2015).

A study conducted by Stolk et al. (2008) found that both primiparas and multiparas demonstrated beneficial effects from a parenting intervention, although the outcomes varied. Specifically, primiparas demonstrated greater use of positive discipline in response to the intervention while multiparas demonstrated greater sensitivity. Our sense is that parents with either one or more children (i.e., both primiparas and multiparas) may experience a sense of isolation and, as such, a group-focused parenting intervention might alleviate this occurrence.

Findings indicated support for an authoritative parenting style in a study that explored parenting styles among immigrant Chinese mothers of preschool children. An authoritative (i.e., warmth, responsiveness) parenting style predicted their children's ability to sustain attention and fewer negative teacher evaluations. Also interesting was the finding that study participants who reported more parenting support or psychological well-being, used a more authoritative parenting style, but only when there was low parenting stress. Well-being and parenting support did not predict authoritative parenting amid a high stress parenting situation (Cheah, Leung, Tahseen, & Schultz, 2009).

### Overall Study Aims

The current study examined the impact of an 8-week parenting intervention program. The intervention was delivered in a community-based parent center located in a diverse lower- and working-class neighborhood composed primarily of Latino/Hispanic/Latinx, Asian/Asian American/Pacific Islander, Black/African American/Black American, and Jewish communities. Participants were asked to complete three parenting surveys and one demographic form once prior to initial participation in the parenting intervention and again after participation in the 8-week program. The parent center program incorporated a number of instructional parenting workshops and informal socialization with other parents at no cost.

The overall aim of the current study was to explore whether the parenting program facilitated a sense of positive parenting among parents, many of whom faced economic challenges

and a subsequent lack of resources. This aim was addressed by conducting a within-subjects *t* test to analyze differences pre- and postintervention participation. It was also addressed by examining correlations among variables at Time 1 and Time 2 to determine if there were changes in relationships among the study variables at different data points. A second, related goal was to explore how an evidence-based case study approach can effectively promote change among groups whose experiences may be underreported in the literature. The application of the parenting research partnership model incorporated parent feedback and involvement in study design and implementation.

## Method

### Participants

Study participants consisted of 20 parents from 20 different families (men,  $n = 1$ ; women,  $n = 19$ ). Participants aged between 21 and 64 years, 5 (25%) of were in their twenties, 9 (45%) in their thirties, and 6 (30%) between the ages of 41 and 64. Among participants, 10% ( $n = 2$ ) self-reported as White, 20% ( $n = 4$ ) self-reported as African American, 5% ( $n = 1$ ) self-reported as Asian/Pacific Islander, and 65% ( $n = 13$ ) self-reported as Latino/Latina. Among participants, 75% ( $n = 13$ ) of parents reported no additional education beyond high school and 35% ( $n = 7$ ) reported having a high school diploma. With regard to self-reported socioeconomic status (SES), 3 (15%) participants identified as having lower SES, 10 (50%) self-identified as working class, 4 (20%) as lower middle class, and 3 (15%) as middle class. With regard to number of children, nearly half (45%) of the participants had one child, 3 (15%) parents had two children, 4 (20%) of had three children, 3 (15%) had four children, and 1 (5%) reported having five children. Thus, the overall sample was almost equally divided between parents with one child (45%) and parents with more than one child (55%).<sup>1</sup>

**Procedure.** The researchers obtained formal Institutional Review Board permission from the research institution to conduct the study. This study employed a single-group, intervention-only research design with a specific focus on caregivers' perception on parenting their infants/toddlers. The director of the Par-

enting Center and directors of the community-based mental health program that oversaw the Parenting Center approved the data collection process. The primary researcher had a longstanding relationship with the community center that housed the Parent Center—spanning from being a graduate student, to being asked to return as a professional consultant. Given that one of the measures asks specifically about the experience of being the parent of a baby/infant, it is important to note that our parent/caregiver participants tended to have children between the ages of infancy and three years of age, which was the primary focus of service for the Parent Center as a whole. Many parents with older children also had babies as suggested by the fact that 55% of parent/caregiver participants reported having more than one child.

Prior to the development and implementation of the intervention, the researchers informally spoke with parents about their experiences raising children. Parents shared information about the challenges they faced and the parenting areas they would like to learn more about. The researchers subsequently worked with the Parenting Center director, and consulted relevant literature, to develop an 8-week parenting intervention program. Participants completed four paper-and-pencil measures prior to participation in the program (pretest assessment) and upon completion of the program (posttest assessment). All participants provided informed consent. Given one participant was unable to read, the researcher read the surveys and responses to the participant, at which point the participant indicated a response that was subsequently recorded.

**Intervention format.** The intervention program comprised an 8-week curriculum organized by the primary researcher and Parent Center director. Research participants were recruited from the Parent Center. Eligibility criteria included being the parent, grandparent, guardian, or primary caregiver of a biological or adopted child(ren); hence, the term parenting here refers to a broader range of ways in which adults serve in the role of parent.

<sup>1</sup> Variables such as number of years in the U.S. and number of children the U.S. were not analyzed due to missing data/information.

Workshops and discussions focused on the parenting experience, adjusting to parenthood, the role of fatherhood, coparenting, parenting stressors, being a first time versus second or third time parent, and self-care while parenting. Given the level of positive engagement participants had with one another, the workshop structure was adjusted early on. For instance, although initially the workshop format was more didactic in nature, the visible benefit participants gained from speaking with one another encouraged the research team and the director to incorporate informal discussion time for participants. This shift in approach reflects the integration of the parenting research partnership model, in which parent input informs research design (Clauss-Ehlers, 2017). Invited guest speakers presented for some of the topics. Refreshments were offered at each workshop.

Workshop offerings were based on four underlying themes embedded in curricula content. These reflected what the researcher and director understood to be some of the stated needs of the community: parenting styles, anger management, understanding family cycles and patterns, and taking a developmental approach to parent-child relationships. First, *parenting styles* was a critical theme throughout the 8-week program. Workshops provided information about permissive, authoritarian, and authoritative parenting styles (Baumrind, 1971, 1989). Didactic information was followed by group discussions about topics such as the role of praising children, extracurricular activities, making quality time to spend with your child, media literacy, the role of routine in a child's life, and managing sleeping patterns.

A second underlying theme focused on anger management. Parents were encouraged to consider triggers for becoming angry, to explore how to verbalize anger, and to consider implications of expressing and managing anger in parenting their children (Ma & Siu, 2016). Parents shared their own histories of having been parented, including how their parents displayed anger. The intervention program introduced ways to manage anger such as gaining a sense of control, understanding developmental expectations, effective communication with children, and developing a support system to avoid isolation.

A third underlying theme incorporated curriculum components that sought to promote an

understanding of family cycles and patterns among participants. Consideration was given to research that highlights the cycle of violence in families (Clauss-Ehlers, 2006). Parents shared with each other what they had learned about parenting from their own parents and whether this had a positive or negative impact on current parenting practice and overall adjustment to parenthood. Parents were encouraged to consider positive parenting choices (Carli et al., 2016).

The last underlying theme incorporated curricula that encouraged parents to take a developmental approach to parent-child bonding (Brock & Kochanska, 2016). For instance, workshops considered how parents could bond with their children from infancy to adolescence. Specific techniques and activities for bonding were introduced (e.g., being intentional about making time for your child; positive communication; reading to your child; being responsive; and setting limits in a loving way). Developmental milestones were reviewed.

## Measures

**Demographic Questionnaire.** Participants were asked to provide demographic information on gender, age, race, ethnicity, SES, educational background, number of years in the United States (U.S.), number of children, and number of children in the U.S.

**Parenting Styles and Dimensions Questionnaire.** The Parenting Styles and Dimensions Questionnaire (PSDQ) is a 62-item, self-report measure that explores parent-child relationship, communication, and child-rearing methods (Baumrind, 1989). It is used to measure parenting style along the typologies developed by Baumrind (1971, 1989) that include the authoritative subscale (27 items), authoritarian subscale (20 items), and permissive subscale (15 items). Items are scored on a 5-point Likert-type scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Thus, the measure yields a separate, continuous score for each dimension of parenting with larger numbers indicating increased use of parenting practices associated with a particular style.

The *Authoritative subscale* consists of items that assess warmth, reasoning/induction, democratic participation, and good natured/easy going behaviors. The *Authoritarian subscale* in-

cludes items for verbal hostility, corporal punishment, nonreasoning/punitive strategies, and directiveness. Finally, the *Permissive subscale* is used for measuring lack of following through, ignoring misbehavior, and self-confidence. Parenting researchers have repeatedly suggested that the above three dimensions can be considered as a set of core features of parenting style (Skinner, Johnson, & Snyder, 2005). These are warmth (13 items) versus rejection (4 items); structure (9 items) versus chaos (14 items); and autonomy support (6 items) versus coercion (13 items). The PSDQ is found to have strong psychometric properties. In this study, the coefficient alphas for pre- and post-total tests were 0.90, and coefficient alphas for subscales range from 0.66 to 0.91 (see Table 1). As shown in Tables 4 and 5, the subscales for the PSDQ indicate intersubscale correlations from .12 to .53.

**Parenting Sense of Competence Scale.** The Parenting Sense of Competence Scale (PSOC) is a 17-item scale (Gibaud-Wallston & Wandersman, 1978) that measures both parental satisfaction and parental self-efficacy. Nine of the items assess *Parental Satisfaction* (e.g., “a difficult problem in being a parent is not knowing whether you’re doing a good job or a bad one”—reversed scored), that reflects the extent to which a parent experiences frustration, anxiety, and/or motivation. Eight items assess *Parental Self-Efficacy* (e.g., “being a parent is manageable, and any problems are easily solved”), reflecting competence, problem-solving ability, and being capable in the parenting role. Items were rated from 1 = *strongly disagree* to 5 = *strongly agree*, with lower scores reflecting higher parenting satisfaction and better parenting self-efficacy. The PSOC has good internal consistency in the satisfaction

Table 2  
Means, Standard Deviations, and Alpha Coefficients for Parenting Sense of Competence Scale

Variable	Time 1			Time 2		
	M	SD	Alpha	M	SD	Alpha
PSOC	51.85	9.25	.58	50.30	8.83	.58
Satisfaction	33.00	9.07	.77	31.70	7.19	.77
Efficacy	18.85	7.88	.91	18.60	6.07	.91

subscale with alpha coefficients of 0.77 at Times 1 and 2 and excellent internal consistency in the efficacy subscale with alpha coefficients of 0.91 at Times 1 and 2 (see Table 2). Tables 4 and 5 indicate PSOC intersubscale correlations from  $-.32$  to  $-.08$ .

**What Being the Parent of a Baby Is Like—Revised.** The What Being the Parent of a Baby Is Like—Revised (WBPB-R; Pridham & Chang, 1989) is a 25-item scale that examines the parent’s perception of him/herself as parents and of their parenting experience with an infant. The scale is divided into three subscales—*Evaluation* includes 11 items (i.e., satisfaction); *Centrality* consists of 8 items (i.e., how much the infant and his or her care and health on the parent’s mind); and *Life Change* contains 6 items (i.e., changes in the parent’s life). The items were scored on a 9-point rating scale with higher scores indicating more of the phenomenon (Emmanuel, 2005). For example, a higher score on evaluation indicates that the participant feels better about him/herself as a new parent; higher scores on centrality indicate that the parent regards the newborn baby as being more central to his or her attention; and higher scores on life change indicate a more sustained influence in the parenting role (Emmanuel, 2005). The WBPB-R shows acceptable internal consistency, with overall alpha coefficients of 0.67 (Time 1) and 0.66 (Time 2; see Table 3).

## Results

### Data Analysis Overview

The first part of the results section presents preliminary analyses such as means, standard deviations, and alpha coefficients for study variables. Next, we explored relationships among

Table 1  
Means, Standard Deviations, and Alpha Coefficients for Parenting Styles and Dimensions Questionnaire

Variable	Time 1			Time 2		
	M	SD	Alpha	M	SD	Alpha
Parenting style			.90			.90
Authoritative	105.85	18.69	.93	103.70	17.11	.91
Authoritarian	42.85	12.17	.81	41.50	10.45	.76
Permissive	35.80	9.17	.75	35.25	7.68	.66

Table 3  
Means, Standard Deviations, and Alpha  
Coefficients for What Being the Parent of a Baby  
is Like

Variable	Time 1			Time 2		
	<i>M</i>	<i>SD</i>	Alpha	<i>M</i>	<i>SD</i>	Alpha
WBPB-R	171.80	18.81	.67	181.85	16.00	.66
Evaluation	85.25	10.55	.81	87.45	8.24	.80
Centrality	49.90	7.97	.29	52.50	7.26	.23
Life Change	36.65	11.19	.72	41.90	8.26	.60

subscales at Time 1 and Time 2 via an analysis of Pearson correlations. Third, we examined intervention effects, or the extent to which the intervention prompted change in study variables. A within-subjects *t* test analyzed differences between participant responses before and after intervention participation.

### Preliminary Analyses

The data were analyzed using the Statistical Package for the Social Sciences version 20. Tables 1, 2, and 3 show the means, standard deviations, and alpha coefficients for overall and subscale items of the three measures. The Cronbach's alphas for pre- and posttest scores on the PSDQ, PSOC, WBPB-R evaluation and life change subscales ranged from .58 to .93, identifying sufficient internal consistency reliability for this sample size.

### Relationships Among Subscales

Pearson correlations examined the relationships among parenting styles, experience of being the parent of a baby, and parenting sense of competence. Two multiple correlation tables

that include subscales for each measure were examined to determine the strength of association among study variables. Tables 4 and 5 present correlations among scores for the pre- and posttests.

Pearson correlations on survey data revealed different significant associations at Time 1 and Time 2. At Time 1, there were significant correlations between Authoritative and Satisfaction subscales ( $r = .476, p < .05$ ) and Authoritarian and Permissive subscales ( $r = .522, p < .05$ ) in a positive direction. At Time 2, there were significant correlations between the Authoritative subscale and Permissive and Evaluation subscales in a positive direction ( $r = .529, p < .05$  and  $r = .472, p < .05$ , respectively). There was also a significant relationship between the Authoritative subscale and Efficacy in a negative direction ( $r = -.463, p < .05$ ). Finally, there was a significant correlation between Efficacy and Evaluation subscales at Time 2 in a negative direction ( $r = -.571, p < .01$ ).

### Intervention Effects

This study adopted a one-group pretest/posttest design with the 8-week intervention program as the manipulation. Hence, within-subjects *t* test examined differences between participants' responses before and after for parenting style (e.g., whether the program challenges authoritarian or permissive parents to change their parenting style). A within-subjects *t* test also examined whether there were differences in the experience of being the parent of a baby before and after the 8-week parenting intervention program (i.e., whether parents felt less frustrated and more motivated to take care of their children after the program, and whether

Table 4  
Correlations Among Subscales (Time 1)

Variable	Authoritative	Authoritarian	Permissive	Satisfaction	Efficacy	Evaluation	Centrality	Life Change
Authoritative	1							
Authoritarian	.121	1						
Permissive	.368	.522*	1					
Satisfaction	.476*	.062	.214	1				
Efficacy	-.287	-.205	-.342	-.321	1			
Evaluation	.352	.034	.290	.347	-.516	1		
Centrality	-.259	.148	-.067	-.059	.161	.015	1	
Life Change	-.080	.015	-.012	-.300	.394	.141	.147	1

\* Significant at .05. \*\* Significant at .01.

Table 5  
Correlations Among Subscales (Time 2)

Variable	Authoritative	Authoritarian	Permissive	Satisfaction	Efficacy	Evaluation	Centrality	Life Change
Authoritative	1							
Authoritarian	.293	1						
Permissive	.529*	.376	1					
Satisfaction	.344	-.257	.018	1				
Efficacy	-.463*	-.109	-.294	-.081	1			
Evaluation	.472*	.227	.364	.347	-.571**	1		
Centrality	-.082	.026	-.184	.109	-.026	.107	1	
Life Change	.009	.164	-.176	-.014	.260	-.046	.021	1

\* Significant at .05. \*\* Significant at .01.

they indicate having greater competence in taking care of a baby/toddler while managing their lives). To compare potential differences in parenting sense of competence, another within-subjects *t* test was conducted before and after the 8-week parenting intervention program.

There were significant changes associated with the WBPB-R (Pridham & Chang, 1989) scale. All of the three variables in WBPB-R are found to be statistically significant. However, given Evaluation showed a low internal consistency, it is not safe to say that we measured the same variable at Time 1 and Time 2. Hence, the significant finding of Evaluation was discounted. Sequentially, two variables were found to be statistically significant: Life Change ( $t = -2.189, p < .05$ ) and Centrality ( $t = 0.083, p < .05$ ). The effect size for Life Change ( $d = 0.258$ ) was found to fall into Cohen's (1988) convention for a small to medium effect range ( $0.1 \leq d \leq 0.3$ ). The effect size for Centrality ( $d = 0.168$ ) was also found as a small to medium effect ( $0.1 \leq d \leq 0.3$ ). This suggests that there were significant differences on these variables for program participants between Time 1 (preintervention) and Time 2 (postintervention) given an effect size that indicated there was a difference in participants with regard to the Life Change and Centrality after participation in the parenting intervention.

## Discussion

The current study implemented a community-based parenting program among a diverse group of parents, both in terms of demographic variables as well as number of children they were parenting. A one-group pretest/posttest design was used to assess the impact of the 8-week

intervention program. Within-subjects *t* tests were used to explore the intervention's efficacy. Correlations examined relationships among study variables.

Analyses were conducted to respond to the study's overall aim that was to determine whether this type of community-based intervention could promote a positive sense of parenting among parents who faced multiple stressors. An examination of study findings leads to the second goal—to see how an evidence-based case study approach might help generate knowledge about parenting practices among diverse communities.

## Relationships Among Subscales: Time 1 and Time 2

Analyses explored whether the parenting intervention had an impact on overall parenting style between Time 1 (i.e., before participation in the intervention) and Time 2 (i.e., after participation in the intervention). Specifically, the research team wanted to know if parents reported more authoritative parenting styles (as opposed to permissive and authoritarian styles) after they participated in the program. We found that the intervention did not demonstrate a significant change with regard to shifting parenting style. Similarly, the intervention did not promote a greater sense of parenting competence. It might be that a longer or additional intervention was needed to provide parents with more support and information about their parenting styles. It might also be that parents experienced a high level of parenting stress to the point that there were no significant changes in parenting style. This interpretation corresponds with a study conducted with a sample of Chinese



mothers who immigrated to the U.S. who “with greater psychological well-being or parenting support engaged in more authoritative parenting, but only under conditions of low parenting stress” (Cheah et al., 2009, p. 311).

Although there were no significant changes or large effect sizes among variables between Time 1 and Time 2, it was interesting to note the shifting relationships among subscales between the two data points. At Time 1, for instance, the two significant positive subscale correlational relationships were between Authoritative and Satisfaction subscales and Authoritarian and Permissive subscales (See Table 4). These relationships are thought to reflect specific correlates of parenting styles among participants. For instance, those parents with a more authoritative or warm, reasoning, and democratic parenting style appear to have experienced greater parenting satisfaction in comparison with parents with permissive and authoritarian styles during Time 1, prior to participation in the parenting intervention. In addition, those parents with a more authoritarian approach to parenting appear to have exercised greater permissiveness or lack of follow through and low self-confidence during Time 1, prior to participation in the parenting intervention, and when compared with participants who had more authoritative parenting styles.

By the end of participation in the program, however, relationships among subscales had shifted when data were collected at Time 2. For instance, after parents participated in the parenting intervention, there were subsequent significant relationships between Authoritative and Permissive subscales and Authoritative and Evaluation subscales in a positive direction and Authoritative and Efficacy in a negative direction. In addition, there was a negative significant relationship between Efficacy and Evaluation (See Table 5).

Changes in the nature of significant correlational relationships among subscales are thought to indicate interesting shifts toward positive parenting practices among participants. For instance, at Time 1, and before parents participated in the program, it seems that parents with an authoritative parenting style felt more satisfied with their role as parents. In contrast, before participating in the intervention, those parents with a more authoritarian parenting style appeared to engage in more per-

missive behaviors that reflected a lack of follow through as well as low self-confidence with regard to their role as parents.

It was fascinating to see that after participating in the parenting intervention, the Permissive subscale was significantly correlated with the Authoritative subscale instead of the Authoritarian subscale. Perhaps this shift in findings reflects how participants evolved in their role as parents, moving toward more positive parenting practices as a result of intervention participation. At the same time, however, we surmise that the shift toward a more authoritative, or democratic parenting style, was associated with greater permissiveness after program participation as parents attempted to engage in a warmer, reasoning style, while also struggling to set appropriate parenting limits and boundaries. For instance, if parents were more punitive prior to program participation, and shifted toward being more democratic as a result of parent participation in the intervention, it might be that parents continued to struggle with how to set limits within the context of a warm, reasoning, and democratic style. As such, perhaps the learning that was occurring in this domain was reflected in the significant relationship between authoritative parenting and a permissive style.

Understanding the data in this way may also explain why parents who indicated a more authoritative style after program participation experienced greater satisfaction (as measured by the significant relationship between an authoritative style and the evaluation subscale in a positive direction) but less efficacy in their parenting (as measured by the significant relationship between an authoritative style and the efficacy subscale in a negative direction). We understood this finding to potentially reflect the idea that parents were enjoying parenting more as they exercised an authoritative parenting style. At the same time, however, because this might have been a relatively new approach to parenting, it may be that they still did not necessarily feel they were engaging in behaviors associated with this style (i.e., reasoning, warmth, and democratic approach) in an efficacious way. This conclusion is further supported by the significant finding at Time 2 that suggested parents expressed greater satisfaction but less of a sense of being able to solve problems (i.e., the significant correlation between efficacy and evaluation subscales in a negative direc-

tion). Such findings exemplify how an evidence-based case study approach can provide important insights related to practice. For instance, it might be helpful for parents who participate in a parenting intervention program for the first time to subsequently participate in a second program where they can test out new parenting approaches and relevant skills as their parenting roles evolve (Merlin, Okerson, & Hess, 2013).

### Intervention Effects

Significant intervention effects were found when the data explored whether parents would experience fewer difficulties and better adjustment to parenting a baby/toddler at Time 2 as operationalized by Life Change, Centrality, and Evaluation, the three subscales that make up the WBPB-R scale. After accounting for the impact of effect size, we will address two significant variables: Life Change and Centrality. These findings suggest that parents had more positive perceptions of themselves as parents after they participated in the parenting intervention. It appears that parents gained an improved sense of doing a good job at parenting after intervention participation. Perhaps parenting style and parenting sense of competence did not demonstrate significant changes for participants after program involvement given that a key developmental task for parents at this point in their parenting was to simply be able to experience a sense of being able to do the job.

In terms of the *Life Change* subscale, results indicated that parents reported an increased awareness of how their infant/toddler changed their personal life as well as relationships among family members (please note that infant and young child are referred to here given that some parent participants had both infants and toddlers). The higher posttest score on the *Life Change* subscale also indicated a more positive perception of parenting, that is, how much the parent enjoyed parenting. This result appears to indicate that parents experienced fewer adjustment difficulties that come with having a new baby/young child after participation in the parenting program.

This finding is applicable to the parenting research partnership model in that it appears to demonstrate how the intervention encouraged parents to share personal experiences associated

with having a newborn and/or young child. Similarities across their stories normalized feelings of stress. Verbalizing the day-to-day experiences associated with having an infant/toddler appeared to help increase parental awareness about the impact of parenting a young child (e.g., finding a balance between work and family; learning how to coparent with one's spouse; negotiating different parental views in child rearing).

The second statistically significant finding, *Centrality*, suggests that the central role of the infant/toddler in the parent's day-to-day experience increased as a result of program participation. Having attended the intervention program, results indicated that parents viewed their infants/toddlers as being more central to their lives. As applied to the parenting research partnership model, it might be that having a place and space to talk about parenting helped parents acknowledge the adjustment that comes with having an infant/toddler rather than approaching life as before.

The current study is not without limitations. The relatively small sample size limits generalizability of findings from this study to other populations. Another significant limitation is the study's lack of a control group. It might also be argued that a parenting intervention delivered for more than 8 weeks might support more significant results. We decided on an 8-week intervention with the rationale that this time frame provided a balance between being a thoughtful intervention and the time commitment required among the busy parents who participated in the study. Having extended the time frame might have introduced the risk of losing study participants. The parenting intervention literature includes studies that implement 8-week long intervention programs (Day et al., 2012; Knox, Burkhart, & Cromly, 2012; Ma & Siu, 2016).

The current intervention study has implications for CBPR that refers to,

an important research approach for reducing disparities and improving health status within communities of color (communities of color refers to communities of people who are not White) and other communities of social identity that have faced histories and patterns of discrimination or stigmatization. (Belone et al., 2016, p. 199)

CBPR benefits the community, as it accomplishes more than collecting data from a popu-

lation for scientific advancement. Rather, CBPR advances relationships, capacity building, and commitment through what it establishes and can give back something to the community. [Belone et al. \(2016\)](#) describe the key aspects of CBPR as: “(a) community ownership, (b) coalition building with internal and external partners, (c) capacity building, (d) promotion of interdependence that facilitates co-learning, (e) application of research findings to action, and (f) long-term commitment to communities” (p. 200). Future research can explore the ways in which parenting programs can be responsive to diverse communities.

A challenge for the couple and family psychology literature is to develop evidence-based culturally adaptive interventions for couples and families who represent diverse backgrounds and experiences. This study presents the evidence-based case study approach as one methodology to further the literature in this domain. Community-based parenting programs are encouraged to provide support services that focus on parents as well as children ([Jones et al.,](#)

2016). The significant changes indicated by intervention participation suggest that parents want and need a place to convene and share their parenting experience with one another. Through programs that support parents—we also support their children.

### Conclusion: Application of the Parenting Research Partnership Model to the Case Study

To conclude, we consider how the first author's ([Clauss-Ehlers, 2017](#)) parenting research partnership model applies to the case study intervention. The parenting research partnership model ([Clauss-Ehlers, 2017](#)) incorporates a culturally centered community-based participatory research model for evidence-based parenting intervention studies. This model seeks to provide a framework for couple and family psychologists interested in implementing community-based parenting interventions. Key aspects of the parenting research partnership model are summarized in [Table 6](#) and include—develop

Table 6  
*Application of the Intervention Case Study to the Parenting Research Partnership Model*

Parenting research partnership model	Intervention case study approach	Intervention case study outcome
Develop the intervention program based on the stated needs of parents in the community	The research team conducted research before the research; they learned about community needs through engagement with the community	The community-based parenting intervention aspired to integrate the needs and concerns of parents within the community
Incorporate community voice and experience while implementing the intervention	The research team was flexible and open to shifting intervention content in response to what participants shared during intervention development and implementation (i.e., it was beneficial for them to have time to talk with one another to learn about each other's experiences)	The intervention was responsive to the perspectives of parents as they reacted to the intervention
Be inclusive of diverse parenting experiences	Research participants represented the diverse community in which the parenting intervention was implemented as well as diverse parenting experiences (i.e., the experiences of primiparas and multiparas)	Intervention case study findings generate knowledge about evidence-based, culturally sensitive parenting interventions
Research results are considered in the context of addressing disparities where the research was conducted	Intervention case study data reflected current community needs among parents such as the types of programs that will support their role	Intervention case study data imply the need for social policies that support parenting interventions and related research; a diverse sample means study findings reflect the experience of diverse parents whose experiences may be underrepresented in the literature

an intervention program based on the stated needs of parents in the community being served; incorporate community voice and experience while the intervention is being implemented; be inclusive of diverse parenting experiences; and consider research results in the context of addressing disparities where the research was conducted (Clauss-Ehlers, 2017). Each aspect is described below.

The first aspect of the parenting research partnership model (i.e., develop an intervention program based on the stated needs of parents in the community) was reflected in research team efforts to conduct research before the research (Clauss-Ehlers, 2017). The research team learned about parenting needs through authentic engagement with the community. Conversations with parents captured their experiences and provided important information about potential content and structure for the parenting intervention. The research team strived to be thoughtful about past relationships between the community and researchers and how these prior experiences might have influenced current feelings about research participation among community members (Trimble & Fisher, 2005).

Application of the second aspect of the parenting research partnership model focuses on making sure the intervention incorporates community voices and experiences during intervention development and implementation (Clauss-Ehlers, 2017). Parent voices were integral to understanding the type of community-based parenting intervention that would respond to their needs. A collective mental health advocacy approach was taken to forge collaboration around parenting research and related interventions (Stringfellow & Muscari, 2003).

Incorporating parent perspectives in research design ultimately created an intervention that was more responsive to the community's specific needs. For instance, researchers quickly learned from parents that time to informally share with one another was as important as didactic material about parenthood. Perhaps the aforementioned empirical shifts reflect a dynamic whereby, as parents engaged with one another and workshop content, parenting gradually became more central to their lives in ways that it was not prior to intervention participation. This outcome lends support for the parenting research partnership component that incor-

porates the parent voice in the parenting intervention.

The third aspect of the parenting research partnership model is to be inclusive of diverse parenting experiences (Clauss-Ehlers, 2017). Diversity within this framework is defined broadly and refers to diverse demographic and sociocultural variables (e.g., race, ethnicity, gender, socioeconomic status, sexual orientation), diverse parenting experiences (e.g., if the parent is raising a child with developmental needs), and a diverse range in number of children (e.g., primiparas and multiparas). By sharing lived experiences within a diverse parenting program context, study results indicate that parents increasingly gained a positive perspective about their parenting experiences. This was evident in the statistically significant changes in the Life Change and Centrality subscales after intervention participation.

The parenting research partnership model's fourth aspect is to consider how results reflect disparities within the community(ies) where research is being conducted (Clauss-Ehlers, 2017). Enhancing the evidence base for parenting interventions is likely to provide information about unmet parental needs. This has implications for public policy and public health initiatives that can aim to garner funding to address a lack of services. The inclusion of diverse research participants in parenting interventions extends the evidence base as additional knowledge is generated about the parenting experiences of diverse parents. The evidence-based case study approach brings a unique perspective that has the potential to capture parenting experiences not reflected in the literature; decrease the research/practice gap; and be tailored to the needs of a specific community. This approach may be more feasible if funding for larger family psychology studies continues to decrease. Despite its limitations, the evidence-based case study approach can play an important role, alongside its RCT counterpart, as a research option that contributes knowledge to the field.

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