TYPES OF PARENT SUPPORT

A Guide to Encouraging Appreciative Parenting

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Dear Readers,

In a world where the challenges of parenting are becoming increasingly complex and diverse, finding effective ways to support parents is essential. The volume *Types of Parent Support: A Guide to Encouraging Appreciative Parenting* offers a valuable resource for teachers, counselors, and other professionals who wish to support parents in navigating the daily difficulties of educating and raising children.

This guide is addressed to those who are directly involved in the lives of parents, providing not only a theoretical framework on the various forms of parental support but also practical tools and techniques.

From individual interventions, such as counseling and parental coaching, to group solutions like parenting education courses and support groups, the guide explores a wide range of strategies that can meet the specific needs of each family.

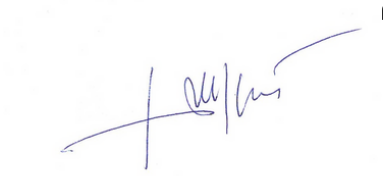
A key aspect of this guide is the appreciative parenting approach, which promotes the recognition of parents' strengths and supports them in developing harmonious relationships with their children. Through these types of interventions, parents not only receive help but are also encouraged to leverage their inner resources and grow alongside their children in a balanced and positive way.

As the guide details various forms of support - from individual counseling to self-help groups - it emphasizes the importance of community and mutual support in the process of parental education. In a time when parents face increasing challenges, the support of a professional or a group can make the difference between insurmountable difficulties and constructive solutions.

We hope this guide becomes an essential resource for all those dedicated to supporting parents, providing concrete tools to build healthier and more balanced relationships between parents and children.

With thanks to all those who contribute to building a better future for families,

Prof.dr. Ștefan Marian COJOCARU



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WHO IS THIS GUIDE FOR?

This guide is intended for all types of local professionals (teachers, school counsellors, school mediators, headmasters, social workers, coaches, psychologists etc.).

This booklet contains useful information about the various types of parent support and includes different methods and techniques to support those who work with parents.

The guide promotes the importance of parent support and offers ways to support and direct parents towards self-help.

INTRODUCTION

Parent support may be classified as professional support or peer support. Both types of support have numerous benefits, such as fostering self-help or relieving and managing the stress that leads to poor health (Strobel et al., 2014). Parent support can also be divided into *individual support* and *group support*, depending on the resources available for the intervention. *Figure 2* briefly illustrates the types of support groups described in this booklet.

Social support has clear health and well-being benefits, as it encourages social integration, it boosts self-esteem, it nurtures positive emotions and it reduces marginalisation, all of which are essential to one's social needs and occur when meaningful positive relationships are built (Dennis, 2003; Pfeiffer et al., 2011; Stewart, 1990). Among other things, social integration has been associated with increased lifespan and survival from various serious health conditions such as cancer and depression (Dennis, 2003).

There are four common functions of social support (Wills, 1991; 1985; Uchino, 2004):

- ***Emotional support***. It means offering empathy, concern, affection, love, trust, acceptance, intimacy, encouragement or caring (Langford et al., 1997; Slevin et al., 1996). It is the warmth and nurturance provided by sources of social support (Taylor, 2011). Providing emotional support can let the individual know that he or she is valued (Slevin et al., 1996). It is also referred to as "self-support" or "self-worth support" (Wills, 1991).
- ***Tangible support***. It means providing financial assistance, material goods or services (Heaney & Israel, 2008; House, 1981).
- ***Informational support***. It means providing advice, guidance, suggestions, or useful information to someone (Krause, 1986; Wills, 1991). This type of information can help others solve their problems (Langford et al., 1997; Tilden, 1987).
- ***Companionship support***. It is the type of support that gives someone a sense of social belonging (and it is also called "belonging") (Wills, 1991). This can be seen as the presence of companions to engage in shared social activities (Uchino, 2004).

Supportive actions show that receiving support *strengthens someone's ability to cope with certain situations/feelings* etc., which nurtures or facilitates the relationship between stress and its impact on health (Lakey & Cohen, 2000):

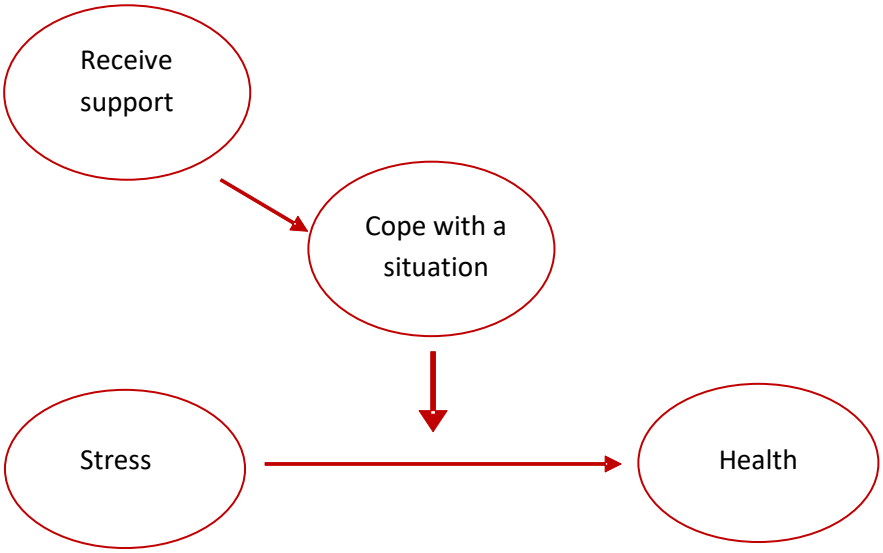


Figure 1. Receiving support

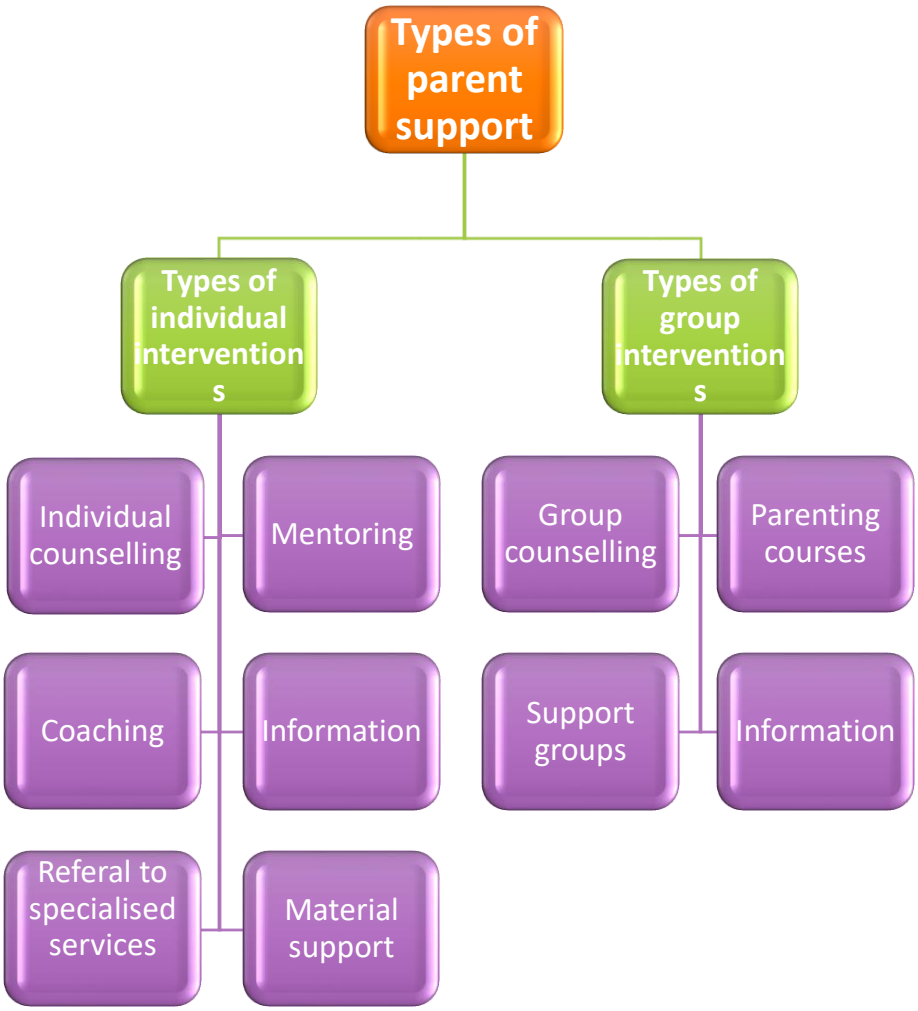


Figure 2. Types of Parent Support

TYPES OF INDIVIDUAL INTERVENTIONS

INDIVIDUAL COUNSELLING

One of the oldest and simplest definitions of counselling is that, in the broadest sense, counselling is the help that someone receives from another person or that a group gives to its members in attempt to find the best course of action for the individual and for the group (Beck 1983). This basic definition leads to the observation that all human relationships are – in principle – therapeutic, as they help relieve stress through support and understanding in both formal and informal contexts.

Counselling (*Figure 3*) is a multi-stage process aimed to help people deal with (cope with or adapt to) the situations they face. This involves helping the individual to understand their emotions and feelings and make positive choices and decisions. Counselling is an approach that is meant to help people reduce the initial stress resulting from a difficult situation and to encourage short- and long-term adaptive functioning (positive coping) (IOM, 2009).

Counselling is most often provided by professionals (psychologists, social workers, counsellors), but it can also be provided by those who completed a university programme that included an educational psychology module (teachers), a vocational school or a post-secondary course in the field of educational psychology. Also, certain courses or programmes can train counsellors. Anyone who is going through a crisis or who is in a tight spot in their personal or professional life can benefit from counselling sessions. People who seek counselling are therefore healthy people who need counselling to find solutions to their problems.

Counselling focuses on personal development, self-awareness, and an optimal adaptation to the environment by developing skills and abilities. Thus, counselling is the transfer of professional information and techniques to address the actual problem (transfer of “know-how” and “how to”).

Aims of counselling (IOM, 2009):

- Help parents examine their problems and find solutions.
- Make parents understand the consequences of the experiences and situations they had to face/are facing.
- Ease worries, anxiety, or other negative emotions.
- Guide parents to recover from and adapt to difficult situations.

Counselling does not involve (IOM, 2009):

- Making decisions for the parent.
- Judging, questioning, blaming, preaching, lecturing, or arguing.

- Making promises that one cannot keep.
- Allowing parents to become dependent on the counsellor.

The literature recommends a six-step counselling process[1]:

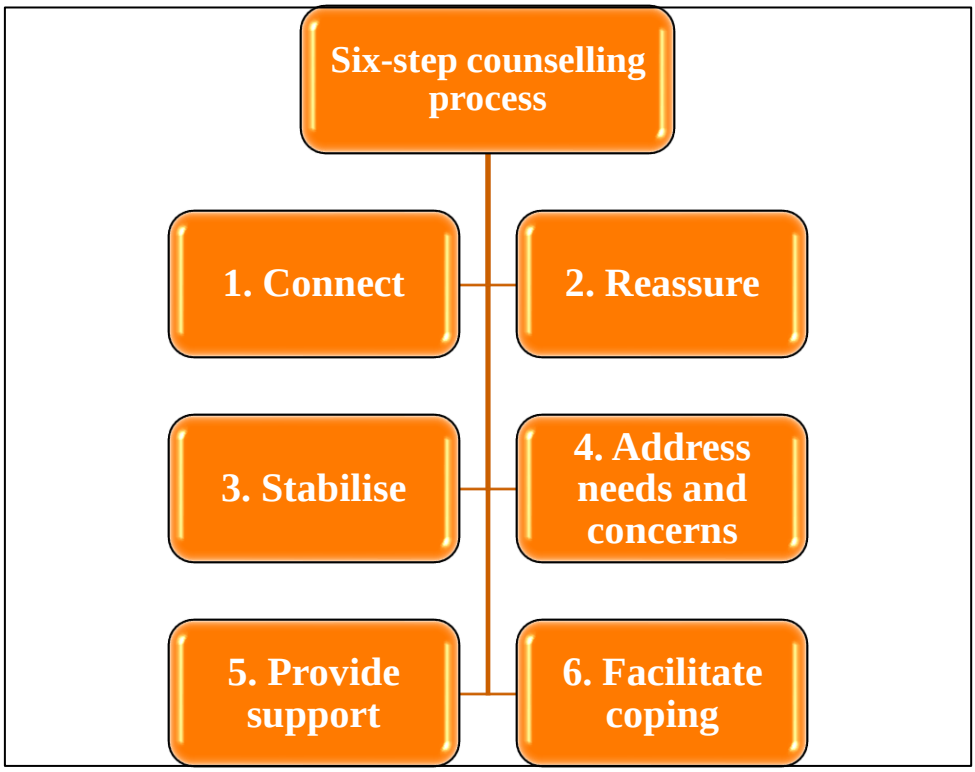


Figure 3. Steps in the counselling process

By detailing the steps of the counselling process (IOM, 2009), we can see the characteristics of each step:

- *Connect:* make first contact; communicate appropriately; establish trust and confidentiality.
- *Reassure:* be a calming influence; minimise feelings of insecurity; provide accurate information; refer to appropriate services.
- *Stabilise:* help parents understand their own reactions; help recognise the signs of severe distress.
- *Address needs and concerns:* gather accurate information; clarify the parent's concerns; formulate possible solutions to problems; provide practical assistance to meet the needs.

[1] Adapted from International Organisation for Migration (IOM) (2009) Introduction to Basic Counselling and Communication Skills - *IOM Training Manual for Migrant Community Leaders and Community Workers*, Geneva, Switzerland, ISBN 978-92-9068-531-9.

- *Provide support:* help rebuild social networks; encourage parents to seek external support; help to overcome "support obstacles".
- *Facilitate coping:* raise awareness of positive coping skills; enable parents to identify negative coping; help parents to manage anger.

MENTORING

Mentoring is a process in which an experienced individual helps another person develop his or her goals and skills through a series of time-limited, confidential, one-on-one conversations and other learning activities (CHLP, 2003). Mentors also draw benefits from the mentoring relationship. They could share their wisdom and experiences, evolve their own thinking, develop a new relationship, and deepen their skills as mentors.

There are several types of mentoring relationships, ranging from informal to formal. Usually, an informal mentoring relationship occurs spontaneously (for example, when an individual gets help from someone who is more experienced than them, although they have not explicitly asked to be mentored). Informal mentoring relationships may also occur within other contexts, such as supervisory relationships or even peer relationships. A formal mentoring relationship is characterised by intentionality – the partners in the relationship ask for or offer mentoring, set goals for their relationship, and agree on its nature.

There are also mentoring programmes that facilitate formal mentoring relationships. A "facilitated" mentoring relationship has been defined as a structure and series of processes designed to create effective mentoring relationships, guide the desired behaviour change for those involved, and evaluate the results for the protégés, the mentors, and the organisation (Murray, 2001). These mentoring relationships occur within a structured and defined framework and involve a third party. These programmes often have a specific purpose, such as helping participants develop their careers.

Mentoring relationships can occur at all professional levels. The main characteristic of a mentoring relationship is that a more experienced person helps another individual reach their goals and develop as a person. The mentor can help the mentee develop the skills needed to accomplish certain tasks or to manage stress and anger.

The literature shows that mentors and parents tend to use certain mentoring skills. Research also indicates that these skills can be developed and that the most successful mentoring relationships seem to enhance special skills or competencies. Dr Linda Phillips-Jones, mentoring expert, and author of *The New Mentors & Protégés: How to Succeed with the New Mentoring Partnerships* (2001) and of numerous guides and tools for mentors and protégés, has studied hundreds of mentor-protégé relationships and

has developed a set of critical mentoring skills and competencies. The key mentoring skills discussed below are based on her research (*Figure 4*):

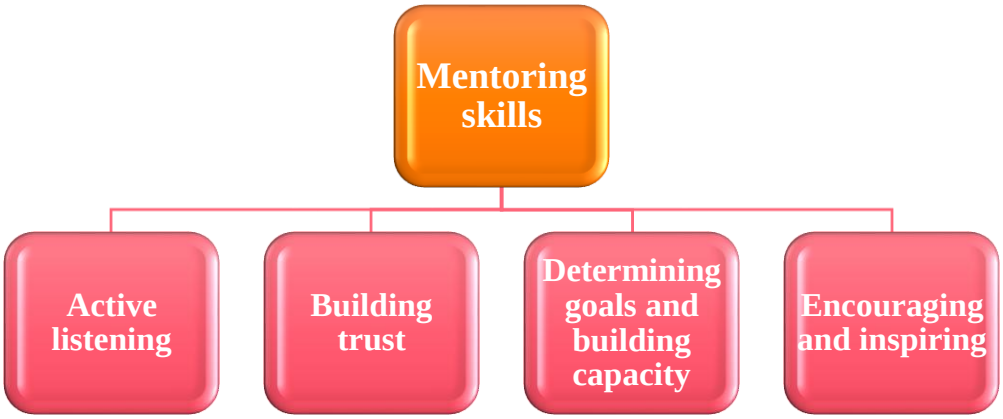


Figure 4. Mentoring skills

Active listening

Active listening is the most basic skill the mentor will use in their relationship with the parent. Active listening not only establishes rapport but also creates a positive and accepting environment that enables open communication. Through active listening, the mentor can define the parent's interests and needs. Here are some examples:

- Show interest in what the parent is saying and reflect the key aspects to show them that you have understood them.
- Use body language (such as eye contact) to show that you are paying attention to what they are saying.
- If you talk to them on the phone, minimise background noise and interruptions. The parent will thus feel they get your undivided attention. When using the email, answer within 24 hours, if possible, and make sure your message responds to the parent's original message.
- Refrain from discussing your own experiences or making recommendations until the parent has had a chance to explain their concerns or problems in detail.

Building trust

Trust is built over time, by keeping conversations and other communications with the parent confidential, honouring scheduled and requested meetings, consistently showing interest and support, and being honest with the parent.

Determining goals and building capacity

As a role model, the mentor should have their own career and personal goals and share them with the mentee, where appropriate. The mentee might also ask how the mentor has established and achieved their own goals. In addition, the mentor can help the parent define and reach their own career goals. The mentor will build the parent's capacity to learn and achieve their goals by:

- Helping the parent find resources such as people, books, articles, tools, and web-based information.
- Imparting knowledge and skills by explaining, giving useful examples, demonstrating processes, and asking challenging questions.
- Helping the parent broaden their perspectives.
- Discussing the actions that the mentor has taken in their career and explaining their rationale.

Encouraging and inspiring

According to Dr Phillips-Jones' research (2001), giving encouragement is the mentoring skill that the mentee values the most. There are several ways to encourage a person:

- Comment favourably on their achievements.
- Communicate your belief in the parent's ability to grow both personally and professionally and to reach their goals.
- Respond to the parent's frustrations and challenges with words of support, understanding, encouragement and praise.

The parent can also be inspired to excel. Here are some examples:

- Share the mentor's own vision or that of other experienced parents (for example, expert parents).
- Describe the experiences, mistakes, and successes that the mentor or others have encountered while trying to achieve their goals.
- Talk to them about inspiring and motivating people and events.

Parent coaching

Parent coaching is a form of development in which a person – called a coach – supports the parent in achieving a specific personal or professional goal by informing, counselling, and guiding them. Occasionally, coaching may mean an informal relationship between two people, one of whom has more experience and expertise than the other and offers advice and guidance to the other; but coaching is different from mentoring in that it focuses on specific tasks or goals as opposed to general goals or overall developmental goals (Renton, 2009; Chakravarthy, 2011).

Professional coaching uses an array of communication skills (such as targeted restatements, listening, questioning, clarifying, etc.) to help the parent clarify their perspectives and discover – through guidance – different approaches to reach their goals (Cox, 2013). These skills can be used in almost all types of coaching. Hence, coaching is a form of "meta-profession" that can be used to support parents in any human endeavour, varying according to their personal, professional, social, family, spiritual or health concerns, sporting events, political dimensions etc. (Cox et al., 2014).

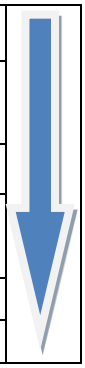
Differences between Mentoring and Coaching, Counselling and Coaching[2] :

Mentor 1-to-1	Focus	Career based
		Ongoing and future
	Style	Sharing experiences
		Giving advice
		Ad hoc meetings that match the mentee's needs
Coach 1-to-1	Focus	Current issues
		Understanding contexts
		Clarifying perspectives
		Learning from experience
		Developing reflective capacities
	Style	Questions
		Feedback
		Structured meetings

The mentee will try (for instance) to build their career using the mentoring process as a primary means. They will seek broad advice and expertise from the mentor, with the aim of getting ready for future roles both professionally and personally. By its very nature, the relationship will be a long-term one and meetings and discussions will be agreed upon ad hoc to make sure they respond to the needs of the mentee.

[2] Adapted from Team FME (2013) *Principles of Coaching - Coaching Skills*, http://www.free-management-ebooks.com/, ISBN 978-62620-960-2.

In contrast, a coach does not typically focus on offering experience or advice, but rather uses questions and feedback to sustain the coachee's thinking and practical learning. Although the coach is often senior to the coachee, this is not necessarily true in this type of intervention and the coach does not have to be an expert in parenting.

Parent counselling		Parent coaching	
Focuses on identifying the cause of the past problem		Addresses parental effectiveness	
Addresses long-term personal issues in depth		Focuses on a future problem	
The parent discusses and sets the agenda with the counsellor		The parent sets the agenda	
Addresses psychosocial performance issues		Focuses on a small issue	
		Other persons are interested in the goal	

Coaching and counselling share many core skills and they are both one-to-one conversations; however, their tone and purpose are different:

- Parent coaching addresses parental performance, while counselling is usually used to solve personal problems.
- Coaching invariably focuses on a future problem, whereas most forms of counselling focus on the past and the in-depth analysis of problems.
- Both coaching and counselling are short-term interventions. But counselling often becomes a long-term intervention for it focuses on personal problems.
- The coachee sets their own agenda, while an individual receiving counselling will discuss the agenda with the counsellor, and they will agree on it.
- Coaching aims to improve performance at work, whereas the goal of counselling is to help the parent understand and identify the root cause of their performance regarding long-term personal or work issues.

Life coaching is the process of helping people identify and achieve personal goals. Although usually life coaches have studied psychology or counselling, they do not provide therapy, counselling, health care or psychological services, which may be outside the scope of life coaching. In other words, coaching means training/preparing someone mentally; the way in which a person uses their resources to be successful; the way in which they can adjust their perspectives; the way in which they develop their reflective skills in certain contexts.

Information

Getting informed means finding examples, explanations or warnings about sensitive matters that have been discussed at some point in a specific area. A person can use the following sources of information:

- ***The Internet***. This is (probably) the most accessible source of information these days. It provides an increasing amount of information every day and it is important for those concerned to be able to discern useful data from useless data; to confirm its accuracy, they might have to consult other sources (libraries or bookstores) or other people.
- ***Television***. As an audio-visual medium, television is one of the most effective media channels when it comes to remote information/learning due to its features, such as having a wide audience reach, ensuring equal opportunities, or transferring human resources to a large audience. Television fulfils the following functions: supporting and enhancing information; instructing; explaining, clarifying; summarising; reinforcing some information; motivating and encouraging; supplementing other information materials; imposing an accelerated rate of study; presenting information of interest to the masses; changing behaviour; presenting unreachable facts and events (Saglik, 2001).
- ***Other persons*** (friends, relatives, teachers, specialists etc.). Other people's experiences may reinforce a thought or an idea if they have already lived and experienced that situation. However, we should consider the limits of those experiences for every person is different; this means that they can see things very differently than the person looking for information and that an opinion (piece of advice) is always welcome, but it is not always followed.
- ***Other information materials*** (books/magazines/information leaflets). There are many information materials that one can use to get/find information: bookshops, libraries, magazines, leaflets, brochures, posters etc.

Referral to specialised services

When a professional, specialist or teacher finds out that they do not have the right information or are not trained in a particular area that the person concerned needs to benefit from, then it is advisable to refer the parent to the right services or specialists to get the type of intervention they need.

Material support

Material support includes all those resources that come from the outside (which are not generated by the individual's direct work – for example, their job; household work). Material support is helpful when a person does not use it excessively (for instance, when the person in need stops working and is content

with the resources they get from the outside, etc.). We can mention the following sources of material support:

- ***Charity projects***. Resources from different projects developed/implemented by NGOs, institutions, companies, campaigns.
- ***Donations***. These can come from non-governmental organisations, institutions, companies, or campaigns as well as from individuals.
- ***Relatives/friends***. People who are close to the person in need can help them improve their living conditions through advice, discussion, physical help in times of need, material support or even donations.
- ***Benefits/allowances***. These are provided by various state institutions in accordance with the law.
- ***Non-profit organisations/associations/institutions***. An organisation that supports persons in need either from its own funds, from the donations it receives or by writing and implementing projects.

TYPES OF GROUP INTERVENTIONS

Professionally led intervention groups are therapeutic in nature and focus on developing treatment goals within a group setting (M. B. Cohen & Mullender, 2006). These groups provide opportunities for both peer and professional support with common psychoeducational and rehabilitative goals, particularly in the context of health (Bright, Baker, & Neimeyer, 1999). A key component of these groups is sharing experiences as well as providing feedback and assistance to generate greater insight, awareness, and personal change through the facilitation of a trained worker (Mason, Clare, & Pistrang, 2005).

Another specific aspect of professionally led support groups is the fact that they are facilitated by a qualified person with certain training in the field (Stevinson, Lydon, & Amir, 2010). Typically, these individuals are involved in support groups as part of their work or as a voluntary extension of their work. In a psychosocial health care context, professionally led groups may be facilitated by teachers, psychologists, counsellors, nurses, social workers, mental health specialists etc.

The degree to which a professional is involved in a group can vary greatly, from adopting a highly structured leadership role focused on sharing education and knowledge to a more non-directive approach in which group members are encouraged to share their experiences and provide mutual support to each other (Twehues, 2009). As Lennon-Dearing (2008) states, combing the skills of an expert facilitator with the experiential knowledge of group members can be extremely valuable. However, the mutual support offered in a professionally led group is highly dependent on group members' involvement in the group.

GROUP COUNSELLING

People naturally tend to gather in groups for mutually beneficial purposes. Through groups, individuals accomplish goals and relate to others in innovative and productive ways (McClure, 1990). People would not survive, let alone thrive, without their involvement in groups. This kind of dependence and interdependence is seen in all types of groups, from those that are mainly focused on tasks to those that are primarily therapeutic. In order to be effective, group leaders (professionals) need to be aware of the group's power and growth potential. They must plan and be sensitive to the developmental stage of the group. Equipped with this knowledge, they can utilise appropriate skills to help their groups develop fully (Gladding, 1994). Proper and strategic preparation of the intervention increases the chance of running a group counselling session smoothly and effectively.

A group counselling session needs to follow some principles (Yalom, 2008):

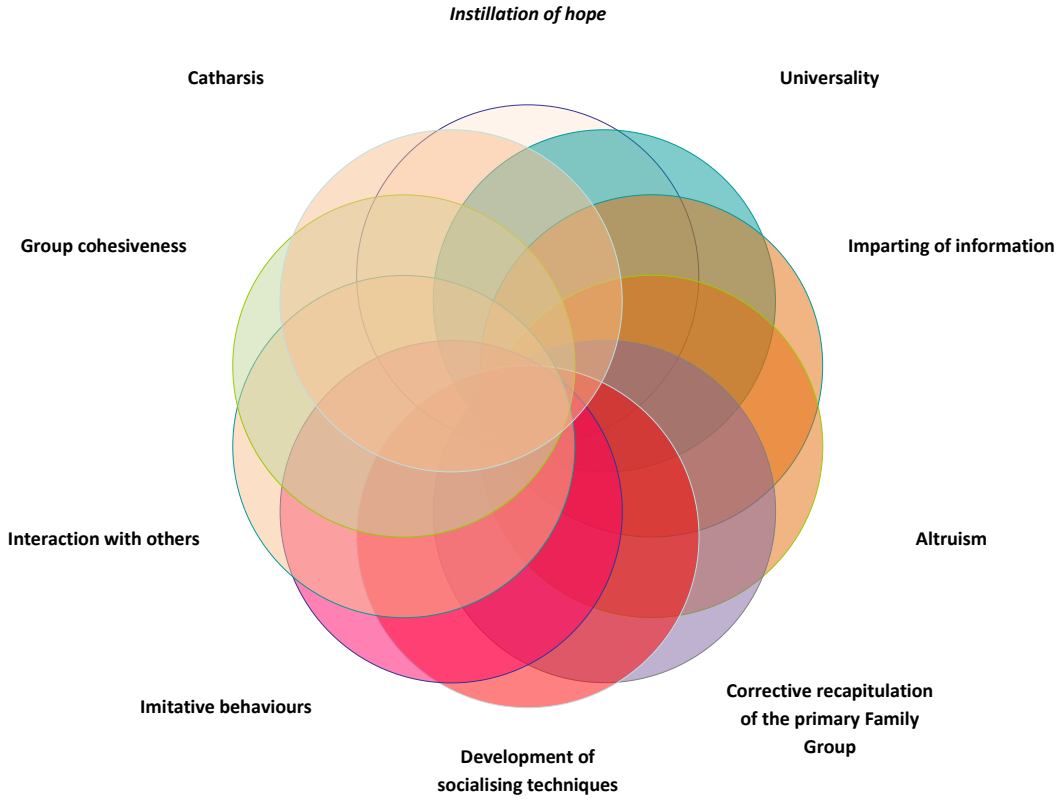


Figure 5. Principles of operation within a counselling session

- ***Instillation of hope***. Both the hope that the therapy will work and the belief that this type of therapy is effective are necessary for group counselling to work well.
- ***Universality***. Most of the time, people attending counselling groups think that they are the only ones facing that kind of problem. During the sessions, they find out that they are actually not the only people who go through those things, and the other participants give them feedback, solutions that can be useful in their case or advice and encouragement.

- ***Imparting of information***:
  - ***Didactic instruction***. At the end of group meetings, many of the participants will be able to understand how the human mind works, what their symptoms mean, the importance of interpersonal relationships and the role of psychotherapy.
  - ***Feedback and advice***. In contrast to the didactic instruction offered exclusively by the counsellor, the group members' interventions always contribute to improving the beneficiary's self-image, to validating their actions and reactions, to finding new solutions and giving feedback and advice on the issue or situation discussed.
- ***Altruism.*** Group counselling is a great way of offering "a gift" to others or doing "a good deed", a chance to help others by talking about the challenging times that the beneficiaries are going through and eventually offering or finding new solutions to problems or development opportunities, with each beneficiary playing the roles of both the giver and the receiver.
- ***Corrective recapitulation of primary family group***. The family environment of counselling group members is often responsible for their inability to adjust to certain situations. During counselling sessions, participants can behave as if they are re-enacting the difficult times their family had to go through, and the others can play certain roles from each group member's family setting. The most important thing is that those moments are relived in a corrective manner.
- ***Development of socialising techniques***. Learning in a social setting contributes to developing skills that are crucial to a healthy social life, and this is one of the basic steps in a therapeutic group setting.
- ***Imitative behaviours*****.** Beneficiaries often try out different behaviours that are displayed/expressed by other group members or even by the therapist, which they filter through their own personality, helping them find their own limits and discover or rediscover themselves.
- ***Interaction with others:***
  - ***The importance of building relationships***. While it is vital for a person to interact with the people around them, it is even more important for them to build a stable social support network.
  - ***Valuing*** **emotional experiences**. This means describing as positively as possible the emotional experiences that the individual did not manage to handle in the past.

- ***Group cohesiveness*.** The fact that counselling group members have the opportunity to share their most difficult experiences and reactions can build a stable basis for long-lasting, efficient and effective interpersonal relationships.

- ***Catharsis*.** If this does not happen during counselling sessions, then those meetings cannot be considered as part of counselling but rather an academic exercise, with no substantial impact on the members of the therapeutic group.

Effective group counselling depends on group leaders' preparation and abilities to plan and lead groups. Taking extra time to prepare is crucial to the life of the group. This process includes screening members, selecting a reasonable number of group participants, establishing a regular place and time for conducting the group, and setting rules (Gladding, 1994).

PARENTING COURSES[3]

"Parent education programmes have been developed in response to the current social background, which requires new parenting practices to help parents raise children who can adapt to today's social context but are also flexible enough to adapt to future contexts. Looking at the current background, we can say that – due to the rapid pace of social changes, the shift in the family status and parental anxiety – parents feel they need professional support to learn new parenting practices. Such learning is necessary, as parenting is considered the most influential factor on children's outcomes. The risks that derive from family's inability to keep up with the pace of social change can have a negative impact on child development. As the most immediate social context, family influences the way in which the child develops and, therefore, any family dysfunctions lead to child development dysfunctions. Dysfunctions may arise when the family must deal with chronic adversities (for example: long-term unemployment, poverty, single parenting, chronic illness etc.) or because of inadequate interaction among family members (poor communication, inappropriate emotional management, lack of positive discipline methods etc.).

The Parent Education Programme developed by HoltIS is designed as a prevention/intervention tool used precisely to help parents develop healthy parenting practices, regardless of whether they must deal with the adversities of life or not.

The Appreciative Parenting Programme is a form of systematic and consistent group intervention that offers parents positive ways to interact, contexts for creating and reinforcing positive experiences with

[3] Cojocaru, Ș. (coord.), Bunea, O., Clicinschi, C., Galbin, A., Zăgan, I. (2015), *Ce este educația parentală?* – Ghid pentru încurajarea educației parentale [What is parent education? - A guide to encouraging parent education], HoltIS, UNICEF, Expert Projects, Iasi, pp. 7-8, ISBN 978-606-93911-8-1.

children, a setting that fosters and stimulates new attitudes and behaviour, as well as the possibility to learn more about child-rearing, childcare, and child development.

The parenting course is facilitated by the parent educator, who will constantly seek to create and maintain a pleasant atmosphere of personal safety and protection, which will also encourage participating parents to build a support network" (*Figure 6*).

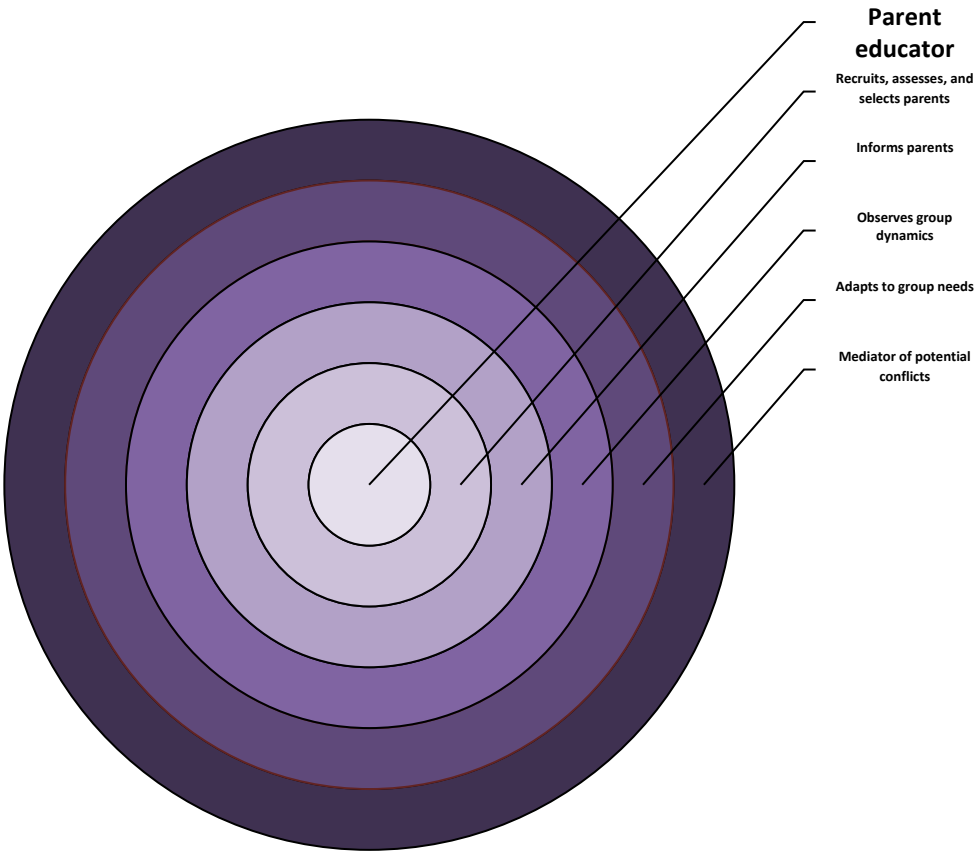


Figure 6. Building a support network between participants

The principles of the Appreciative Parenting Programme are (Cojocaru et al., 2015):

- Focus on experience.
- Focus on achievements.
- Exploring the link between positive vision and positive action.
- Building a partnership between the educator and the parents.
- The principle of parallel process in parent education.
- The constructionist principle in parent education.
- The principle of simultaneity.

- The poetic principle.
- The anticipatory principle.
- The principle of social projection.
- The principle of participation.

SUPPORT GROUPS

Parent support groups are founded on the premise that supportive interactions with people who have faced similar challenges can give participants a sense of empowerment, increase their self-esteem and enhance their coping skills (Pistrang et al., 2008). It has also been proven that individuals who attend support groups holding discussions in a specific area of interest show understanding and receive a kind of mutual, empathic support that they cannot get from their own social relationships (Helgeson, 2000). The people with whom the individual interacts in their social settings may have not lived the same experience that they are going through at some point and this can make the individual unable to express themselves freely without thinking that they will be judged; thus, Bryan (2013) suggests that people who go through a similar stressful experience have a greater ability to respond empathically due to a shared understanding of the issue. Support groups can be divided into peer support groups and self-help groups.

Peer support groups

Dennis (2003) defines peer support as "the provision of emotional, appraisal and informational assistance by a created social network member". This social network member must be someone who has personal experience with that particular concern and thus be considered a peer who can offer mutual support (Dennis, 2003; Oades, Deane & Anderson, 2012). Peer support groups have three distinct goals (M. B. Cohen & Mullender, 2006; Oades et al, 2012.):

- A remedial goal by focusing on recovery.
- An interactive goal by focusing on personal experiences and relationships.
- A social goal by encouraging personal growth and empowerment.

These goals are achieved through emotional, appraisal and informational assistance. Thus, emotional assistance builds self-esteem through reassurance and advice. Appraisal support involves problem solving, encouragement, and building motivation and resilience. Finally, informational support helps by making individuals aware of the causes of their concerns, the suitability of their actions, and the availability and effective use of resources. Through these mechanisms, peer support groups aim to provide a sense of community, build meaningful interpersonal relationships, and reduce the emphasis or reliance on counselling services (Dennis, 2003).

The literature suggests three forms of peer support groups (*Figure 7*); naturally occurring mutual support groups, groups of beneficiaries with specific needs, and parent involvement in clinical and rehabilitation settings (L. Davidson et al., 1999; L. Davidson, Chinman, Sells, & Rowe, 2006; Oades et al., 2012).

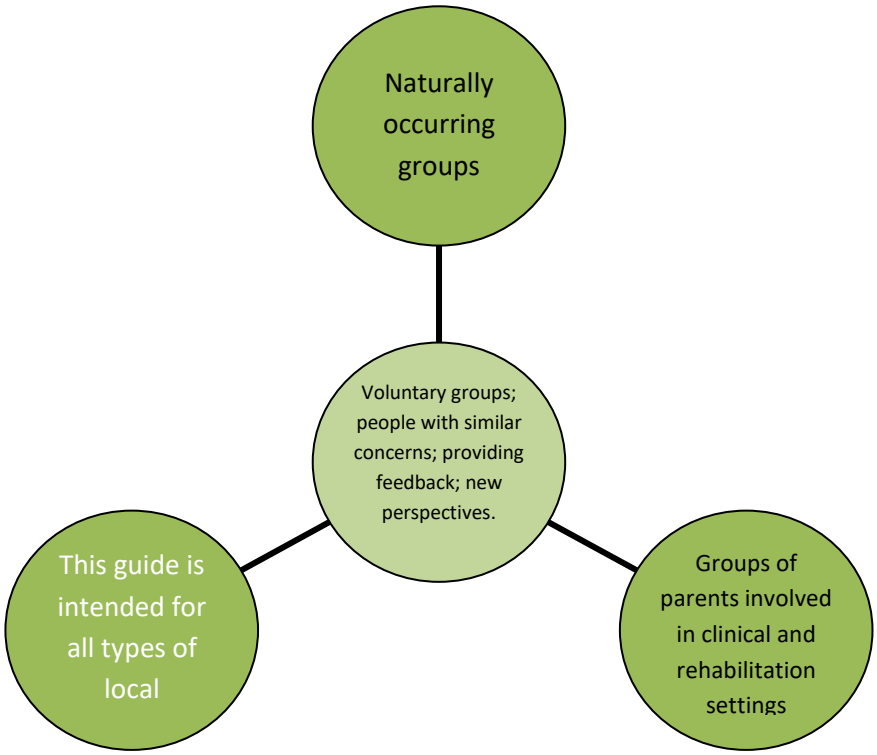


Figure 7. Forms of peer support groups

L. Davidson et al. (1999) define mutual support groups as people who meet voluntarily to solve or manage similar problems or concerns by sharing life experiences, providing feedback, and gaining new knowledge, coping strategies and perspectives. Through this process, individuals get acceptance, understanding and assistance, which helps develop a sense of community and self-efficacy. Groups of beneficiaries with specific needs and groups of parents involved in clinical and rehabilitation settings feature similar processes, whereby individuals meet to address common problems and the facilitators of these groups are employees of an organisation/institution.

Therefore, the relationship between group members and the facilitator may be dictated to some extent by organisational boundaries (L. Davidson et al., 1999; L. Davidson et al., 2006). Groups of beneficiaries with specific needs may also provide additional benefits, such as advocacy, public

awareness, education, and knowledge building through the use of established social and organisational networks (Brown, Tang, & Hollman, 2014).

In general, peer support groups can be found in schools, clinics, prisons, hospitals, community settings, home-based settings as well as indirectly via online or telephone means (Dennis, 2003). A peer can adopt several roles, from educator and leader to counsellor, mediator, and advocate. While peers are required to undergo training to become familiar with the support group process as well as to acquire the skills needed to effectively engage in these groups, ideally training is kept to a minimum for this type of group to avoid compromising the "peer-to-peer" relationship (Dennis, 2003). As Pfeiffer et al. (2011) explain, peers may be experienced or novice in providing support services and often help on a voluntary basis, which means more accessible support groups with lower costs.

Self-help groups

Self-help groups are usually set up by people who come together to address a specific need or problem, to manage a particular issue or to bring about change by discussing different coping strategies. This is different from self-help resources such as books and videos and, like peer support groups, it directly excludes professionally led support groups (Gray et al. 1998).

The term "self-help" means that a person has realised that they need assistance and that they must act to solve their problem (Pretto & Pavesi, 2012). The self-help principle distinguishes between mutual help and mutual self-help; self-help groups are not just about one group member helping another, but about each group member gaining some insight and awareness during the discussions through the support of others (Vanderavort & Vanharberden, 1985).

Unlike professionally led groups and peer support groups, self-help groups do not need professional involvement or a trained peer. Self-help groups are run by a member of the community, by volunteers with a particular problem or concern who want to help others – people dealing with the same problem or with a similar issue.

Since self-help groups are like voluntary and autonomous services, group members willingly commit to social and personal change by engaging in group processes, such as sharing knowledge, experiences, and helping (Borkman & Munn-Giddings 2008; Brown et al., 2014; Gartner & Riessman, 1982).

Group members rely on their own skills, efforts, experiences, and knowledge to help each other and bring about change (Levy, 1976). Unlike peer support groups, they do not require involvement in any organisation or agency, and they can thus remain independent, autonomous programmes. As Munn-Giddings and McVicar (2007) argue, self-help groups focus on sharing experiences, peer education,

practical information, and coping skills, all of which are directed by the group members themselves, allowing individuals to decide how their group operates.

According to Seebohm et al. (2013), the evidence available on self-help groups indicates that the benefits of such groups can be personal, interpersonal and shared, including improved confidence and self-esteem, support, coping skills and broader perspectives.

INFORMATION

A group of people (whether a formal group – characterised by institutionalised relationships – or an informal group – characterised by interpersonal relationships (Radu, 2007)) can be informed through different means: conferences, information campaigns or brochures, leaflets, posters.

BIBLIOGRAPHY

Beck AT. (1983). Cognitive therapy of depression: New perspectives. In: Clayton P, Barrett J, editors. *Treatment of Depression: Old and New Approaches*. New York: Raven; pp. 265–290.

Borkman, T., & Munn-Giddings, C. (2008). *Self-help groups challenge health care systems in the US and UK*.

Bright, J. I., Baker, K. D., & Neimeyer, R. A. (1999). Professional and paraprofessional group treatments for depression: a comparison of cognitive-behavioral and mutual support interventions. *J Consult Clin Psychol, 67*(4), 491-501.

Brown, L. D., Tang, X., & Hollman, R. L. (2014). The structure of social exchange in self-help support groups: development of a measure. *Am J Community Psychol, 53*(1-2), 83-95. doi: 10.1007/s10464-013-9621-3.

Bryan, A. E. B. (2013). *Peer-administered interventions for depression: A meta-analytic review.* University of Arizona.

Center for Health Leadership & Practice (CHLP), Public Health Institute. (2003). *Mentoring Guide – A Guide for Mentors*, Oakland, CA.

Chakravarthy, Pradeep (20 December 2011). "The Difference Between Coaching and Mentoring". Forbes. Retrieved 4 July 2015

Cohen, M. B., & Mullender, A. (2006). The personal in the political: Exploring the group work continuum from individual to social change goals. *Social Work with Groups, 28*(3-4), 187-204. doi: 10.1300/J009v28n03_13.

Cojocaru, Ș. (coord.), Cojocaru, D., Clicinschi, C., Galbin, A., Bunea, O. (2015). *Ce este Educația Parentală?* – Ghid pentru încurajarea educației parentale [What is parent education? – A guide to encouraging parent education], HoltIS. Booklet developed and published by HoltIS and UNICEF as part of the School Attendance Campaign, ISBN 978-606-93911-8-1.

Cox, Elaine (2013), *Coaching Understood: a Pragmatic Inquiry into the Coaching Process*, Los Angeles; London: Sage Publications, ISBN 9780857028259, OCLC 805014954.

Cox, Elaine; Bachkirova, Tatiana; Clutterbuck, David, eds. (2014) [2010]. The Complete Handbook of Coaching (2nd ed.). Los Angeles; London: Sage Publications. ISBN 9781446276150. OCLC 868080660

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer Support Among Individuals with Severe Mental Illness: A Review of the Evidence. *Clinical Psychology: Science and Practice, 6*(2), 165-187. doi: 10.1093/clipsy.6.2.165

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. *Schizophrenia bulletin, 32*(3), 443-450. doi: 10.1093/schbul/sbj043

Dennis, C. L. (2003). Peer support within a health care context: a concept analysis. *Int J Nurs Stud, 40*(3), 321-332.

Gartner, & Riessman, F. (1982). Self-help and mental health. *Hosp Community Psychiatry, 33*(8), 631-635.

Gladding, S.T. (1994). Effective group counseling. Greensboro, NC: ERIC/CASS.

Gray, R. E., Orr, V., Carroll, J. C., Chart, P., Fitch, M., & Greenberg, M. (1998). Self-help groups. *Can Fam Physician, 44*, 2137-2142.

Heaney, C.A., & Israel, B.A. (2008). "Social networks and social support". In Glanz, K.; Rimer, B.K.; Viswanath, K. Health Behavior and Health Education: Theory, Research, and Practice (4th ed.). San Francisco, CA: Jossey-Bass.

Helgeson, V. S., & Gottlieb, B. H. (2000). *Support Groups* (pp. 221-245).

House, J.S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.

International Organization for Migration (IOM). (2009). *Introduction to Basic Counselling and Communication Skills – IOM Training Manual for Migrant Community Leaders and Community Workers*, Geneva, Switzerland, ISBN 978-92-9068-531-9.

Krause, N. (1986). "Social support, stress, and well-being". *Journal of Gerontology*. **41** (4): 512–519. doi:10.1093/geronj/41.4.512

Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. Underwood, & B. Gottlieb (Eds.), *Measuring and intervening in social support*, New York: Oxford University Press.

Langford, C.P.H.; Bowsher, J.; Maloney, J.P.; Lillis, P.P. (1997). "Social support: a conceptual analysis". *Journal of Advanced Nursing*. **25**: 95–100. doi:10.1046/j.1365-2648.1997.1997025095.x

Lennon-Dearing, R. (2008). The benefits of women-only HIV support groups. *Journal of HIV/AIDS and Social Services, 7*(1), 27-45. doi: 10.1080/15381500802093142.

Levy, L. H. (1976). Self-Help Groups: Types and Psychological Processes. *The Journal of Applied Behavioral Science, 12*(3), 310-322. doi: 10.1177/002188637601200305.

Mason, E., Clare, L., & Pistrang, N. (2005). Processes and experiences of mutual support in professionally-led support groups for people with early-stage dementia. *Dementia, 4*(1), 87-112. doi: 10.1177/1471301205049192.

McClure, B.A. (1990). The group mind: Generative and regressive groups. Journal for Specialists in Group Work, 15, 159- 170.

Munn-Giddings, C., & McVicar, A. (2007). Self-help groups as mutual support: What do carers value? *Health & Social Care in the Community, 15*(1), 26-34. doi: 10.1111/j.1365-2524.2006.00660.x.

Murray, M. (2001). *Beyond the Myths and Magic of Mentoring: How to Facilitate an Effective Mentoring Process*, San Francisco: Jossey-Bass Inc.

Oades, L. G., Deane, F. P., & Anderson, J. (2012). Peer support in a mental health service context. *Manual of Psychosocial Rehabilitation*, 185-193.

Phillips-Jones, L. (2001) *The New Mentors and Protégés: How to Succeed with the New Mentoring Partnerships*. Grass Valley, CA: Coalition of Counseling Centers (CCC)/The Mentoring Group.

Pfeiffer, P. N., Heisler, M., Piette, J. D., Rogers, M. A., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: a meta-analysis. *Gen Hosp Psychiatry, 33*(1), 29-36. doi: 10.1016/j.genhosppsych.2010.10.002.

Pistrang, N., Barker, C., & Humphreys, K. (2008). Mutual help groups for mental health problems: a review of effectiveness studies. *American Journal of Community Psychology, 42* (1-2), 110-121. DOI: 10.1007/s10464-008-9181-0.

Pretto, A., & Pavesi, N. (2012). Empowerment in the Self-help/Mutual Aid Groups: The Case Study of Alcoholics Anonymous in Italy. 美中公共管理*, 9*(8), 943-952.

Radu, M. (2007). Comunicarea în grupurile organizaționale [Communication in organisational groups], *Revista Economia. Seria Management*, anul X, nr. 2, ISSN 1454-0320.

Renton, Jane (2009). *Coaching and Mentoring: What They Are and How to Make the Most of Them*. New York: Bloomberg Press. ISBN 9781576603307. OCLC 263978214

Saglik, M., Ozturk, S. (2001). Television as an Educational Technology: Using Television at Open Education Faculty, Anadolu University, Turkish Online Journal of Distance Education – TOJDE, ISSN 1302-6488, vol. 2, art. 6.

Seebohm, P., Chaudhary, S., Boyce, M., Elkan, R., Avis, M., & Munn-Giddings, C. (2013). The contribution of self-help/mutual aid groups to mental well-being. *Health & Social Care in the Community, 21*(4), 391-401. doi: 10.1111/hsc.12021.

Slevin, M.L.; Nichols, S.E.; Downer, S.M.; Wilson, P.; Lister, T.A.; Arnott, S.; Maher, J.; Souhami, R.L.; Tobias, J.S.; Goldstone, A.H.; Cody, M. (1996). "Emotional support for cancer patients: what do patients really want?". *British Journal of Cancer*. **74**: 1275–1279. doi:10.1038/bjc.1996.529

Stevinson, C., Lydon, A., & Amir, Z. (2010). Characteristics of professionally-led and peer-led cancer support groups in the United Kingdom. *J Cancer Surviv, 4*(4), 331-338. doi: 10.1007/s11764-010-0129-7.

Stewart, M. J. (1990). Expanding theoretical conceptualizations of self-help groups. *Social science & medicine (1982), 31*(9), 1057-1066. doi: 10.1016/0277-9536(90)90119-D.

Strobel, N., Adams, C., Rudd, C. (2014). *The role of support groups and Connect Groups in ameliorating psychological distress.* Edith Cowan University, Australia.

Taylor, S.E. (2011). "Social support: A Review". In M.S. Friedman. *The Handbook of Health Psychology*. New York, NY: Oxford University Press. pp. 189–214.

Team FME. (2013). *Principles of Coaching – Coaching Skills*, http://www.free-management-ebooks.com/, ISBN 978-62620-960-2.

Tilden, V.P.; Weinert, S.C. (1987). "Social support and the chronically ill individual". *Nursing Clinics of North America*. **22** (3): 613–620

Twehues, J. M. (2009). *Public and private sector providers' attitudes and referral behaviors of OCD self-help and professionally-led support groups.* (Dissertation/Thesis), Xavier University.

Uchino, B. (2004). *Social Support and Physical Health: Understanding the Health Consequences of Relationships*. New Haven, CT: Yale University Press. pp. 16–17.

Vanderavort, A., & Vanharberden, P. (1985). Helping self-help groups: a developing theory. *PSYCHOTHERAPY, 22*(2), 269-272. doi: 10.1037/h0085505.

Wills, T.A. (1991). Margaret, Clark, ed. "Social support and interpersonal relationships". *Prosocial Behavior, Review of Personality and Social Psychology*. **12**: 265–289.

Wills, T.A. (1985). "Supportive functions of interpersonal relationships". In S. Cohen; L. Syme. *Social support and health*. Orlando, FL: Academic Press. pp. 61–82.

Yalom, I.D., Leszcz, M. (2008). Tratat de psihoterapie de grup [The Theory and Practice of Group Psychotherapy], Ediția 5, Editura Trei.