

# Chapter 14

## Reflections on Experiences in a Community-Based Parent Support Group: Parent Whisperers



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### Purpose and Structure of the Community-Based Support Group

*The Talk, Touch, and Listen While Combing Hair* program is a community-based parent support group that offers a culturally appropriate curriculum built around the everyday task of hair combing to address issues around parent–child relationships. The curriculum is modeled after the World Cafe model designed for groups of community peers to discuss difficult topics that impact them all (Brown & Isaacs, 2005, 2010; Brown et al, 1999). Hair combing interaction involves specific behaviors involving verbal interaction (talk), touch, and reading and responding appropriately to cues given by the child (listen), which can be used to strengthen attachment between parents and children (Crawford & Lewis, 2012). This is particularly beneficial for low-income African-American mothers and children who are often disproportionately affected by mental health and sociocultural issues.

During the summer months of 2012, the *Talk, Touch, and Listen* (TTL) curriculum was piloted with a group of mothers at the New Orleans Women’s Shelter as well as the New Orleans Healthy Start Program. Two different groups of mothers met weekly at these two locations to complete the 8-week curriculum. Three Tulane University public health graduate-level students participated as parent peer coaches

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or “parent whisperers” to provide individual support to the mothers during the sessions.

Through the TTL program, parents were supported through experiential learning techniques to increase unconditional acceptance of their children, knowledge of their child’s unique temperament and personality, and enhance the parent’s positive communication style. The topics presented in the curriculum build on the skills required for emotion regulation and the promotion of healthy attachment relationships between parents and their children. Parents were taught to recognize and increase the type of talk that enhances self-esteem in their children and communicates warmth and acceptance. The parents were also taught that there is a difference between positive and negative physical touch with children. Furthermore, a critical skill they learned is how to use active listening to hear all the ways that children communicate verbally and nonverbally. A sample of the topics for each section are presented in Table 14.1.

Another goal of the curriculum was to help the parent become aware of emotional legacies from the historical trauma of slavery surrounding hair and skin color. Parents were able to reflect on their own childhood experiences and emotions regarding their skin color and hair texture (Lewis & Swift, 2015). These self-reflective activities and practices allowed parents to be more engaged and aware of themselves, which resulted in being able to understand their children better.

The group was structured to include these components in every session: Review of Rules, Jokes, Announcements, Opening Ritual, “Go-Rounds,” Minilecture, Thinking Points, Closing Ritual, and Fun and Humor (Lewis, 2008; Lewis, 2013).

## **Learning About My Role as a Parent Whisperer: My Reflections as an Asian-American Woman**

For many years, lay, nonprofessional community members have provided support to professional healthcare providers in treatment and preventative health services for several health outcomes. Many of them are labeled as “peer” support workers or coaches and play an integral role in the success of many interventions. There are three characteristics that increase the effectiveness of peer coaches: (1) They share certain characteristics with the target group and they usually have similar experiences especially in regards to the targeted health outcome. (2) They receive training in the delivery of specific interventions, yet they lack professional status. (3) They function outside of their naturally occurring social networks, intentionally engaging and interacting with individuals who will benefit from their guidance and training. Many studies have shown that peer coaching or support is beneficial to helping patients cope and improve self-efficacy. Furthermore, it has been found that peer support is especially effective with disadvantaged populations that may have previous histories of mistrust with the healthcare system.

**Table 14.1** Example of *Talk, Touch, and Listen Sessions*<sup>a</sup> with parent whisperers' duties

SESSION #1 –WHAT ARE MY Family VALUES?			
Supplies	MINILECTURE (by Cofacilitator)	Experiential exercises	GO-ROUNDS
Name Cards Crayons & paper Newsprint to put on walls Handouts of 'My Values' sheets. White & Colored Index Cards Hat/Basket Large Comb or drawing a comb to put on the floor. Consumer Satisfaction Surveys. TIP Sheet	Announcements Welcome & overview of TT&L series. (Pass out Caregiver/Child TT&L Notebook) Introduce <i>Parent Whisperers</i> & their role <b>Mini-lecture "Do as I Do!"</b> Our values shape our behaviors with our children. Preview of Session #2 – The Road To PATH & RICS; Tender-headedness strategies & Guest beautician <u>Reflective Processing</u> If participants need to talk more. (referral list) <b>Post Group Processing</b>	Ice Breaker- Childhood nicknames <i>Hopes &amp; Fears Questions in the Hat.</i> HOPE "On the white index card write one thing you would like to learn about parenting your child and one thing you fear for your child." The <i>Neck-up Drawing</i> , "Draw a picture of yourself from the neck up. Write one emotion word that summarizes your feelings about your hair." 	CLOSING RITUAL: <i>Pass the Comb</i> Every person states the following and then passes the comb to the next participant. <i>What I wish for my child [name] _____ to know about our family values is that we value. ...</i> Thinking Point: <i>How do my behaviors this week match my values?</i> Color the TT&L Notebook Cover Sheet. Bring back for next week to put in Notebook. 
			Community Share (CS) Dyad Share (DS) <b>CS: Nickname Go-Round</b> <b>Each person in the circle responds. Say your childhood nickname, why you got it, and did you like it.</b> <b>CS: Rules for Psychological Safety.</b> <b>Write on Newsprint, Post on walls each week.</b> <b>CS: Generate a community list of "What I Value for all children" on Newsprint.</b> <b>DS – Individual Family Values; write your Top 3 Values from the community list. What behaviors will I do to teach my child these values?</b> Share with the parent Whisperer. Share your response to the following statement: <i>Why I selected the Emotion word for my Neck-Up drawing.</i>

<sup>a</sup>From, *Talk, Touch and Listen While Combing Hair*® Parent Group Facilitator Manual, M. L. Lewis

During our eight-week *Talk, Touch, and Listen While Combing Hair* sessions, parent whisperers served as peer coaches who provided individual support to mothers in the group sessions. The main role of a parent whisperer was to be an active listener to the mother, to create and identify values and goals that were important for the mother, to encourage them and reframe their negative self-talk, and to provide acknowledgement that reaffirms their positive qualities. Parent whisperers supported mothers through understanding, accepting, encouraging, and empowering, helping parents discover a new way to interact with their own children that modeled the same type of supportive behavior.

Often during the one-on-one interactions, mothers seemed to be more comfortable in sharing their personal feelings and stories, something that was more difficult in group settings with anywhere from three to ten mothers. Creating these individual connections provided a safer environment for both the mother and parent whisperer where the two could get to know each other on a level separate from the group. Listening and giving positive feedback were two main supportive actions that the parent whisperer took when having one-on-one conversations with the mothers.

### ***Flexibility: Attending to the Needs of Children During Group Sessions***

Although the curriculum for each session was decided upon before the sessions, flexibility was key to holding a successful group. To carry out a successful program for mothers, the barriers had to be identified and reduced. One of the potential barriers to a parent participation was the presence of their children. As a result of children wanting attention from their mothers during the session, the mother's attention was often divided between what was going on in the session and the needs of their child. As a parent group focused on enhancing attachment between mother and child, it seemed ironic to remove the children in these types of situations. However, at times when children were present, providing some sort of childcare was often the most effective solution to having the mother's undivided attention and engagement. In many instances, parent whisperers were asked to support the mothers by watching their children in a separate room. In this way, mothers felt comfortable knowing that their children were simply a few doors away, leaving them to fully focus on the sessions and getting the most out of them.

As a parent whisperer, there were many times when my mindset had to quickly shift from parent whisperer to caretaker. Often, I would enter a session thinking I was going to be able to interact with the mothers, yet I was asked to take care of the children in the play area. Although I enjoyed being with the children, it was often disappointing to think that I was missing out on the conversation that was happening between the mothers in the session. However, as I continued to take on this role, my relationship with the children enabled me to get closer to the mothers as well. Through my relationship building with their child, a trust was formed between the

mother and me. This kind of flexibility in the end was beneficial to my role as a parent whisperer and it enabled me to create a deeper connection with the mothers.

### ***“But I Don’t Have Children!” My Thoughts on Sharing as a Full Participant in an Experiential Group Model for Parents***

In the *Talk, Touch, and Listen* (TTL) sessions, parent whisperers also engaged in discussions as participants of the group, offering thoughts, stories, and experiences with the mothers. Research shows that peer coaches or navigators are more effective when they have had similar life experiences to the target group. Simoni et al. (2011) state, “Matching the marginalized or stigmatized status of a target group (i.e., impoverished, sexual minority) is often an important aspect of parent peers.” In our group, many of the women were low-income, young, African-American mothers between the ages of 25 and 35 years. As an Asian American, Master of Public Health candidate with no children, I felt ill-equipped to relate to the mothers or support the mothers in the TTL sessions. However, after attending several sessions, I found that the experience of motherhood and growing up as a child is similar across cultures. Questions that were asked of the mothers could be modified and fit to participants with no children. By addressing the questions from the perspective of the child, participants who had no children could offer a child’s point of view and often allowed mother’s to reflect on their childhood as well as their child’s perspective on many issues.

In order to break down cultural perceptions and barriers, it was necessary to have individual interactions. It was through the individual interactions as well as the sharing of stories and experiences that enabled everyone to see each other as a fellow woman versus an “other.” Human beings often share similar emotional experiences and stories, by sharing these with each other, the sense of “other” can be diminished and a common ground can be established.

However, that is not to say that mothers were completely comfortable. Some mothers expressed feeling uncomfortable being “supported” by young students who did not have any children of their own and therefore had no good advice to offer and might not be able relate to what they were going through as a mother. While a cordial relationship could be created, it may have been to the benefit of the participants to feel like they could connect with their parent whisperers on a greater level. Mothers may have benefited more from parent whisperers who were women who went through the experience of childbirth and have experienced the joys and struggles of child rearing. Furthermore, mothers expressed that it was hard to open during an eight-week session to parent whisperers who they knew they would not speak to after the sessions were over. It may be beneficial to extend the relationship of mothers with parent whisperers beyond the TTL sessions to ensure that genuine relationships are created between the mothers and parent whisperers.

In conclusion, the most important role of the parent whisperer was to develop relationships of trust with the parent caregiver, who could then model that same type of relationship with their own child. In the society we live in today, these interactions and conversations between parent and child are more crucial than ever.

### Reflective Questions

1. Is the role of a “parent whisperer” one that you can imagine taking on in your interactions and relationships with infants, children, and families who are referred to your practice?
2. What makes a “parent whisperer” successful in engaging and supporting another?
3. What can you, a professional, learn from peer coaches who were instructed to model skills from Talk, Touch, and Listen While Combing Hair, especially, active listening, acceptance, and empowerment through positive support, when working with parents, and do you think you can embrace these strategies in your practice?
4. What did you find yourself wondering about as you read the reflections of a parent whisperer?

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