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# Peer Mentoring in Child Welfare: A Motivational Framework

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Peer mentoring interventions for parents with substance use disorders who are involved with the child welfare system are relatively new, complex, individualized interventions and thus need to be understood both in regard to program efficacy and the processes of how they work. This qualitative study of the experiences of parents involved in a parent men-

toring program suggested that certain practices helped motivate parents to think and act in ways that supported their goals and child welfare case plans. The three key mentoring practices that emerged were building caring relationships, providing guidance, and putting parents in charge. These practices promoted parents' positive self-beliefs (e.g., worthy of connection, competence), which helped motivate them to participate in services, cope constructively with difficulties, and more effectively manage behaviors and emotions. Drawing on Self-Determination Theory and Basic Psychological Needs Theory (BPNT) in particular, we propose a motivational framework for understanding how peer mentoring facilitates, or undermines, parents' motivation and results in their making progress on various aspects of their child welfare case. Implications for using the motivational model in future program development and evaluation efforts are discussed.

Peer mentoring is increasingly popular in child welfare as a method of promoting family engagement and helping “ease the pathway through the child welfare system” (Cohen & Canan, 2006; Frame, Conley, & Berrick, 2006). Although a number of studies point to positive outcomes (Berrick, Cohen, & Anthony, 2011; Frame, Conley, & Berrick, 2006; Summer, Wood, Russell, & Macgill, 2012), research that explicates the mechanisms by which peer mentoring promotes participation in services and service planning remains in its early stages. Many of the more rigorous studies evaluating peer services focus on supports offered to parents of children facing serious health and other challenges (Ainbinder, Blanchard, Singer, Sullivan, Powers, Marquis, & Santelli, 1998; Nicholas & Keilty, 2007) and to adults with severe psychiatric disorders (Davidson, Chinman, Sells, & Rowe, 2006). However, significant differences between a medical model and peer mentoring in child welfare suggest that attempts to generalize either underlying mechanisms or efficacy should be done with extreme caution (Nilsen, Affronti, & Coombes, 2009).

An underdeveloped theoretical foundation is a challenge for the field. As Nilsen, Affronti, and Coombes (2009) argued, “without a solid conceptual model and empirical framework, [peer mentoring] will be another expensive program that is without value in reducing the recurrence of maltreatment” (p. 532). Research establishing the link between parent engagement and improved child welfare outcomes (Atkinson & Butler, 1996; Dale, 2004; Littell, 2001) highlights the importance of understanding the underlying mechanisms by which parents’ participation in service planning and services can best be promoted. Preliminary results from studies focused on the outcomes of these types of services are promising (Berrick et al., 2011; Frame et al., 2006; Summer et al., 2012) although more rigorous evaluations are needed. Evaluations focused on the process of peer mentoring have identified a host of supports and services, but only a few have addressed the underlying mechanisms by which these activities might impact parents.

Studies have investigated a range of outputs and outcomes associated with peer mentoring. In a study by Marcenko, Brown, DeVoy, and Conway (2010), parents increased their ability to advocate for themselves

and engaged in services more quickly. Berrick and colleagues (2011) suggested that reunification may be more likely for families involved with peer services. The same authors found that parents who worked with mentors experienced a sense of empowerment that contributed to change, but the mechanisms by which mentors' services facilitated empowerment were not explained. Another evaluation of a parent-to-parent program (Summer et al., 2012) found increased compliance with case plans and attendance at court hearings and visitations. Parents' attitudes and understanding also changed in a positive direction; however, the study was unable to link these changes to the increase in compliance and other activities.

A handful of studies refer to psychological processes in their explorations of how mentoring works. For example, a recent article summarized the existing research as offering tentative support for the idea that family support and mentor programs "help change parents' understanding of their current situation and lead to positive outcomes" (Summer et al., 2012, p. 2037). Another study described mentors as providing coping assistance and speculated that parents identify with a "culture of empowerment" that may result in a "redefinition of identity and subsequent effects on perceptions of self-worth and empowerment" (Berrick, Young, Cohen, & Anthony, 2010, p. 189). Yet another referred to parents' use of peer mentors as a positive source of social comparison (Nilsen et al., 2009). Frame and colleagues (2006) offer one of the fullest explorations of the process of mentoring and link peer support and outcomes via a number of psychological processes. For example, they postulate that peer support facilitated changes in parents' attitudes and behavior, which led to increases in self-esteem, thus creating a foundation for change. They also found that peers offered support and advice in the face of negative events, which often led to parents learning from mistakes and taking proactive measures in the future. The authors called for a closer examination of the developmental stages of parents' attempts to change. Taken together, these findings suggest that psychological processes are at work. However, research to date lacks a cohesive framework for understanding how these mechanisms are facilitated and why they motivate parents to take action.

The current study is part of a larger evaluation of the Parent Mentoring Program (PMP), a recovery-focused, parent-directed program that employs peers as mentors for parents involved in the child welfare system. In an effort to understand how this program works, parents' accounts of their mentoring experiences were examined for descriptions of the processes through which mentoring activities are connected to child welfare outcomes. Building on key themes that emerged from this analysis, an initial theoretical framework was developed that highlights some of the central mechanisms involved in promoting (or undermining) progress in a parent's child welfare case.

Specifying the mechanisms by which various inputs and activities affect results offers advantages for program planning and improvement, and may ultimately lead to the development of different and more effective strategies (Birckmayer & Weiss, 2000). A theoretical framework will allow testing of which connections are and are not supported by evidence, and can highlight the elements of the intervention that merit attention for further evaluation (Birckmayer & Weiss, 2000). Knowledge may also generalize beyond the specific intervention under study and contribute to an understanding of which mechanisms work, and under what conditions. In fact, it is hoped that the emergent framework informs efforts to promote parents' behavior change more broadly; as noted by Frame and colleagues (2006), the field currently lacks sufficient understanding of interventions that help parents address the issues that are of concern to child welfare.

## **Program Description**

The Parent Mentoring Program (PMP) is being implemented as part of a Title IV-E Waiver in a Western state. Parents with an open child welfare case who presented with a substance abuse issue during the protective services assessment are the focus population. Mentors are former clients of the child welfare system with at least 3 years of recovery from substance abuse and closed child welfare cases. Mentors are paid to provide a variety of supports to parents currently involved with child welfare who have a substance use disorder. Services are available for the

duration of the child welfare case; the average length of services is six months, with a range from 1 to 570 days.

PMP mentoring is parent-directed, based on the idea that solutions to problems are most likely to be successful when identified and/or chosen by the parent. The program design was drawn from work by Duncan and Miller on client-directed practice in psychotherapy (Duncan, Miller, & Sparks, 2004; Duncan, 2005). Parents are asked to identify their goals and mentors frequently check in with parents regarding what they are most interested in working on. There is no expectation that parents will direct the work toward, or be limited to, the services outlined in their child welfare case plan. Parents may, for example, focus the mentoring work on acquiring stable housing or obtaining a driver's license rather than on fulfilling service requirements or attending treatment programs. Parents who fail to have regular contact with their mentors are eventually dropped from services; most providers close cases after 90 days of no activity.

## Method

The broader Title IV-E Waiver evaluation, of which this study is a part, employs a randomized control design. Parents for whom substance abuse was identified as a problem by child protective services were randomly assigned to either the PMP treatment group or the "services as usual" control group. Participation in services was not mandatory; parents assigned to the treatment group ( $n = 501$ ) were given the option of accepting or declining services. Parents who accepted services ( $n = 286$ ) were invited to consent to be contacted about the interviews; 71% of parents ( $n = 203$ ) did so. Recruitment for the interview component of the evaluation began in year 4 and was limited to parents who had started services within the prior 12 months ( $n = 90$ ). These parents were sent a letter and/or email describing the study. Researchers then contacted the parent by phone, described the evaluation, reviewed the informed consent and, if the parent agreed, scheduled an interview. Researchers read the informed consent and parents were asked to sign it prior to the start of the interview. Recruitment is ongoing, but thus far 26 parents have agreed to an interview, 5 have declined, and 27 either have tacitly refused or had insufficient contact

information. Approval for the study was granted by the researchers' university Institutional Review Board.

These findings draw from 22 in-depth interviews conducted with parents who participated in PMP services. The interview protocol was designed to solicit a richly detailed picture of parents' experiences. Interview guides were semi-structured and focused on respondents' ideas regarding the ways in which services were helpful as well as a description of the services themselves. Interviews lasted an average of 90 minutes and a few exceeded 2 hours. Interviews were conducted face to face unless the parent expressed a preference for communication via telephone (these constituted approximately 25% of the interviews). With parents' permission, interviews were recorded and transcribed. Parents who participated received \$40 in gift cards from a local merchant.

The sample was primarily female, although 4 fathers were interviewed. Race and ethnicity was primarily Caucasian ( $n = 18$ ); 1 parent identified as Native American; 2 identified as African American and/or Hispanic, and 1 identified as Hispanic. All of the parents had worked with the program for at least 3 months; the vast majority had been involved for over a year. Most of the parents were pleased with the PMP program; however, a few were not.

## Data Analysis

Both inductive and deductive methods were used to analyze the data. The concepts underlying the parent-directed approach provided a foundation for the deductive analyses and initial coding schema. Researchers actively pursued insights and new ideas as they appeared in the interviews. The first six interviews were open-coded and formed the basis of the initial coding schema. That coding schema was added to and refined on a regular basis, as described below. All of the interviews were reviewed by the Principal Investigator (PI) as both an opportunity to apply new codes and as a final check.

There was a diverse analysis team including a mix of racial and ethnic backgrounds and socio-economic status, along with a variety of disciplinary backgrounds (Social Work, Psychology, and Political Science). Individual

transcripts were coded by dyads that included the interviewer and another member of the research team. Each person coded the interview individually; then, the dyad met to reach alignment on coding. Any issues that were not resolved, along with any new codes that emerged, were presented for review to the full research team. This process was ongoing, alerting reviewers to new and emergent concepts in a timely fashion.

Team meetings served as a process for critiquing and refining the codes themselves, as research team members were required to defend their interpretations. During meetings, each team member was encouraged to ask questions and offer insights and alternative interpretations. This method of analysis drew on the in-depth knowledge the interviewer had with the case while bringing the perspectives of other researchers. This process expanded the range of perspectives “listening to” and “seeing” the data. This investigator triangulation (Patton, 2002) facilitated a more complete view of the parents’ experiences and, coupled with the comparison across cases, decreased the possibility of interpretive bias (Strauss & Corbin, 1998).

As a whole, the interviews provide a richly detailed story of the ways in which mentors facilitated, or did not facilitate, changes in parents’ behavior and parents’ thoughts about themselves and their child welfare cases. As the coding schema evolved, themes and dynamics emerged related to particular categories of supports. These categories were reviewed in the psychology literature to delineate concepts that might further illuminate what parents had described.

## Results

What follows is a presentation of the major categories with the goal of explicating the concepts and illustrating the fit between the data and the categories. It begins with a discussion of what mentors do; the second section describes what happened for parents as a result of the mentoring, including how parents felt and what they did.

### *What do Mentors Do?*

Parents’ accounts of what mentors do were reviewed to develop a broad description of the knowledge, activities, and practices that mentors utilize in



the course of their work. Quite commonly, parents portrayed their relationships with their mentors as caring and supportive; in the context of that relationship, mentors acted as parent-directed guides. Instances in which parents did not consistently experience these elements were also described.

***Caring relationship.*** When talking about their relationship with their mentor, numerous parents began by saying, “I felt like [the mentor] cared.” In many cases, this created an instant connection for the parent. Care was communicated in a variety of ways such as mentors accompanying parents to meetings and offering support in especially stressful moments. As one parent stated, “It is nice because let’s say I wasn’t doing good, and I just needed that phone call. When you are doing bad, the phone feels really heavy. Sometimes it is nice just to hear that somebody cares.”

***Difficulty connecting.*** A small number of parents described having difficulty connecting with mentors. Shared life experiences, such as substance abuse and child welfare involvement, do not guarantee that parents and mentors will “click” or even like each other, as illustrated by parents who stated, “we never hit it off from the start,” or “sometimes you meet people and it is just, I don’t like that person.” One male parent confided that he would have been able to connect more readily with a female mentor, saying, “I probably would have talked more and be more open. I would have talked about my feelings and how I felt inside and been honest.”

***Guidance.*** Parents spent a great deal of time talking about receiving guidance from mentors that was clear, dependable, and predictable, and that reduced uncertainty in their lives. One of the most common ways that mentors were helpful to parents was by providing information. Examples included explaining or translating information given to parents by other professionals, taking the time necessary to put things into words parents could understand, sharing insights and advice, and giving information regarding local treatment resources such as clean and sober activities and 12-step meetings.

Another important aspect of guidance was helping parents link consequences to their actions or creating contingencies. Parents often talked about their mentor celebrating their successes (e.g., achieving 30 days of sobriety), giving them positive feedback, and noticing accomplishments

that others might not notice (e.g., attending a 12-step meeting). Mentors also held parents accountable for their actions and commitments. For example, many mentors worked with parents to set goals and develop a plan for achieving these goals. As described by one parent, “She will ask me ‘How are you doing with building support?’ and I’ll have to write how I am going to do this. The goal isn’t just a goal. They want you to break it down ... They want a date.”

Guidance can also take the form of reality checks, as peer mentors are uniquely suited to speak hard truths to parents. Parents talked about how their mentors have “been there, done that,” and how that gives them a certain credibility. For example, a parent reported that “she [mentor] could give me constructive criticism and I would respect it because I knew that she has worked really hard to get where she is at and overcome a lot of things.” Mentors could insist that a parent face certain truths in a way that other providers could not, and parents often experienced it as supportive rather than controlling. One parent described hearing a hard truth in this way: “I was, ‘I am not an addict. I just use sometimes.’ She was, ‘No, you are an addict.’ She hit me with reality.”

A final example of guidance was forecasting, or helping parents look into the future and imagine the outcomes before they acted. Sometimes this was as simple as telling parents what to expect in a family decision meeting, or giving them tips about how to work with a new caseworker. Other times it was a more complex exercise referred to by some parents as “playing the tape,” walking through likely outcomes of a particular course of action in their head. It was described by one parent in the following way: “...then she told me how to talk myself through things—let the whole tape play, before you make a choice on anything. OK, if I do this, this could happen.”

***Lack of follow-through.*** A few parents described situations in which mentors did not follow through on promises or were unreliable in their communication:

She at the beginning said ‘you can call—whether you are going to use or not, you can call me.’ Well, there were a couple of times when I was so stressed out and not in the right

state of mind, I called her because I thought I was going to use, and she wasn't there. Never called back.

Another parent was confused about why her mentoring case was closed and described a lack of communication on the mentor's part, saying:

I actually found out in the mail. I got a letter in the mail saying that she was closing my case because she couldn't get hold of me, which I thought was funny because I could never get hold of her.

***Put parents in charge.*** Parents consistently reported that mentors gave them the power to choose the direction of the work. Parents also noted that mentors allowed them to see choices that were not otherwise evident. One example was described by a parent as follows:

Sometimes you don't really know, you know what you want to do, but then you don't know. You have to find yourself again, especially after being lost in some world on drugs and stuff. You don't really know [yourself] no more and what you like to do because [using substances] is all you know. When we are setting these goals or whatever, give me some hints. She will give me some ideas. Are you into this and this? Why don't you try this?

The interviews also revealed other, more nuanced ways in which mentors put parents in charge. One example is showing respect by allowing the parent's voice to be heard and valued. Mentors show respect for parents by listening to their opinions, giving them time to think, and validating their needs. As one parent described, "She helped me figure out what to do, instead of just saying, 'Oh my God, I can't believe you did this.'"

One of the most interesting ways by which mentors are parent-directed is by providing a meaningful rationale for why it is important to work with the state agency on behalf of their child. Parents said mentors reframe the situation in such a way that they are able to accept the demands placed on them. Parents can then choose a path forward,

adjust their priorities, and advocate for their own preferences. One parent described how her mentor helped her see the situation differently and move toward action:

I was scared to go to treatment ... I wasn't going to have my kids. I was going to have to be sober and have to deal with these problems. I had to leave this man that I knew was going to cheat on me if I left. I was going to have to fight with my husband about his baby mama and why don't he have to do anything but I do. It was a lot of why, why, why. Then finally she [mentor] said, "Why all these whys? Why not just do it, get it over with, and get your babies back?"

***Not parent-directed.*** In contrast, a small number of parents reported that the mentor pushed an agenda rather than listening to their needs:

She asked me once if I wanted to go to a noon meeting with her, and I told her there was no possibility of that because my daughter at the time was getting out of school right around noon, so it just was not possible ... she was very pushy on going to that meeting and that meeting only. I don't know if it was maybe the only meeting she goes to, the noon meeting, I don't know.

In another case, the parent felt judged by her mentor:

She said, "Your daughter is going to be adopted." She [acted like she] knew what was going on ... I just felt like she had really labeled me ... She knew nothing about my daughter ... She didn't know who I was, didn't know who my daughter was and what was going on.

### ***What Happens to Parents who Work with a Mentor?***

Next, the analysis focused on what happened for parents as a result of their work with a mentor, including how parents felt and what they did. Most of the parents reported having more positive self-beliefs and taking action that demonstrated involvement in their child welfare case as

a result of working with their mentors. However, in some cases, work with mentors undermined these processes.

***Feeling cared for.*** Parents talked about developing a relationship with their mentor that was “more intimate and personal” than with other service providers, which in turn made them feel better about themselves. As one parent put it, “It made me feel not alone, like other people go through it too, so I’m not the only person.” Some parents talked about feeling like a number; in contrast, in other service systems, mentors really got to know parents. One parent described her mentor as understanding “what I’m about, what I’m trying to do and about me as a person, me as a mother ...”

***Feeling successful.*** Through positive feedback, noticing successes, and reframing, parents start to believe in themselves, a process described by one parent as follows:

When I first went into treatment, our counselor asked me to say three good things about myself and I couldn’t name one. I started bawling in front of everybody. I can’t, I don’t know, there isn’t anything good about me. Now I can name a lot of things, and it is because I hear it from other people.

Parents described how they felt success was possible for them because their mentor showed them a path forward. One parent said, “...if she [mentor] is able to get up every day and function and live her life and be successful with the things she has been through, I know that I can.”

***Feeling in charge.*** Parents also described feeling that they could make choices and take charge of their situation even when faced with inherently coercive demands from the child welfare system. One parent explained how she discovered that she had choices after accepting her situation:

With me, acceptance is a huge thing. I basically had to just—I didn’t have to, but I chose to accept what was going on and fight for the next move, for the next step, for whatever I had to do, and I did that.

Another parent described how feeling authentic and accepted led to empowerment:

She [mentor] would let me talk and she wouldn't judge me. She would say, "Well, I can give you a suggestion, but I can't tell you what to do"... Because sometimes people will try to fix people instead of letting them walk their own path. ... Nobody can tell us how to change, when to change. And we have our own time and place where we say enough is enough. And the parent mentors have met me where I'm at—to allow me my process and to allow me to grow through the struggles, but with them there.

***Feeling neglected or worthless.*** In contrast, unsupportive interactions with mentors left parents with ambivalent or negative feelings. After a parent did not hear from her mentor for some time, she felt neglected: "...with me, don't tell me you are going to help if you are not." Another parent said her mentor made her feel worthless: "I felt like what she was saying was, 'You are just a piece of crap drug addict and so is her dad and she is going to be adopted.'"

***Increased engagement.*** Many parents articulated improvements in motivational, coping, and self-regulatory processes as a result of working with a parent mentor. For example, parents talked about increased ability to advocate for themselves, to get involved in services, and to take charge of their situation. A parent gave an example of her proactive engagement in services:

When we sat down at the FDM [family decision meeting], for instance, they would say, "OK, let's get this service going for them, or let's get that service going for them"... I already had it going. I already had it. If they said to do this and you do that, I would do that and then call back and say, "What else can I do?"

Parents also described feeling "hope that I hadn't felt in a long time," an indicator of increased emotional engagement, which "gave me that little bit that I needed to take that first step."

Parents gave examples of how they became more independent of their mentors as their ability to engage in child welfare and recovery activities increased. As one parent described, "Now that I can get to meetings, it is my responsibility to get to the meeting and she [mentor] will meet me. She is not an enabler." Another parent gave an example of her gradual progression toward independence:

That means that not only are you trusting that you can make proper decisions and choices for your life, even in spite of what the situation looks like, even if you don't agree with it, that you can walk through stuff, that you can get things done. You can accomplish it and that you trust and believe in yourself enough to say, "I don't need [mentor] to do this. I can do this. Let me get the ball rolling."

***Lack of engagement.*** In response to unsupportive interactions with mentors, which often produced ambivalent or negative feelings, some parents disengaged from the mentoring relationship. For example, after poor communication and a confusing case closing, one parent ceased efforts to contact her mentor:

I didn't care to talk to her, didn't care to see her, I didn't feel that I had gotten much help from her anyway, so I didn't really see a point in trying to find out why the case was closed, why she felt she wasn't getting hold of me.

Another parent, who had not established a strong relationship with his mentor, described what happened as follows:

After our case closed, we were having a hard time. Instead of talking to [mentor] or talking to anybody, I bottled everything up and shut down and I relapsed... I ran into [mentor] and I told I relapsed and he said, 'Give me a call.' I said, 'OK,' and never gave him a call.

## Discussion

Interventions such as PMP that are complex, multifaceted, and involve a wide range of individualized services and supports present evaluators

with the challenge of understanding the efficacy of the program as well as how the program has its effects. A theoretical framework that specifies processes of change that are linked to mentors' practices can help to further refine understanding of the mechanisms of a parent-directed model of mentoring, which centers on the notion that parents should drive the work and that mentors should support them in meeting their goals (Duncan et al., 2004; Duncan, 2005). Interviews with parents involved in the PMP suggested that certain practices helped motivate parents to think and act in ways that supported their goals and child welfare case plans. Three key mentoring practices surfaced in these interviews: building caring relationships, providing guidance, and putting parents in charge.

Existing motivational theory literature was explored for an organizing principle that would deepen our understanding of these practices. A particularly good fit for the data was Self-Determination Theory (SDT), a meta-theory that posits that motivation is the product of needs fulfillment in the course of pursuing and attaining desired outcomes (Deci & Ryan, 1985). One of the mini-models within the SDT framework is Basic Psychological Needs Theory (BPNT) (Deci & Ryan, 2000). BPNT assumes that all people have an innate desire to take responsibility for themselves and their families, and the extent to which they do so is dependent upon available personal, social, and contextual resources (Vansteenkiste & Ryan, 2013). Self-beliefs about the degree to which one is competent, autonomous, and connected to others operate as personal resources that can drive a range of motivated actions, thoughts, and emotions. When individuals believe that their needs are met, they are more likely to engage, cope constructively with setbacks, and self-regulate in ways that produce more positive outcomes (Skinner & Zimmer-Gembeck, 2007; Skinner et al., 2009).

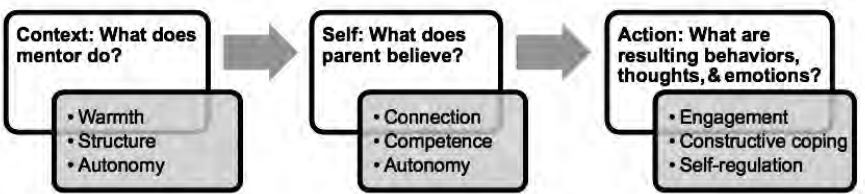
In the context of peer mentoring, BPNT suggests that mentors can promote motivation by supporting parents' "fundamental human needs for relatedness, competence and autonomy" (Deci & Ryan, 2000, p. 232). Relatedness is the need for connection and belonging; competence is the need to feel effective in bringing about desired outcomes; autonomy is the need to be authentic and experience oneself as the source of



action. Mentors can meet a parent’s psychological need for relatedness by building caring relationships, for competence by providing guidance, and for autonomy by putting parents in charge (see motivational process model in Figure 1).

Figure 1

Parent-Mentor Motivational Process Model



These data suggest that when mentors met their psychological needs, parents felt that someone cared about them, that they could be successful, and that they could take charge of their situation; these findings are consistent with existing mentoring research (Berrick et al., 2006; Berrick et al., 2000; Marcenko et al., 2010; Summer et al., 2012). Positive self-beliefs, in turn, helped motivate parents toward actions that supported their goals by being proactive, meeting responsibilities, advocating for themselves, and gaining independence from their mentors. Motivated action parallels the notion of empowerment as a driver of change discussed in the mentoring literature (e.g., Berrick et al., 2011). Results also point to features of the parent-mentor context that undermine parents’ motivation, such as when the parent and mentor fail to connect, lack of consistency or follow-through, and the mentor being overly directive or disrespectful. Unsupportive interactions left parents with ambivalent or negative feelings, such as believing their mentors did not care or thought they were worthless. In such cases, parents disengaged from the mentoring relationship.

## Limitations

Whether needs fulfillment for parents involved in the child welfare system, as described above, consistently results in positive child welfare outcomes remains an open question; the findings presented represent the experiences of a small number of parents, and it will be important to employ methodologies that allow these ideas to be tested with a much larger sample. In addition, this sample of interviewees has largely had successful experiences with the PMP; the findings may not represent the full range of ways in which mentors may be perceived as unsupportive and the impact that could have on a parent's self-beliefs and motivation.

It is also the case that peer services are likely not the only vehicle for promoting needs fulfillment among child welfare-involved parents. Furthermore, while BPNT is an especially good fit with these data and persuasively connects mentoring services to parent-level outcomes, it does not explain the totality of the ways in which peer services may be useful to parents.

## Implications and Future Directions

Offering BPNT as a relevant theoretical framework may improve peer mentoring services and their evaluation. Such a framework can help guide program development efforts by encouraging mentors to develop the skills necessary to effectively support parents' change processes. SDT is consistent with theory of change processes that underlie motivational interviewing techniques (Markland, Ryan, Tobin, & Rollnick, 2005), pointing to the importance of program designs which foster parents' choices and opportunities for autonomy, especially when they are involved in inherently coercive systems such as child welfare. Moreover, the notion that mentors and other helping professionals can create motivationally rich contexts to support parents in their pursuit of child welfare goals, rather than thinking of motivation as a state trait, should encourage providers to respond to disengagement or disaffection by providing contextual supports.

For further evaluation of mentoring programs, BPNT suggests specific testable hypotheses. For example, a survey method is currently being implemented to measure the degree to which parents perceive relationships with their mentors as warm, structured, and autonomy-supportive, and whether these perceptions are associated with changes in self-perceptions, motivation, and progress toward child welfare and recovery goals. These data collection and analyses processes are in the early stages; it is anticipated that the understanding of the ways in which mentoring services impact parents' change will be refined significantly as the work progresses. This theoretical framework is offered as one way to structure and focus the ongoing conversations between researchers, practitioners, and parents regarding the value of peer mentoring services.

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