

Implementing the ParentingWell Approach in Philadelphia

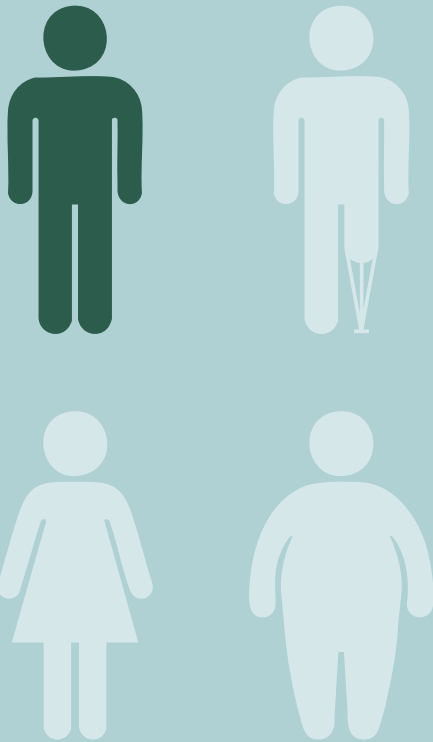
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Introduction

Nearly 1/4 of American parents who live with their children under the age of 18 had a mental illness within the past year. However, it is very difficult to provide family-focused mental health services. For example, providers report that they aren't trained to discuss parenting and family life with their clients, and their organizations don't have policies that support working with parents and families.

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The ParentingWell Practice Approach is an approach for behavioral-health practitioners that incorporates conversations about parenting and family experiences when the practitioners are working with adults with mental illness. This study focuses on the adaptation and implementation of the ParentingWell Practice Approach in Philadelphia. We selected Philadelphia because it is a diverse city, and we hoped to adapt ParentingWell to make it as useful as possible for a diverse population. For more information about the ParentingWell Practice Approach, including how it was originally developed, please see [The ParentingWell Practice Approach Within U.S. Adults Mental Health Services](#).



Methods

The adaptation process in Philadelphia included the following overlapping steps:



1

The establishment of an Adaptation Team



2

Community review of existing ParentingWell content



3

The ParentingWell Learning Collaborative, an online training program for providers in Philadelphia

1

The Adaptation Team (AT)

The AT was a diverse, multi-disciplinary team of policymakers and practitioners, with backgrounds and expertise in behavioral health, psychiatric rehabilitation, maternal-child health, parenting, policymaking, program development, integrated care, provider training, public health, and research, and extensive knowledge of Philadelphia's behavioral health system. Participants represented the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), Community Behavioral Health (CBH), and the Health Federation of Philadelphia (HFP). Eight AT members met 20 times between October 2021 and June 2023. During these meetings, the AT designed and planned the next two steps: community review and the ParentingWell Learning Collaborative.

2

Community Review

The Adaptation Team created eight packets of existing ParentingWell materials for community stakeholders to review and comment on. Community stakeholders provided feedback on the packets they reviewed via an online survey. The survey included open-ended questions such as: (1) Do you think the content you read would be useful for parents and service providers in your community? Please explain. (2) What is helpful about the content that you read? How could it be helpful to service providers

and/or parents in your community? (3) What is not helpful about what you read? Or, how can we improve the content that you read to make it more helpful to service providers and / or parents in your community? And, (4) Do you have any other feedback that you would like to share? Eighteen community stakeholders completed reviews.

3

The ParentingWell Learning Collaborative (PWLC)

We hosted four 2-hour online learning collaborative sessions in November and December 2023. Each session focused on one of the ParentingWell core elements: Engage, Explore, Plan, and Access and Advocate. These sessions were opportunities to learn about and practice activities and discussions from the ParentingWell Practice Approach. At the end of each session, participants completed a satisfaction survey and provided feedback to guide improvements. We also provided an in-person orientation session (before the PWLC), and four online coaching sessions (after the PWLC). Twenty three participants (all providers in Philadelphia) attended at least part of the PWLC.

Results

The Adaptation Team designed the community review and the PWLC. For example, the Adaptation Team helped create the packets for community members to review (i.e., they decided how much information from ParentingWell should be included in a single packet). The AT recommended an in-person orientation session for the PWLC, and online training sessions. They recommended providing CEUs for participants and financial support for participants' employers (to reimburse training time).

Community reviewers identified benefits of ParentingWell for the Philadelphia community.

Comments included:

"This content is appropriate for the community"; "I work with many families who have experienced trauma. This seems to be a trauma-informed approach, using strengths of the family"; and "The parents will be getting much needed information and resources."

Regarding usefulness, one person shared, **"The materials provide a blueprint for clinicians to engage and ask questions about parenting and wasn't too clinical."**

Some people shared personal reactions, e.g., **"As a parent who is coping with mental illness, I think that if this program had been available sooner, I would have found**

stability and success in my parenting, daily life, career, etc., a long time ago."

Community reviewers also shared suggestions for improvement.

One person shared,

" I would like to see the terminology broken down in language that would be easy for any parent on any level to understand."

In response to this feedback, we developed a plain language version of the ParentingWell Workbook, in both [English](#) and [Spanish](#).

At each PWLC session, there were between 6 and 13 participants. Participants were generally satisfied with the sessions.

Participants provided positive feedback pertaining to the structure (i.e., "it was interactive", and "large group format discussion was helpful")

; the content and resources provided (i.e., "the questions and activities were thought provoking")

; and the group activities and dynamics (i.e., "I liked hearing about everyone's different cultural practices when they spoke about what they did on Thanksgiving.").

Participants identified several topics that they learned about, including self-care, self-reflection, and

"developing better ways to engage parents".

Participants also provided several suggestions for improvement, and sometimes these suggestions conflicted with one another.

One participant suggested:

"add ice breakers",

while another one said:

"Spending a lot of time on what seems like ice breakers rather than the applicable questions to ask parents" is not ideal.

Similarly, some people said breakout rooms for smaller group discussion were helpful, while one person said,

"Breakout rooms feel unnecessary/ too long."

Taken together, the feedback was diverse. More information about study participants (the AT, community reviewers, and the PWLC participants) are available in the full article. The full article also contains more data from each participant group about their experiences with ParentingWell.





Conclusion

This paper describes the process of adapting ParentingWell for Philadelphia, which represents a new, diverse target population in an urban setting.

Input from the Adaptation Team, community reviewers, and PWLC participants indicate that ParentingWell is relevant and useful in Philadelphia. The process also highlights several challenges or considerations. Our process relied on project champions, who were leaders within CBH, the corporation that manages behavioral health Medicaid benefits for more than 800,000 Philadelphia residents. There was quite a bit of staff turnover, including the loss of project champions. Given the high rate of turnover within public behavioral health, adaptation projects should include strategies to address this turnover.

Another consideration relates to the virtual format of the PWLC; many participants noted that they prefer in-person to Zoom. The AT had originally suggested Zoom to avoid parking challenges; a compromise might have been to divide the sessions into a combination of in-person and virtual.

Future studies should collect data over time with professionals and parents, to find out if professionals are using the tools, and if this benefits parents. This will help measure the most important goal of ParentingWell: improving outcomes for parents with mental illness and their families.

How to Cite this Brief

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