This paper lists and briefly describes principles that were used to conduct a successful parenting workshop on building strong families. Principles described are those that lay the groundwork for the workshop, pertain to the operation of an effective workshop, and relate to follow-up and evaluation. The principles were used to conduct a five-session parenting workshop attended by 90 percent of the 53 participants. Adolescent children of participating parents consistently rated their parents higher on items related to change than did adolescent children of control parents. Scores of children of participating mothers were significantly higher than those of controls on 11 of 16 variables. For children of participating fathers, 12 of 16 scores were higher. (RH)
Assuring Successful Extension Workshops

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Workshops provide an important method for extension workers to reach their patrons with education and training. In recent years it has become harder to assure enrollment, attendance and completion of workshops. Other delivery systems such as videotapes or newsletters may be more appropriate for certain programs and objectives, yet workshops are the preferred mode when group and leader interaction is important.

This paper lists and briefly describes principles that were used to conduct a very successful (see evaluation information on p.5) parenting workshop, Building Strong Families (BSF). The principles are organized into those that lay the groundwork for the workshop, those that pertain to the operation of the effective workshop and those that relate to follow-up and evaluation. While not every principle applies to every workshop, this list may function as a checklist for program partners.

Laying the groundwork

a. Carefully define the objectives and patrons to be reached with the workshop.
b. Look for a partner. Join forces with a school, farmers' group or local association.
c. Work with your partner to reach the designated patrons.

In the case of Building Strong Families, a middle school was the partner. The school had a computer mailing list that allowed us to reach hundreds of parents without secretarial costs for envelope preparation. If the budget is too limited for direct mailing, notes can be sent home with students. If parents of newborns are the target population, the maternity ward of the hospital would be an appropriate partner and could provide information to every new mother.
d. Promote the workshop on the basis of benefits rather than features. For example, parents are more likely to be motivated by the prospect of better communication with their teens than by a list of the topics to be discussed. Make it clear what benefits the patrons can hope to realize as a result of participation.
e. Write simple, direct, short paragraphs in the letter of invitation. Each paragraph might begin with the question (in

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f. Make it clear that what you are offering is a scarce resource. Only the first 25 (or 50 or...) who return their registration form and fee in the business reply envelope will be able to take the workshop.

g. Offer the workshop at different times. In Building Strong Families the same workshop was offered on two different nights of the week.

h. Charge a registration fee but offer a partial rebate meeting certain criteria. Perhaps $10 of a $20 fee might be rebated if all of the weekly sessions are attended.

i. Charge a couple fee rather than an individual fee in order to encourage each participant to bring their partner or friend.

j. Offer incentives. For instance, offer a book to all who complete the sessions.

k. Hold the workshop in a place that is known, accessible and comfortable for the participants. For example, the middle school building may be preferable to an on-campus site for parents who are less familiar with campus.

l. On the day before the first session have a caller call the home of each registrant to see if they have any questions about the time or place of the workshop.

Conducting a successful workshop

a. For the first session, have signs marking the way to the workshop site so that participants do not get lost trying to find the room.

b. Have a table set up so that participants can pick up materials (including the pretest) and make a name tag or name tent (folded 9x12 construction paper with participant's name written on it to be placed on the desk in front of participant) as they enter.

c. Have the schedule for the evening written on the chalkboard so that the leader can use it to keep the group on schedule.

d. Have the group fill out the pretest or do a written exercise at the beginning of the first session. Provide study materials (such as the evening's outline) for those who finish first.

e. Have a homemade treat at every session. If each session is 90 minutes or less, the participants can pick up the treat as they enter. If each session is two hours or more, the treat can be offered during a mid-session break.

f. Provide each participant with an outline for each session. The first outline should include the name of the leader.
or a contact person that participants can call if they have questions. Do not hand out the materials for all sessions at the first session. Some participants may decide that they can learn from the materials or do not need to attend certain sessions.

g. Use behavioral rather than conceptual terms in outlines and handouts. For example, say "Ask clarifying questions of your child" rather than saying "Clear communication."

h. With each weekly outline, provide a reminder that can be hung on the refrigerator to remind participants during the week of the behavior that they are cultivating.

i. Use name tags or name tents so that you can call participants by name.

j. Have participants' needs in mind. To begin a discussion, the question "What challenges do you have in communicating with your teen?" will draw more interest and responses than the question, "What is communication?" Most people enjoy a discussion that relates to issues of interest to them and in which their opinion is valued. However, it takes an able discussion leader to encourage sharing from participants while limiting those who monopolize the discussion. At times it may be necessary to use the schedule written on the board to move the group to the next matter of business.

k. Use liveliness and humor to keep the session interesting. Do not lecture for more than five to ten minutes at a time without providing a story, discussion, group activity, or media (audio or video tapes) to keep the pace lively.

l. If you want to change behavior, use social skills training methods: teach the principle; have someone role play a typical (bad) application of the principle; discuss the role play; have someone attempt a better application of the principle; discuss it; repeat the process as many times as necessary to illustrate proper application of the principle.

m. Have the parents identify the situations that trap them into bad behavior. Have them make a written plan for a different response (time out, "I" statements, etc.).

n. Start each session after the first one by reviewing the assignment from the previous week, having participants describe their experiences and role play the skills that were learned in the previous session. The initial role play may cause the participants to think of dilemmas they faced during the week. Use their dilemmas to further illustrate the applications of the principles.

o. If the workshops are for parents of school-age children, consider having the parents bring their children to some of the workshops. Have another teacher teach the children complementary skills in a separate classroom before bringing parents and children together to rehearse their skills with each other.

p. For a continuing workshop, send a card to each home announcing something special about that week's session. The cards can serve as a reminder without insulting them by suggesting that you expected them to forget the workshop.

q. Adapt the program and the assignments to the abilities of
the participants. Less educated participants may need more explanation, simpler handouts and very explicit assignments.

r. Use short segments of media (audio or video tapes) to add interest. Sixty seconds of video action can illustrate a point effectively. For instance, the scene in the classic Tom Sawyer where Aunt Polly judges Tom and smacks him, illustrates how all of us are inclined to make preemptory judgments. But, in media, more is rarely better. Twenty minutes of video may put the participants to sleep.

s. Practice what you preach. Model the supportive, empathic communication while conducting the workshop that you want them to use at home. Point out the things that they are doing well, even if it is only trying.

t. Don't tell too many hero stories. If all of your illustrations describe how you (or someone else) handles every situation perfectly, the participants may be discouraged with their own performance.

u. After every session give a treat to the custodians.

v. Build home visits into the program so someone can guide parents in applying the principles at home.

**Follow-up and evaluation**

a. Take roll at each session so that you have basic delivery data. In addition, have the participants fill out a post-test at the end of the last session indicating not only what changes they perceive in their behavior but also which principles they found useful.

b. The post-test should have questions that ask about the level of the behavior and questions that ask specifically about changes in the behavior. For example, the behavior question might ask "How often do you lose your temper with your child?" with response options ranging from never to often. The change question might ask: "Compared to six weeks ago, how often do you lose your temper," with response options ranging from "Much less" through "About the same" to "Much more." In the case of **Building Strong Families**, the principal outcome variable was perceptions of parental nurturance. Items that loaded most strongly on nurturance from the Ellis, Thomas and Rollins (1976) study were used.

c. Many Likert scales have only five points and use descriptors that may not be clearly understood. For example, the difference between "sometimes" and "occasionally" may not be clear to respondents. Consider using 9-point thermometers with endpoint and midpoint descriptors such as in Figure 1.

The descriptors can be changed to fit the need. For instance they may range from "Poor" through "Average" to "Excellent." To measure change, they may range from "Much less" through "About the same" to "Much more." The thermometers are readily understood and

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**Figure 1.**
easily marked by both children and adults.

d. Gather data from both participants and from observers.
   In the case of the BSF parenting program, adolescent children of
   the parent participants were the observers. They filled out pre-
   and post-test questionnaires about their parents' behavior. The
   adolescents filled out the questionnaires immediately after
   school on a day before the program began and again after the
   program concluded.

   e. If a home visitor is part of the program, the visitor
   should note the questions and comments from the parents during
   the home visits.

   f. Randomly assign participants to treatment and delayed
   treatment groups and use the delayed treatment group as a control
   group. A letter to those assigned to the control group can
   notify them that the first session is full but that they have
   been scheduled into the later session.

   g. Provide for follow-up through either periodic maintenance
   classes, through support group meetings or through a newsletter.

   **Building Strong Families** employed the methods described in
   this paper to conduct a five-session parenting workshop. One of
   the indicators of success for the program was a 90% attendance
   rate across five evening sessions and 53 participants. A second
   indicator of success was that adolescent children of
   participating parents consistently rated their parents higher
   than adolescent children of control parents on change items (see
   item b, page 4). Eleven out of sixteen variables were
   significantly higher for the children of treated parents' reports
   of mothers, twelve out of sixteen for reports of fathers. A
   fuller description of the program and the results is in
   preparation.

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