

PARENT TO PARENT USA: A NARRATIVE LITERATURE REVIEW

Conducted by Emmanuella Asabea Twum, Anne Barreto, Alanson Van Fleet, and Robert Hock.

October 31, 2025

INTRODUCTION

This narrative review of research literature on the key characteristics of Parent-to-Parent programs supporting families of individuals with disabilities and/or special health care needs was conducted as a volunteer effort sponsored by the Research Committee of Parent to Parent USA.

In 2024 Parent to Parent USA (P2P USA) undertook a strategic planning process that identified five major goals for the years 2024 through 2027 (a period that would coincide with its 20th anniversary). One of these five goals was to establish a Research Committee with the following purpose of creating and adopting a three-year research plan with measurable steps for each year, establishing P2P USA as a premier source of research findings related to Parent to Parent programs that support families of individuals with disabilities and/or special health care needs, and incorporating those findings into P2P USA's programs to enhance the organization's reputation and impact."

The Research Committee consists of university-based researchers, Parent to Parent program directors and a representative from P2P USA's leadership staff. Current members include Dr. Robin Dodds (California State University at Los Angeles), Dr. Robert Hock (University of South Carolina), Dana Yarbrough (Virginia Commonwealth University), Marcia O'Malley, (P2P USA Board President/ Director, Parent to Parent of Nevada), Amy Holbert (Chief Executive Officer, Family Connection of South Carolina), Anne Barreto, (Community Volunteer), Marsha Quinn (Executive Director, P2P USA), and Dr. Alanson Van Fleet (P2P USA Board Member, Chair, Research Committee).

One of the Research Committee's first steps was to launch a literature review project designed to capture current research findings related to P2P USA's mission and then compare those findings

to P2P USA's existing list of research informed "best practices," making sure they are up to date. A Literature Review Project Team was recruited, including Dr. Hock, Asabea Twum, a doctoral student working with Dr. Hock at the University of South Carolina, Anne Barreto, a community volunteer and aspiring medical student, and Alanson Van Fleet, Chair of the Research Committee. Their work on this review took place during the Spring and Summer of 2025.

OBJECTIVES

The objectives underlying this narrative literature review were not to generate an academic publication or to provide a rationale for a specific funding request. Instead, the objectives were to:

1. Scan current research literature related to Parent-to-Parent programs serving families with disabilities and special health care needs.
2. Synthesize those findings according to three specific research questions.
3. Lay the groundwork for determining how those findings validate or inform updates to P2P USA's established set of "best practices."

The scope of this review is limited to Parent-to-Parent programs that assist families of individuals with disabilities and/or special healthcare needs and seeks to answer three questions:

1. What are the organizational structures and resources that sustain those Parent-to-Parent programs?
2. What are the interactions and programmatic content found in those Parent-to-Parent programs?
3. What training is provided for Support Parents participating in those Parent-to-Parent programs?

METHODS

This project used a scoping literature review methodology to identify the breadth of P2P research topics and summarize the key findings within each of the three research questions. **Search Strategy**

The literature search was initiated using Google Scholar, employing a combination of keywords such as “peer-to-peer,” “parent-to-parent,” “special needs,” and “disability.” These terms were selected to capture studies focusing on support interventions involving parents of children with disabilities or who have special needs. After identifying an initial set of relevant articles, a reference list checking technique was used to expand the search. This involved reviewing the reference lists and citing articles of the retrieved sources to identify additional studies that aligned with the purpose of the project. This iterative approach allowed the team to gather empirical literature that described the structure, delivery, and outcomes of these Parent-to-Parent (P2P) programs.

The final selection of literature included a range of study designs and review articles. Studies were retained for synthesis if they provided insight into the delivery mechanisms, training of peer parents, types of support offered, or contextual adaptations relevant to P2P programs. While forty-two studies were included in this review, not all were directly referenced in the synthesis of findings. Nevertheless, each study was read and critically analyzed, and their collective insights informed the overall interpretation of trends and relationships presented in this chapter. This approach allowed for a more holistic understanding of the field while maintaining focus on the studies most relevant to the review’s guiding questions.

Data Extraction

After relevant articles were identified and downloaded, they were saved in a shared team folder to facilitate collaborative access on Google Drive. The research team divided the workload, with each member assigned a subset of the articles for review. Data extraction was conducted using a hybrid approach that combined manual review and AI-assisted processing. Manually, team members read each article and recorded relevant information based on the objectives of the project in an Excel Sheet. Also, the team used Google Notebook LLM to assist in extracting structured data from PDF files. This approach was helpful for identifying and organizing information based on objectives. The extracted data were organized into themes.

Summary of Study Characteristics

A total of 42 studies were identified examining various aspects of Parent-to-Parent (P2P) and peer-support interventions for families of children with disabilities and/or special healthcare needs. The studies varied widely in design, geographic focus, and scope, reflecting the expanding attention to peer support as a key component of family-centered practice over the past five decades.

Publication period

The studies ranged from 1985 to 2025, spanning five decades. The largest concentration of publications occurred in the 2010s, followed by the 2000s and 2020s, indicating steady growth in scholarly interest in structured parent-to-parent and peer-support programs. This temporal spread demonstrates how early descriptive studies in the 1980s and 1990s evolved into more methodologically diverse and outcome-oriented research in recent decades.

Geographic and contextual diversity

Research originated from 11 countries, including the United States (n = 21), Canada (n = 5), the United Kingdom (n = 5), Japan (n = 1), Taiwan (n = 1), Netherlands (n = 1), Italy (n = 1), Romania (n = 1), Malaysia (n = 1), Korea/New Zealand/China (n = 1), and several multi-country collaborations. Many studies focused on parents with autism spectrum disorders, developmental disabilities, medical complexity, or chronic illness, while others explored broader peer-support models across disability types and healthcare settings.

Study designs

A diverse range of research designs was employed. Most studies used qualitative designs (n = 19), frequently relying on interviews, focus groups, or case studies to explore parents' experiences and perceptions of peer support. Quantitative designs (n = 5) examined program effectiveness and psychosocial outcomes such as stress, coping, and parental confidence. Mixed-methods studies (n = 2) integrated both qualitative and quantitative components to explore program impact and implementation.

Several review studies (n = 10) and systematic/scoping reviews (n = 3) synthesized evidence across multiple P2P programs, identifying best practices, benefits, and challenges in training and implementation. Other study types, such as cohort studies (n = 1) and general reviews (n = 2),

contributed additional insights into specific program areas like neonatal intensive care or diagnostic consultation.

Overall synthesis

Across methodologies and settings, the literature consistently emphasizes the emotional, informational, and social benefits of peer support for parents navigating complex care systems. P2P programs were shown to enhance parental empowerment, stress management, and access to resources, particularly when programs were culturally tailored or integrated within healthcare systems.

Recent research increasingly highlights cultural and linguistic diversity, digital delivery methods, and cross-system collaboration, demonstrating a field that continues to evolve toward greater inclusivity, accessibility, and evidence-based practice.

Table 1. Aim, context, and research design of studies included in the review.

| Authors (Year) | Country / Context | Study Design | Study Aim / Focus |
|-------------------------|--------------------------|---------------------|--|
| Yarbrough et al. (2018) | USA | Qualitative | Explores the effectiveness of a training program in delivering peer-to-peer emotional support using case study data in Virginia. |
| Santelli et al. (1995) | USA | Qualitative | Identifies common features of Support Parent training programs using nationwide survey data from veteran and referred parents. |
| Kadokaru et al. (2024) | Japan | Quantitative | Compares the effectiveness of online vs. face-to-face parent training for parents of children with developmental disabilities. |
| Iscoe & Bordelon (1985) | USA & Canada | Qualitative | Documents key features of Support Parent training programs using questionnaire data from 13 P2P programs in the U.S. and Canada. |
| Santelli et al. (1997) | USA | Qualitative | Describes the characteristics of P2P programs based on a nationwide survey and provides guidelines for starting new programs. |

| | | | |
|-----------------------------------|-------------|-------------------|---|
| Hall et al. (2015) | USA | Qualitative | Provides recommendations for peer-to-peer support for parents of infants in neonatal intensive care units (NICUs), based on related studies. |
| Bray et al. (2017) | UK | Qualitative | Examines the impact of Support Parent training on parent well-being using pre- and post-program interviews and questionnaires. |
| Postma et al. (2024) | Netherlands | Literature Review | Discusses major benefits parents receive from participating in P2P programs and elements of Support Parent training, based on a thematic literature review. |
| Lee et al. (2023) | USA | Literature Review | Illustrates how P2P programs provide support for families of autistic children based on a scoping review of 25 studies. |
| Fortuna et al. (2022) | USA | Literature Review | Delineates the current state of knowledge related to peer-to-peer support programs based on a scoping review of literature from 1980–2021. |
| Hurley & Huscroft-D'Angelo (2018) | USA | Qualitative | Describes the components of the Parent Connector program implemented in rural settings and provides preliminary quantitative evidence of success. |
| Nicholas & Keilty (2007) | Canada | Quantitative | Assesses the effectiveness of parent-to-parent support among caregiving parents of children with chronic lung disease using pre- and post-program data. |
| Mueller et al. (2009) | USA | Qualitative | Explores Latina mothers' experiences in a parent-to-parent support group using interviews conducted within a special education setting. |
| Feriante et al. (2022) | USA | Qualitative | Describes a program integrating peer support, parent mentoring, and clinician-led group therapy for youth with mental illness. |
| Levick et al. (2014) | USA | Qualitative | Provides a historical overview of a hospital's 40-year commitment to P2P programs for parents in the NICU, with related research and survey findings. |
| Pang & Yarbrough (2023) | USA | Qualitative | Explores the role of cultural brokers in P2P settings through surveys and interviews with 30 diverse families. |

| | | | |
|--------------------------|---------|-------------------|---|
| Liu (2018) | Taiwan | Qualitative | Examines the implementation and effects of a P2P program in Taiwan using an action research approach involving three participating parents. |
| Dodds et al. (2018) | USA | Qualitative | Summarizes promising practices that helped P2P of Virginia provide culturally agile peer support for families with disabilities. |
| Kingsnorth et al. (2011) | Canada | Qualitative | Explores parent-led peer support groups for transition-age youth with special healthcare needs using narrative and focus group data. |
| Pang & Yarbrough (2025) | USA | Qualitative | Examines parent-to-parent support in culturally and linguistically diverse families using a family resilience framework. |
| Hunt et al. (2019) | UK | Literature Review | Synthesizes quantitative and qualitative evidence on parent-to-parent support in neonatal care, including 14 studies. |
| Shilling et al. (2013) | UK | Literature Review | Reviews evidence for peer support among parents of children with chronic disabling conditions, summarizing 16 studies. |
| Solomon et al. (2001) | UK | Qualitative | Examines the benefits of mutual support groups for parents of children with disabilities using questionnaires and focus groups. |
| Ainbinder et al. (1998) | USA | Qualitative | Documents experiences of parents providing and receiving parent-to-parent support through phone interviews with 24 participants. |
| Hall & Graff (2010) | USA | Qualitative | Investigates parenting challenges in families of children with autism spectrum disorder using focus group data. |
| Enea & Rusu (2020) | Romania | Literature Review | Systematically reviews literature on parenting stress among parents of children with autism using 45 peer-reviewed articles. |
| Pang et al. (2019) | USA | Qualitative | Explores a statewide cultural brokering program supporting culturally diverse families of children with disabilities. |
| Schippke et al. (2015) | Canada | Literature Review | Discusses peer support models for families with disabilities living in Ontario using a review-of-reviews approach. |

| | | | |
|--------------------------|---------------------------|-------------------|--|
| Glascoc & Marks (2011) | USA | Literature Review | Examines levels of parental awareness and collaboration in detecting developmental-behavioral problems in children. |
| Craig et al. (2016) | Italy | Quantitative | Compares levels of stress among parents of children with and without neurodevelopmental disorders using clinical indicators. |
| Ooi et al. (2016) | Malaysia | Literature Review | Synthesizes research on parenting experiences of children with autism using 50 English-language articles. |
| Kolb, Jin, & Song (2008) | USA | Qualitative | Proposes facilitator competencies for parent support groups based on questionnaire data and group session recordings. |
| Singer et al. (1999) | USA | Mixed Methods | Evaluates Parent-to-Parent programs in five states using both experimental and qualitative approaches, finding positive gains in coping and attitudes. |
| Preyde & Ardal (2003) | Canada | Quantitative | Evaluates the effectiveness of parent-to-parent support for mothers of very preterm infants in NICUs using experimental data. |
| Singer et al. (2012) | Korea, New Zealand, China | Literature Review | Provides a thematic literature review of P2P programs and their implementation in three countries. |
| Thompson et al. (2014) | Multiple countries | Qualitative | Examines the caregiving impact of parents supporting a family member with intellectual disability and epilepsy through an international online survey. |
| Lynch et al. (2021) | USA | Qualitative | Explores the unique gender-based psychological and emotional needs of male caregivers of children with special healthcare needs. |
| Bonis (2016) | USA | Literature Review | Identifies factors influencing parents' experiences with autism services through a systematic review of 132 studies. |
| Kilma et al. (2024) | USA | Quantitative | Investigates caregiver experiences in accessing specialty care using web-based survey data from California caregivers. |

| | | | |
|--------------------------|------------|-------------------|---|
| Cadwgan & Goodwin (2018) | Not stated | Literature Review | Provides clinical guidance on family responses to learning a child's diagnosis through a narrative review of relevant evidence. |
| Santelli (1996) | USA | Quantitative | Examines parental preferences for emotional and informational support provided through P2P programs using nationwide survey data. |

FINDINGS

Following the overview of study characteristics, this section presents the findings that emerged from the analysis of the selected studies. The synthesis is organized around the review's three guiding research questions:

Question One: What are the organizational structures and resources that sustain Parent to Parent programs within the scope of this research?

The organizational structures and resources for P2P programs have evolved over time. Initial surveys described them as informal, volunteer-driven organizations, with most directors being parents themselves (Santelli et al., 1997). The growth of more formally structured P2P programs was supported by studies such as Singer et al. (1999) that provided empirical justification for specialized roles and the scaling up of formal P2P models. With that growth, financial support for P2P programs began to shift from local donations and small grants to various forms of state, federal and philanthropic funding. For example, Nebraska's Parent to Parent program was an early adopter of federal funding (Santelli et al., 1995). Its successful pilot program led a national trend to more federal funding of evidence-based practices (Singer, Powers 1993).

With this funding shift, formal program structures and professional staff became more common (Hurley et al., 2020). An increase in institutional affiliations for P2P programs accelerated this shift. For example, Pollock et al., (2022) showed how P2P programs could become successfully integrated into health care institutions, improving their accessibility to parents and their eligibility for institutional funding.

The growth of P2P programs built around evidence-based structures and practices was also accelerated through university affiliated programs such as UCEDDs (University Centers for Excellence in Developmental Disabilities) that served as incubators for evidence-based and system-integrated P2P programs ([National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service | ACL Administration for Community Living](#)).

Staffing Models

The success of Parent-to-Parent (P2P) programs depends on the involvement of several key actors who collectively shape how services are delivered and sustained. At the core of most models are *Support Parents* often referred to as “veteran” parents or “peer mentors” whose lived experiences provide the foundation for peer-to-peer connection and empathy. Their role in offering both emotional and informational support has been consistently emphasized as the backbone of P2P initiatives.

Alongside them, *Program Coordinators* play an important administrative and organizational role. They are typically responsible for intake processes, training of volunteers, matching families, and providing general oversight of program operations (Levick et al., 2014; Singer et al., 1999). In some models, *Coaches* provide an added layer of structure by offering ongoing supervision, reviewing fidelity data, and facilitating group reflection and shared learning among Support Parents (Hurley & Huscroft-D’Angelo, 2018).

For programs serving diverse communities, *Cultural Brokers* have proven especially valuable. By bridging linguistic and cultural divides, they ensure that underserved families can engage fully with P2P services, increasing accessibility and trust (Pang & Yarbrough, 2023). In hospital-based programs, particularly those located in neonatal intensive care units (NICUs), healthcare professionals such as nurses, social workers, and chaplains are sometimes embedded in the program to complement the work of Support Parents and coordinators (Levick et al., 2014).

Finally, guest speakers and community professionals are occasionally brought into group-based settings to enhance informational support, often through educational talks or resource sharing (Mueller et al., 2009).

Taken together, these varied actors highlight the multi-layered nature of P2P programs. While the peer relationship remains central, the presence of coordinators, coaches, cultural brokers, and professionals underscores the importance of both lived experience and structured support in ensuring that programs are effective and sustainable.

While this blend of volunteer and professional involvement is widely recognized as a cornerstone of P2P service delivery, many of the reviewed studies often lacked detailed, comparable descriptions of their varied roles and responsibilities, revealing a notable gap in the literature.

Sustainability Through Grants and Partnerships

Staffing options for P2P programs are associated with their level and sustainability of funding. While some of today's P2P programs are still operating with minimal paid staff, often just a coordinator or a small team responsible for organizing matches, offering outreach and training, and tracking program data, other programs are operating at the state level with paid staff who offer statewide information, referrals, and parent leadership development (Santelli et al., 1997). Examples include the Virginia Early Hearing Detection and Intervention program with six staff members, including a program manager, follow-up coordinator, follow-up specialist, two part-time follow-up specialists, and a part-time quality improvement coordinator (Yarbrough et al., 2018); the Parent-to-Parent programs in Kansas with enough staff to coordinate referrals through hospitals, NICU programs, and early intervention offices across the state (Singer et al., 1999); and the Massachusetts-based parent-to-parent support program that has partnered with multiple academic institutions to address caregiver and sibling stress, involving social work interns, psychology postdoctoral fellows and psychiatry residents from Harvard Medical School and UMass Chan Medical School (Feriante et al., 2022).

The same holds true at a global level. With the financial help and sponsorship of a highly regarded national charity, the staff at *Contact a Family* was able to successfully explore how mutual support groups helped parents of children with disabilities not just cope, but grow (Solomon et al., 2001).

Staff Expansion: Monitoring and Evaluation

As P2P programs became more reliant on outside funding, staffing and programs for monitoring and evaluation became more important. They became essential for demonstrating program

effectiveness and gathering continuous feedback regarding the evolving needs of families. For instance, Bray et al. (2017) described a program that conducted pre- and post-program interviews and questionnaires. The data gathered, as shown in qualitative themes such as “Being lost and not knowing which way to turn” (prior to befriending), “Finding or being a guide” (both before and after), and “Getting to a better place” (after befriending), allowed researchers to identify key shifts in parental experiences over the course of the program. In a similar vein, Hall et al. (2015) reported on a NICU-focused Parent-to-Parent program that involved collecting data before and after participation. Jackson et al. (2018) presented a model that incorporated participant feedback that helped shape program design. Through interviews with Utah-based parents of children with severe intellectual and developmental disabilities, the study explored the perceived value of support groups and gathered parent-driven recommendations. Despite varied experiences, most parents emphasized the importance of feeling understood and being able to share information. The study identified specific recommendations that informed how support groups could be improved and structured more effectively.

P2P Staffing and Organization: Summary

While the literature provides valuable insights into the evolution of Parent-to-Parent (P2P) programs in terms of structure, funding, and staffing, most of these observations are indirectly inferred from study descriptions rather than systematically examined. Few studies explicitly investigated the organizational or administrative dimensions of P2P programs, leaving much of this knowledge deduced from contextual details in broader program evaluations. As a result, there remains limited empirical evidence regarding how specific organizational structures, leadership models, and funding mechanisms influence long-term program sustainability or participant outcomes. Similarly, little is known about how professionalization and institutional partnerships affect the relational authenticity that defines peer-to-peer support. Future research should explicitly examine these structural elements through comparative and longitudinal designs to clarify which organizational and resource configurations most effectively sustain equitable and impactful P2P programs.

Question Two: What are the interactions and programmatic content found in Parent-to-Parent programs within the scope of this research?

The nature of interactions and programmatic content within Parent-to-Parent (P2P) programs reflects both the diversity of family needs and the adaptability of peer-support models over time. Across the literature, three key themes emerged: **(1) types of interactions facilitated, (2) frequency and modes of communication, and (3) types of support provided.**

Types of Interactions Facilitated

P2P support is most commonly delivered through one-to-one (dyadic) peer matches and group-based formats, with increasing use of online forums and hybrid models. For instance, Nicholas and Keilty's (2007) study highlighted a one-on-one peer match when conducting their post-intervention qualitative interviews. Participants in the study expressed a preference for one-on-one matching, especially face-to-face interactions. However, they accepted over the phone interactions when distance or scheduling conflicts posed challenges. This preference is exemplified by Preyde and Ardal's (2003) work on mothers of preterm infants in a neonatal intensive care unit (NICU). They referred to their program as a "buddy" program that involved individual parent-to-parent support who support each other through the telephone. The support paired an experienced NICU parent, referred to as a buddy, with a new parent of a preterm infant in the NICU. The matching was based on infants' medical conditions, language, ethnic background and geographic proximity. In a study by Levick et al. (2014), parents were matched one-to-one with volunteers who were parents with neonatal experience. Similarly, parents were matched based on diagnosis and other medical similarities.

As volunteers, parents are often matched based on having children with similar disabilities, shared lived experiences, geographical proximity, cultural or linguistic backgrounds, and comparable family structures (Ainbinder et al., 1998; Levick et al., 2014; Liu, 2018; Preyde & Ardal, 2003). A sense of perceived similarity between matched parents has also been shown to add to more meaningful and supportive relationships (Shilling et al., 2013; Singer et al., 1999). Additionally, some programs highlight cultural responsiveness by matching parents based on shared language, culture, or racial background to promote more relevant and meaningful support (Pang & Yarbrough, 2023).

While many Parent-to-Parent programs use a general matching process that connects parents based on broader similarities, other models adopt a more structured, one-on-one approach using more specific criteria. As described by Nicholas and Keilty (2007), parents were matched according to their children's diagnosis and severity, caregiving responsibilities, time since diagnosis, communication preferences, and language.

Group support models also vary in structure, ranging from structured transition support groups (Kingsnorth et al., 2011) to open, community-based or language groups that include informal one-on-one components (Mueller et al., 2009; Jackson et al., 2018). Virtual platforms, especially in response to logistical constraints and during the COVID-19 pandemic, have allowed broader participation through asynchronous and synchronous formats (Clifford & Minne, 2013; Kadekaru et al., 2024).

Frequency and Modes of Communication

The frequency and mode of communication in P2P programs are guided by the needs and preferences of participants. Communication may occur via telephone, email, text apps (such as LINE), or in-person visits. Some programs provide structured schedules, such as four peer calls over two months (Singer et al., 1999), while others include ongoing, flexible support. For instance, meeting through telephone calls was an alternative or compromise when there were scheduling difficulties in Nicholas and Keilty (2007)'s study. Programs targeting rural or CLD (culturally and linguistically diverse) families often employ hybrid models to address accessibility challenges (Liu, 2018; Levick et al., 2014). Others also employ a structured model where Support Parents engage in weekly two-hour group check-ins with a coach (Hurley & Huscroft-D'Angelo, 2018). These meetings provide space to review recent interactions, monitor fidelity, and support peer reflection and learning.

Types of Support Provided

Most articles highlighted a blend of emotional, informational, and instrumental type of support in P2P programs. For instance, Ainbinder et al.'s (1998) evaluation on P2P programs highlighted reduced isolation, emotional well-being and empowerment as benefits parents got from joining the program. Bray et al.'s (2017) study documented that parents felt more emotionally supported by

their peers as compared to health professionals who mostly focused on physiological information. Solomon et al.'s (2001) study also emphasized how these peer support groups offered parents an experience of feeling accepted and valued. Levick et al. (2014) highlighted the value of "Parent-to-Parent Dinners" where support parents were able to offer emotional presence and meals to families in a relaxed, communal setting.

Informational support was another commonly mentioned type of support within P2P programs across most articles. This included resource sharing and guidance on navigating complex systems of care. For instance, this type of support included information about disabilities, financial assistance, respite care, access to services, and community resources as detailed in Santelli et al.'s (1995) study. Similarly, Mueller et al. (2009) in their study on Latina mothers' view on P2P programs in a special education setting, emphasized that joining these groups provided them with information through guest speakers who were invited as well as practical tips from experienced peers.

Although less common, instrumental support was impactful and included services such as childcare during group meetings (Jackson et al., 2018), system navigation assistance from cultural brokers (Pang & Yarbrough, 2023), and assistance with referrals and advocacy (Pang et al., 2020).

P2P Program Content: Summary

Although the literature provides rich and detailed descriptions of the interactions and programmatic content that characterize effective Parent-to-Parent (P2P) programs, several gaps remain. Most studies offer strong qualitative evidence about the types of interactions and supports provided, yet fewer examine *how* these specific modes of engagement translate into measurable family or child outcomes. In addition, while the distinction between one-to-one, group-based, and virtual formats is well established, comparative analyses assessing their relative effectiveness are scarce. The contextual factors that shape these interactions such as cultural responsiveness, parental readiness, and socioeconomic context also remain underexplored. Finally, limited attention has been paid to how programmatic content evolves over time or adapts to the changing needs of parents and families. Future research should focus on linking interaction types and program content to long-term outcomes, identifying which delivery models and support components yield the most sustained and equitable impact across diverse populations.

Question Three: What training is provided for Support Parents participating in Parent-to-Parent programs that fall within the scope of this research?

The literature reveals that the success of Parent-to-Parent (P2P) programs depends heavily on the preparedness, training, and continued support of individuals serving as Support Parents. Across studies, the training and professional development of these peer mentors have evolved from informal orientations to structured, evidence-informed curricula delivered through increasingly diverse formats. The synthesis of findings in this area highlights five main themes: **(1) readiness for training, (2) structure and content of training, (3) duration and delivery options, (4) contextual factors influencing delivery, and (5) outcomes for Support Parents.**

Readiness for Training

Training for individuals willing to serve as “Support Parents” is thought to be most effective when they meet the following criteria: strong communication and listening skills; effective relationship building skills; a positive outlook on disabilities, a future orientation; and a desire to provide support for families with shared life experiences. Parents with unresolved trauma or an inability to differentiate their own needs from those of parents they support are ill suited for such training (Dodds & Singer, 2018). A measure of readiness to be trained as a Support Parent is also available (Dodds et al., 2024).

Structure and Content of Support Parent Training

The structure and content of training for Support Parents vary considerably across programs, ranging from brief orientation sessions to extensive, manualized curricula. For example, some programs limit training to short introductions that cover the basics of peer support, while others adopt more formal approaches, such as a six-session model consisting of three-hour weekly meetings followed by monthly check-ins for up to a year (Iscoe & Bordelon, 1985).

Across studies, training commonly emphasizes the development of communication and empathy skills, boundary-setting and confidentiality, and cultural sensitivity. Practical content often includes guidance on navigating complex service systems, such as schools, health care, and legal

supports, alongside disability-specific information relevant to participating families. For example, this may include information on autism spectrum disorders or experiences in neonatal intensive care units (NICUs). In some cases, programs incorporate weekly group sessions where Support Parents come together to reflect, discuss challenges, and share strategies, creating a space for ongoing peer learning (Hurley & Huscroft-D'Angelo, 2018). Others rely more heavily on local facilitators or community professionals, particularly in volunteer-led or resource-limited contexts where extensive formal training may not be feasible (Santelli et al., 1995; Iscoe & Bordelon, 1985).

Training Duration and Delivery Options

The length of Support Parent training programs varies widely. An early survey found most programs ranged from 12 and 18 hours in length (Iscoe & Bordelon, 1985). Some programs involved as little as five hours of training, while others offered up to 40 hours of training delivered over a 10-week period. (Postma et al., 2024). A detailed report on the length and content of mentor parent training is found in a scoping study related to Parent-to-Parent programs supporting parents of autistic children (Lee et al., 2024).

The modes of delivering Support Parent training have evolved over time. Initially, Support Parent training was conducted face-to-face in small groups and facilitated by peers with similar lived experiences (Santelli et al., 1995). While still delivered in person, Support Parent training programs later became more standardized, based on evidence-informed practices (Mathiesen et al., 2012) and were more frequently delivered by a program coordinator or paid staff member. An example of this more standardized approach can be found in P2P USA's Support Parent Training Manual <https://www.p2pusa.org>.

New forms of online, virtual and blended methods for Support Parent training evolved due to the need for increased accessibility and flexibility in training delivery. Examples include video-based modules with interactive quizzes, Zoom or Teams-based sessions with live roles-plays, digital resource libraries and toolkits and forums for peer discussion. Their use was accelerated in response to the demands of COVID-19, including the advent of text, email, video conferencing, and even mobile apps (Dodds, 2021). Online methods have proven as effective as face-to-face training programs, especially when they are interactive and well-facilitated (Kadekaru et al., 2024).

Concerns about online training for Support Parents include its ability to build the reciprocal peer support and resiliency needed for effective Support Parenting and whether potential volunteers have the technology training and role clarity to benefit fully from online training itself (Dodds, 2015).

Contextual Factors Influencing Delivery

The delivery of P2P programs is shaped by a range of contextual factors. Cultural and linguistic alignment emerges as particularly important, with studies showing that matching families based on race, ethnicity, or language strengthens trust and rapport (Preyde & Ardal, 2003; Pang & Yarbrough, 2023). The setting in which services are provided also plays a critical role in accessibility. For instance, P2P support has been offered in hospitals (Levick et al., 2014), community venues such as churches (Mueller et al., 2009), and directly in family homes (Liu, 2018). Technology has further expanded program reach, enabling families in rural or time-constrained circumstances to connect through apps, Zoom, and online forums. Finally, funding and infrastructure strongly influence delivery models. Volunteer-driven programs often rely on local professionals and parent steering committees for support, whereas programs with salaried coordinators are better positioned to provide structured training, ongoing supervision, and program fidelity monitoring (Iscoc & Bordelon, 1985; Santelli et al., 1997).

Outcomes for Support Parents

Training parents to serve as mentors within Parent-to-Parent (P2P) programs not only benefits the families they support but also enhances the personal and professional growth of the Support Parents themselves. Participation in training and mentorship has been linked to improvements in communication skills, confidence, emotional well-being, and a deepened sense of empowerment among trained peer mentors (Santelli et al., 1997; Singer et al., 1999; Shilling et al., 2013; Levick et al., 2014). These outcomes show the reciprocal nature of peer support, in which mentors gain as much from the process of helping others as the families they serve.

Ongoing training and supervision further strengthen these benefits and are now recognized as essential components of sustainable P2P programming (Singer et al., 2012). Many programs incorporate a coaching or supervisory role to provide Support Parents with continuous guidance,

feedback, and emotional support, thereby maintaining program fidelity and volunteer engagement (Hurley & Huscroft-D'Angelo, 2018). However, consistent with Postma et al. (2024), programs that lack structured, ongoing support often experience challenges such as decreased mentor satisfaction and higher rates of volunteer turnover. These findings highlight the importance of sustained investment in mentor development to ensure both the effectiveness of peer support and the long-term retention of trained Support Parents.

Support Parent Training: Summary

Despite substantial progress in defining and standardizing Support Parent training, gaps remain in the empirical understanding of what constitutes the most effective training content, delivery format, and duration. While numerous studies describe training practices in detail, few systematically evaluate their impact on mentor performance or family outcomes. Moreover, there is limited research comparing traditional, in-person training with newer online and hybrid approaches to determine which best fosters relational connection, skill development, and long-term retention of Support Parents. The literature also provides little insight into how contextual factors such as culture, language, and funding structure influence training efficacy or accessibility. Future studies should incorporate mixed-methods and longitudinal designs to evaluate how training strategies influence both the quality of peer support and the sustainability of the Support Parent role across diverse program settings.

DISCUSSION

This integrative review examined the organizational structures, interactions, and training processes that contribute to the effectiveness and sustainability of Parent-to-Parent (P2P) programs for families of children with disabilities and special health care needs. Drawing on forty-two studies conducted over four decades, the findings demonstrate the dynamic evolution of P2P programs from informal, community-driven initiatives to structured, evidence-informed systems integrated within institutional frameworks. These results reveal a field that has matured in sophistication while maintaining its relational foundation thus the belief that families supporting one another can lead to meaningful personal and systemic change.

Evolving Organizational Structures and Resources

Early models were largely volunteer-driven and parent-led (Santelli et al., 1997), emphasizing empathy and mutual understanding over formal processes. As research began to document measurable benefits of peer support (Singer et al., 1999), many programs expanded through increased funding and institutional partnerships. The integration of P2P services into hospitals, universities, and state systems strengthened their stability and reach (Pollock et al., 2022), while also raising questions about how formalization might affect the organic nature of peer connection. The emergence of university-affiliated programs, such as those linked to the University Centers for Excellence in Developmental Disabilities (UCEDDs), exemplifies how academic partnerships have contributed to quality improvement, evaluation capacity, and evidence-based practice.

Across this evolution, P2P programs have developed multi-layered staffing models that blend the strengths of lived experience with professional oversight. Support Parents remain at the core, but their work is increasingly supported by program coordinators, coaches, cultural brokers, and allied health professionals (Levick et al., 2014; Pang & Yarbrough, 2023). This layered approach enhances accountability and inclusivity, though most studies fall short of examining which structural combinations most effectively balance organizational sustainability. The literature also points to funding and partnerships as key determinants of program longevity which are factors that warrant deeper empirical exploration.

Nature of Interactions and Programmatic Content

The nature of interactions and programmatic content within Parent-to-Parent (P2P) programs has evolved in response to both social change and technological advancement. Early programs in the 1980s and 1990s predominantly relied on one-to-one, in-person peer matches, reflecting the relational, community-based origins of P2P support. These early dyadic models described in studies such as Iscoe and Bordelon (1985), Santelli et al. (1995), and Singer et al. (1999) were built on the premise that emotional understanding is strongest when parents connect with others who share similar lived experiences. These interactions were often facilitated through home visits, local community centers, or informal gatherings organized by volunteers.

As programs expanded in the 2000s and 2010s, the range of interaction formats diversified. Group-based sessions became more common, often organized through community agencies or hospitals to increase reach and efficiency (Mueller et al., 2009; Kingsnorth et al., 2011). These groups introduced new programmatic content, including educational workshops, guest speakers, and facilitated peer discussions that emphasized empowerment, advocacy, and community resource navigation. The move toward group models reflected a broader trend in social services toward structured, evidence-informed interventions while still preserving the relational ethos of peer connection.

During the same period, technology-enabled interactions began to reshape P2P engagement. Early uses of telephone and email were primarily practical responses to distance or scheduling challenges (Preyde & Ardal, 2003; Nicholas & Keilty, 2007). However, as digital tools became more accessible, online discussion boards, support forums, and later, video conferencing platforms allowed programs to reach families across broader geographic and cultural contexts (Clifford & Minne, 2013).

The COVID-19 pandemic in the early 2020s accelerated this digital transformation, prompting many P2P programs to adopt hybrid or fully virtual delivery models (Kadearu et al., 2024). Synchronous formats, such as Zoom or Teams meetings, combined with asynchronous platforms like online message boards and mobile applications, became vital for maintaining continuity of peer connection during periods of social isolation. These innovations expanded the accessibility of P2P services particularly for parents in rural areas, caregivers with limited mobility, and families balancing work and care responsibilities. Although virtual methods were initially developed out of necessity, many programs have continued to use them post-pandemic, recognizing their value in complementing traditional face-to-face interactions.

Across decades, the core programmatic content of P2P programs has remained consistently anchored in emotional, informational, and practical support. However, the modes of delivery have become increasingly adaptive and inclusive. Emotional support continues to form the foundation of peer connection (Ainbinder et al., 1998; Bray et al., 2017; Solomon et al., 2001), while informational support now encompasses complex topics such as navigating educational systems, healthcare transitions, and disability rights (Santelli et al., 1995; Mueller et al., 2009). Instrumental

supports, including childcare, advocacy, and navigation assistance, have also expanded through culturally responsive approaches (Jackson et al., 2018; Pang & Yarbrough, 2023).

This historical progression from localized one-to-one support to multi-modal, technology-enhanced networks illustrates how P2P programs have remained grounded in empathy while evolving to meet the changing social and technological realities of families. The adaptability of these interaction models underscores the resilience and relevance of peer support as both a personal and systemic resource for families navigating disability and chronic care.

Taken together, the findings reveal that the effectiveness of P2P programs lies in their balance between structure and relationship. Organizational stability and professional oversight provide the foundation for continuity and reach, while the authenticity of shared experience sustains the emotional trust that makes peer support unique. Interactions that are flexible, culturally responsive, and grounded in empathy amplify the impact of these programs, while training and ongoing supervision ensure that Support Parents are equipped, confident, and supported in their roles.

Despite the growing sophistication of P2P models, significant gaps remain in empirical understanding. Few studies employ longitudinal or comparative methods to assess how variations in program structure, delivery format, or training design influence long-term outcomes. Moreover, the field continues to rely heavily on descriptive and qualitative data, with limited integration of mixed-methods or experimental approaches capable of establishing causal relationships. Future research should aim to build a stronger evidence base by testing specific program components, identifying key mediators of success, and examining how P2P programs can adapt to meet the needs of increasingly diverse families.

Limitations

Review findings should be considered in light of several limitations. Our search strategy, while thorough, was not exhaustive. Due to the voluntary nature of the team, we did not have the resources to conduct a rigorous systematic review. As a result, it is likely that relevant grey literature and publications were missed. Additionally, we only included research published in English, which biases our findings towards English-speaking countries. Finally, we chose not to evaluate the methodological rigor of included research. Instead, we provide a narrative summary

of the scope of P2P research related to the research questions. However, our team-based approach to searching, extracting, and summarizing the research enhances the reliability and validity of our findings.

RECOMMENDATIONS

Systematic research laid the foundation for today's Parent-to-Parent (P2P) programs serving families of children with disabilities and special health care needs. Over four decades, the fundamental principles of these programs have endured:

- (a) the recruitment and training of volunteer parents,
- (b) the matching of those parents with others seeking guidance and connection, and
- (c) the provision of structured support that fosters trust, emotional well-being, and self-efficacy among families.

What has changed over time is the emergence of **diverse and innovative practices**. These include organically developed programmatic variations, the adoption of new technologies, and the incorporation of culturally responsive strategies designed to meet the needs of increasingly diverse populations. P2P programs today reflect both the stability of their foundational principles and the creativity of local adaptation.

What remains less well understood, however, is how widespread these innovations are across the P2P landscape, what measurable impact they have, and what evidence supports their effectiveness in producing behavioral or attitudinal changes among parents and families. It is also unclear how these evolving practices align with or potentially challenge the original principles that defined the Parent-to-Parent movement.

Thematic Recommendations

Two thematic recommendations emerge from this review that cut across its specific research questions.

1. **Reexamine and validate evolving program practices.**

A critical next step is to engage P2P program directors, researchers, agency leaders, and funders in a systematic examination of current and emerging practices. This work should

document their prevalence, assess their application, and evaluate their effectiveness in relation to the foundational principles of the P2P model. The results could inform the development of an updated and empirically validated set of *best practices* to guide the next generation of P2P programs reaching millions of families annually.

2. Strengthen collaboration between researchers and program managers.

The field would benefit from formal processes that better connect the community of P2P researchers with program administrators. Such partnerships could facilitate the identification of pressing and emerging challenges, improve the translation of research into practice, and enhance the operational effectiveness and sustainability of programs across contexts.

Recommendations Related to Specific Research Questions

1. Organizational Structures and Staffing

Future research should include **comparative studies** to test the effectiveness of various staffing configurations using consistent behavioral and attitudinal outcome measures. As staffing models grow more complex and often more expensive, studies examining the *return on investment (ROI)* of these structures are needed to justify and optimize funding allocations.

2. Interactions and Programmatic Content

Survey research capturing the current diversity of P2P programmatic content and interactions is needed to create an updated portrait of “what’s in and what’s out” of modern practice.

Comparative research should assess the effectiveness of program components identified through such surveys, with particular attention to programmatic adaptations emerging in response to demographic shifts and technological innovations (e.g., hybrid and virtual models accelerated by the COVID-19 pandemic).

3. Training and Support for Support Parents

There is a notable absence of **evaluation data** documenting the range and relative effectiveness of Support Parent training approaches across P2P programs. Considering the pivotal role of Support Parents in sustaining peer networks, special attention should be given to evaluating

ongoing training, supervision, and coaching. Future research should examine how these factors influence mentor retention, satisfaction, and the overall quality of peer support.

CONCLUSION

The structure, programming, and training of volunteers in Parent-to-Parent programs have evolved significantly and this evolution must continue. As P2P programs face new social, technological, and political challenges, maintaining an ongoing commitment to **rigorous, collaborative, and inclusive research** will be essential. Such inquiry will ensure that future iterations of P2P programs remain both faithful to their founding principles and responsive to the complex realities of the families they serve.

REFERENCES

- Ainbinder, J. G., Blanchard, L. W., Singer, G. H. S., Sullivan, M. E., Powers, L. K., Marquis, J. G., Santelli, B., & the Consortium to Evaluate Parent to Parent. (1998). A Qualitative Study of Parent to Parent Support for Parents of Children with Special Needs. *Journal of Pediatric Psychology*, 23(2), 99–109. <https://doi.org/10.1093/jpepsy/23.2.99>
- Bray, L., Carter, B., Sanders, C., Blake, L., & Keegan, K. (2017). Parent-to-parent peer support for parents of children with a disability: A mixed method study. *Patient Education and Counseling*, 100(8), 1537–1543. <https://doi.org/10.1016/j.pec.2017.03.004>
- Clifford, T., & Minne, P. (2013). Logging on: Evaluating an online support group for parents of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 43, 1662-1675
- Dinnebeil, L. A., Hale, L., & Rule, S. (1999). Early Intervention Program Practices That Support Collaboration. *Topics in Early Childhood Special Education*, 19(4), 225–235. <https://doi.org/10.1177/027112149901900403>
- Dodds, R. L. (2015). *The Development of a Measure of Readiness to Volunteer as a Peer Support Provider for an Organization Serving Parents of Children with Special Needs* [Ph.D., University of California, Santa Barbara]. <https://www.proquest.com/docview/1765692903/abstract/1AD1440264474A8FPQ/1>

Dodds, R. L. (2021). Meeting families where they are: Text-based support in parent to parent programs. *Child: Care, Health and Development*, 47(2), 290–296.

<https://doi.org/10.1111/cch.12833>

Dodds, R. L., & Singer, G. H. S. (2018). Parent-to-Parent support providers: How recruits are identified. *Journal of Applied Research in Intellectual Disabilities*, 31(3), 435–444.

<https://doi.org/10.1111/jar.12422>

Dodds, R. L., Singer, G. H. S., & Wang, M. (2024). Who is ready? A peer support screening measure for parents of children with disabilities. *Family Relations*, 73(2), 921–934.

<https://doi.org/10.1111/fare.12897>

Duppong Hurley, K., & Huscroft-D'Angelo, J. (2018). Parent Connectors: A Parent-to-Parent Support Program Feasible for Rural Settings. *Rural Special Education Quarterly*, 37(4), 251–256. <https://doi.org/10.1177/8756870518785149>

Feriante, J., Shayani, A., Lauer, E., Pressman, A., & Rubin, E. (2022). Sibling Support Program: A Novel Peer Support Intervention for Parents, Caregivers and Siblings of Youth Experiencing Mental Illness. *Healthcare*, 10(5), 908. <https://doi.org/10.3390/healthcare10050908>

Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An Update of Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients. *Psychiatric Quarterly*, 93(2), 571–586. <https://doi.org/10.1007/s11126-022-09971-w>

Hall, S. L., Ryan, D. J., Beatty, J., & Grubbs, L. (2015). Recommendations for peer-to-peer support for NICU parents. *Journal of Perinatology*, 35(1), S9–S13.

<https://doi.org/10.1038/jp.2015.143>

Hurley, K.D., Hurscroft-D'Angelo, J. Parent Connectors: (2018) A Parent-to-Parent Support Program Feasible for Rural Settings, *Rural Special Education Quarterly*, 37(4), 251-256.

Hurley, K. D., Duchnowski, A., Kutash, K., & Farley, J. (2020). Peer to Peer Support: Innovative Strategies for Families of Youth with Emotional/Behavioral Disorders. In *Handbook of Research on Emotional and Behavioral Disorders*. Routledge.

- Iscoe, L., & Bordelon, K. (1985). Pilot Parents: Peer Support for Parents of Handicapped Children. *Children's Health Care, 14*(2), 103–109. https://doi.org/10.1207/s15326888chc1402_6
- Jackson, J. B., Steward, S. R., Roper, S. O., & Muruthi, B. A. (2018). Support Group Value and Design for Parents of Children with Severe or Profound Intellectual and Developmental Disabilities. *Journal of Autism and Developmental Disorders, 48*(12), 4207–4221. <https://doi.org/10.1007/s10803-018-3665-z>
- Kadekaru, R., Yamanaka, T., Okanishi, T., Maegaki, Y., & Inoue, M. (2024). Comparison of the Effectiveness of Online and Face-to-Face Parent Training for Parents of Children with Developmental Disabilities. *Cureus. https://doi.org/10.7759/cureus.73895*
- Kingsnorth, S., Gall, C., Beayni, S., & Rigby, P. (2011). Parents as transition experts? Qualitative findings from a pilot parent-led peer support group. *Child: Care, Health and Development, 37*(6), 833–840. <https://doi.org/10.1111/j.1365-2214.2011.01294.x>
- Lee, J. D., Terol, A. K., Yoon, C. D., & Meadan, H. (2024). Parent-to-parent support among parents of children with autism: A review of the literature. *Autism, 28*(2), 263–275. <https://doi.org/10.1177/13623613221146444>
- Levick, J., Quinn, M., & Vennema, C. (2014). NICU Parent-to-Parent Partnerships: A Comprehensive Approach. *Neonatal Network: NN, 33*(2), 66–73.
- Lui, K. (2018). *A Parent-to-Parent Program in Taiwan—USC (includes Law and Medicine)*. <https://pascal-usc.primo.exlibrisgroup.com>
- Massey, D. S., & Capoferro, C. (2008). The geographic diversification of American immigration. *New faces in new places: The changing geography of American immigration, 25-50*.
- Mathiesen, A. M., Frost, C. J., Dent, K. M., & Feldkamp, M. L. (2012). Parental Needs among Children with Birth Defects: Defining a Parent-to-Parent Support Network. *Journal of Genetic Counseling, 21*(6), 862–872. <https://doi.org/10.1007/s10897-012-9518-6>

Mueller, T. G., Milian, M., & Lopez, M. I. (2009). Latina Mothers' Views of a Parent-to-Parent Support Group in the Special Education System. *Research and Practice for Persons with Severe Disabilities*, 34(3–4), 113–122. <https://doi.org/10.2511/rpsd.34.3-4.113>

National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service | ACL Administration for Community Living. (n.d.). Retrieved September 16, 2025, from <http://acl.gov/programs/aging-and-disability-networks/national-network-university>

Nicholas, D. B., & Keilty, K. (2007). An Evaluation of Dyadic Peer Support for Caregiving Parents of Children with Chronic Lung Disease Requiring Technology Assistance. *Social Work in Health Care*, 44(3), 245–259. https://doi.org/10.1300/J010v44n03_08

Pang, Y., Dinora, P., & Yarbrough, D. (2020). The gap between theory and practice: Using cultural brokering to serve culturally diverse families of children with disabilities. *Disability & Society*, 35(3), 366–388. <https://doi.org/10.1080/09687599.2019.1647147>

Pang, Y., & Yarbrough, D. (2023). The promising practice of cultural brokering support with culturally diverse families of children with developmental disabilities: Perspectives from families. *Developmental Disabilities Network Journal*, 3(1). <https://doi.org/10.59620/2694-1104.1064>

Pang, Y., & Yarbrough, D. (2025). *Improving Family Resilience Through Parent to Parent Support: A Pilot Study on Culturally and Linguistically Diverse Families of Children with Disabilities*. In *Contemporary Perspectives in Family Research: Disability and the Family: Challenges, Resources, and Resilience* (pp. 201-227). Emerald Publishing.

Pollock, M. D., Ming, D., Chung, R. J., & Maslow, G. (2022). Parent-to-parent peer support for children and youth with special health care needs: Preliminary evaluation of a family partner program in a healthcare system. *Journal of Pediatric Nursing*, 66, 6–14. <https://doi.org/10.1016/j.pedn.2022.05.008>

Postma, A., Ketelaar, M., van Nispen tot Sevenaer, J., Downs, Z., van Rappard, D., Jongmans, M., & Zinkstok, J. (2024). Exploring individual parent-to-parent support interventions for

parents caring for children with brain-based developmental disabilities: A scoping review. *Child: Care, Health and Development*, 50(3), e13255. <https://doi.org/10.1111/cch.13255>

Preyde, M., & Ardal, F. (2003). Effectiveness of a parent “buddy” program for mothers of very preterm infants in a neonatal intensive care unit. *CMAJ*, 168(8), 969–973.

S. SINGER, G. H., MARQUIS, J., POWERS, L. K., BLANCHARD, L., DIVENERE, N., SANTELLI, B., AINBINDER, J. G., & SHARP, M. (1999). A Multi-site Evaluation of Parent to Parent Programs for Parents of Children with Disabilities. *Journal of Early Intervention*, 22(3), 217–229. <https://doi.org/10.1177/105381519902200305>

Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (1997). Parent-to-Parent Programs: A Resource for Parents and Professionals. *Journal of Early Intervention*, 21(1), 73–83. <https://doi.org/10.1177/105381519702100108>

Santelli, B., Turnbull, A. P., Marquis, J. G., & Lerner, E. P. (1995). Parent to Parent programs: A unique form of mutual support. *Infants & Young Children*, 8(2), 48.

Singer, G. H., Hornby, G., Park, J., Wang, M., & Xu, J. (2012). Parent to parent peer support across the Pacific Rim. *Journal of the International Special Needs Education*, 15(2), 89–106.

Solomon, M., Pistrang, N., & Barker, C. (2001). The Benefits of Mutual Support Groups for Parents of Children with Disabilities. *American Journal of Community Psychology*, 29(1), 113–132. <https://doi.org/10.1023/A:1005253514140>

Turnbull, A. P., Summers, J. A., & Brotherson, M. J. (1984). *Working with families with disabled members: A family systems approach*. Lawrence, KS: University of Kansas

Vespa, J. (2018). Demographic Turning Points for the United States: US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

Warren, M. D., & Kavanagh, L. D. (2025). Over a Century of Leadership for Maternal and Child Health in the United States: An Updated History of the Maternal and Child Health Bureau. *Maternal and Child Health Journal*, 29(8), 994–1008. <https://doi.org/10.1007/s10995-023-03629-0>

Yarbrough, D., Watts, K., Miller, D., & Murdock, S. (2018). Engaging Parents in System Design to Reduce Loss to Follow-Up. *Journal of Early Hearing Detection and Intervention*, 3(2), 8–13.
<https://doi.org/10.26077/0w25-2p89>