



PARENT_{TO}PARENT
USA

A Narrative Literature Review

Organizational Structure, Interactions, and Training

Conducted by Twum, Barreto, Van Fleet, and Hock (2025)





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Scope of the Literature Review

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Studies Identified

Spanning 40 years of P2P development (1985–2025), this review utilized:

-  Qualitative Data (Interviews & Focus Groups)
-  Quantitative Designs (Program Effectiveness)
-  Existing Systematic Literature Reviews



Three Core Research Questions



Structure

What organizational structures and resources sustain P2P programs?



Interactions

What are the interactions and programmatic content found in those programs?







Training

What training is provided for Support Parents in those programs?



Consistent Research Findings

-  **Reduced Isolation:** Parents report feeling less alone in their journey.
-  **Increased Empowerment:** Greater confidence navigating complex systems.
-  **Social Benefits:** Deep emotional and informational peer support.
-  **Modern Adoption:** Integration of digital methods and cultural diversity.



The Evolution of P2P Programs



1980s

Informal, volunteer-driven, and local parent groups.

1990s

Evidence-based growth; formal structures & specialized staff.

2000s

Federal and State funding becomes common, along with university and hospital affiliations.

2020s+





Digital delivery, cultural brokers, & systemic integration.



The "Support Parent" Match



Successful relationships are rooted in **perceived similarity** between parents, based on:

-  Disability type and diagnosis
-  Shared lived experiences & family structure
-  Cultural and linguistic backgrounds
-  Geographical proximity



Impact on Participating Parents



Self-Awareness

Increased parental awareness of their own needs and strengths as caregivers.



Professional Confidence

More confidence when interacting with medical and school professionals.






Resilience

Peer support offers a unique emotional depth that differs from clinical advice.



The Shift to Digital Engagement

While early programs relied on face-to-face contact, technology has bridged barriers of **time and space**:

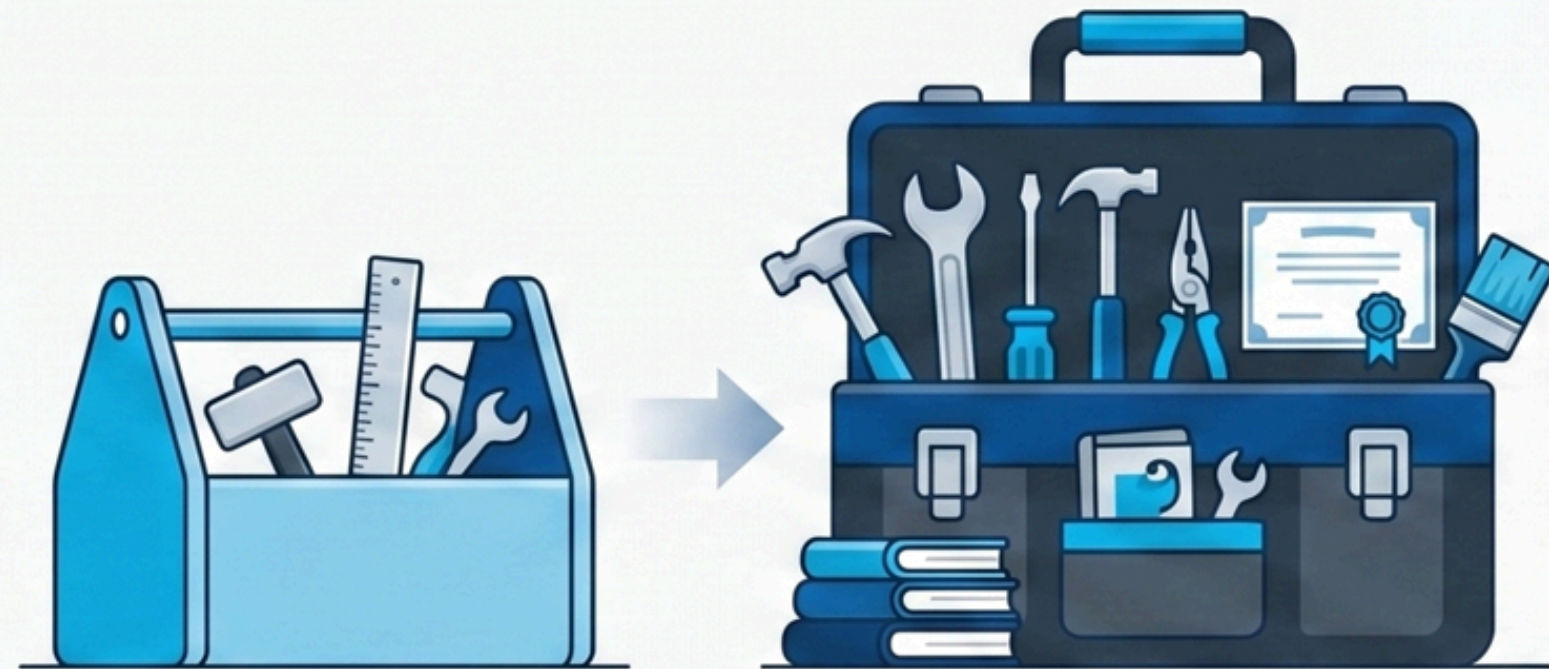
-  Phone, Email, & Social Media
-  Online methods are equally effective if well-facilitated
-  Ongoing focus: Maintaining reciprocity and resiliency online





Training: The Core of Quality





Training Intensity



Minimum
5 Hours

Comprehensive
40 Hours

Key Training Components

-  Active Listening & Empathy
-  Confidentiality & Boundaries
-  Navigating School & Health Systems
-  Cultural Sensitivity & Self-Awareness



Benefits for the Support Parent

"Support Parents reported a reciprocal benefit from taking part in their training..."

- ✓ Improved own communication skills
- ✓ Enhanced emotional well-being
- ✓ Deepened sense of empowerment





Recommendations for the Next Decade



Validate Practices

Update empirically validated best practices to reflect digital and diverse realities.



Bridge the Gap

Strengthen collaboration between researchers and program managers.



Expand Evidence

Test specific components like cultural responsiveness and delivery duration.



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