

# RESEARCH TO PRACTICE



## R2P Highlights Family Strengthening

The family is the foundation on which children develop the ability to lead productive, satisfying, and independent lives. Family can be defined broadly, as two-parent, single-parent, multiple, foster, kinship, adoptive, or blended families. Pamela Day, CWLA's Director of Child Welfare Services, emphasizes that "however family is defined, it is in the best interest of communities to support families and protect children." In turn, healthy children and families give back to their communities in many ways.

R2P has identified the following evidence-based family strengthening programs.

## Strengthening Families in the Rural Southwest



### Emerging Practice

Strengthening Families in the Rural Southwest is an outgrowth of a partnership between Pima Youth Partnership (PYP) and the Pascua Yaqui Tribe Reservation near Tucson, Arizona. In 1994, PYP collaborated with community leaders to develop CORE, a coalition of concerned citizens and adult and youth leaders dedicated to addressing protective and risk factors for Yaqui children.

The coalition was so beneficial as an active community partnership, the Yaqui tribe sought to involve CORE-PYP to address the dramatic increase in Yaqui youth suspended from school in the 1998–1999 school year. Of 1,300 Yaqui youth enrolled in grades K–12, 160 were suspended or expelled. In the 1999–2000 school year, the figure nearly doubled. Existing services were insufficient for this number of youth, who were considered at high risk for delinquency, violence, substance abuse, teen pregnancy, and school dropout.

Strengthening Families in the Rural Southwest was designed in response. A program manager and a family liaison were hired to assist CORE in planning and implementing the program. Strengthening Families had three aims:

- to increase the capacity of CORE and other partners on the Yaqui reservation to deliver services in effective parenting and to prevent substance abuse,
- to document CORE's decisionmaking in selecting and testing an effective family-strengthening model, and
- to determine the impact on families with children suspended from school.

CORE, community members, and PYP chose the Iowa Version of Kumpfer's Strengthening Families for Parents and Youth Ages 10–14, a U.S. Center for Substance Abuse Prevention exemplary program. The program was implemented midyear in 2000; members of the Yaqui tribe staffed the program, and community volunteers were recruited to become certified course facilitators.

Thirty families were recruited to participate in the program. The program's seven 90-minute sessions were held multiple times each week to make it easier for families to participate. Parents learned how to set rules and limits and establish communication. Youth learned goal setting and communication skills. Families practiced their new skills for three months, then received four additional booster sessions.

Participants completed surveys after the seven initial sessions and four booster sessions. One parent expresses greater confidence: "My child has been challenging me for a long time, but now I feel more comfortable with my role as a parent." Another comments, "My kids were real impressed with the program, and now I am comfortable with my kids making choices in their decisions."

Posttest data, available for 20 parents, showed significant improvement in 16 of 20 behaviors. Data available for six parents after the four booster sessions showed they maintained improvement. As one mom says, "I am now able to set limits with my girls, and our communication is better too!" Families once divided are together again. One proud mother proclaims, "Everything is okay. My kids are back in my custody because of all your support and understanding."

Posttest outcome data for 30 youth showed significant improvement in 12 of 14 categories. Data collected for nine



*A Strengthening Families Class Session. Photo courtesy Pima Youth Partnership*

youth after the four booster sessions showed improvement in the original 12 behaviors was maintained.

Original funding through the Center for Substance Abuse Prevention ended in September 2001. Additional funding has been awarded through the Center for Mental Health Services to expand Strengthening Families to the entire community and to examine how the program may work to prevent youth violence. Replication of the model is available through PYP. Contact PYP Executive Director Luan Wagner at 520/744-9595, or visit PYP online at [www.pyp.com](http://www.pyp.com).

## Healthy Families Arizona



### Emerging Practice

Since 1991, Arizona's Department of Economic Security (DES) has offered preventive services to the families of at-risk newborns through its Healthy Families Arizona (HFAz) Program. Modeled after the original Healthy Families developed in Hawaii and now operating in more than 40 states, HFAz served 2,303 families in 23 sites in 2001.

This home-based program, which has received national acclaim from Prevent Child Abuse America, has three goals:

- prevent child abuse and neglect,
- enhance parenting and the parent-child relationship, and
- promote child health and development.

Families participate voluntarily and are screened for HFAz in two stages. Initial screening in the hospital, immediately after the birth of a child, focuses on risk factors associated with child abuse and neglect. If significant risks are identified, further assessment determines eligibility for the program.

Ninety-five percent of the families have at least four home visits, thus meeting the criteria for active engagement. About 65% participate for seven months or more; 42.7% for one year or more. The average duration of participation is 498 days. Home visits begin quickly, with 75% of newborns seen by 24 days of age.

Services focus on child development education but include linking to resources and counseling about domestic violence, parent-child bonding, and life-coping skills. One new parent notes, "I was going through a really bad time with postpartum depression. I felt alone most of the time. [Healthy Families] talked with me, and it really helped."

Services are provided by paraprofessional staff, who are selected based on their understanding of child abuse and neglect issues, appropriate family roles, and relationships; their ability to relate to families and other professionals; and the cultural and ethnic composition of the target population.

HFAz sites are evaluated individually and collectively to identify and address divergent findings and to ensure service quality. The program evaluation relies on interim indicators of parental stress, child safety, parental alcohol and drug use, and parents' education and employment. The Parental Stress Index (PSI) is used with all families, along with a home safety assessment. Measures are applied at families' entry into HFAz and at 6, 12, and 18 months of service.

Parents showed significant improvement on all six subscales of the PSI from program entry to six months. At 12 months, changes were significant in five subscales; at 18 months, all subscales were significantly improved over initial scores. Assessments also showed improvement in home safety measures.

Child developmental screening uses the Ages and Stages questionnaire, which assesses development in communication,

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## Research to Practice Initiative

With advice from program staff and leaders in the field, CWLA's Research to Practice (R2P) Initiative identifies well-researched, effective programs and practices that positively affect the lives of children, youth, families, and communities. Agency staff, outside researchers, or universities may have conducted the research. R2P's goal is to support and promote the implementation of successful methods.

CWLA disseminates information about these programs and practices, as well as strategies for implementation or replication, to member agencies and the field through publications, workshops, consultation, and development services.

Each program or practice included in the R2P initiative has been identified as effective, supported by a research component. R2P has developed four categories to describe the level of empirical support.

### Exemplary Practice



Control group, posttests or pre- and posttests, effects sustained for at least one year, multiple replications.

### Commendable Practice



Randomized or quasi-experimental study, a control or comparison group, posttests or pre- and posttests, follow up, replication.

### Emerging Practice



Quasi-experimental study, a correlational or ex post facto study, posttest only, single group pre- and posttest, comparison group.

### Innovative Practice



Case study, descriptive statistics only, treatment group only.

For more information on R2P and its Levels of Research, visit online at [www.cwla.org/programs/r2p](http://www.cwla.org/programs/r2p), or contact the R2P team by e-mail at [r2p@cwla.org](mailto:r2p@cwla.org)

motor skills, problem solving, and socialization. Children suspected of delayed development are referred for further assessment. Parents are assessed periodically for alcohol or drug problems and referred for further assessment and treatment as needed.

One participant says, "I needed help with my alcohol problem, and they got me in a treatment program with the baby. I didn't know how to get over my drinking problem. If I hadn't had this program, I don't know how I would have made it myself."

Measures of maternal life course (the mother's education and employment) showed that after six months, 14% of participants had obtained a GED and 17% were enrolled in a GED program. One mom, now in school, has held the same job for two years—"The most I've ever been at any job!" she says proudly.

Of 368 participants responding to a satisfaction survey, 98% rated the services as excellent or good. HFAz answered questions and provided much needed support for parents like this first-time, scared, single mother: "The program taught me about the stages of child development, how to set goals, and I've been reading books with my son since he was only 2 weeks old. I also just finished my first semester of college."

Because incidents of child abuse or neglect were low among participants and the larger population when they entered HFAz, it was not a useful measure of the program's effectiveness. As Family Support Specialist Leesa Irwin emphasizes,

"We're the opposite of child protective services. We come in before abuse happens."

For further information, visit the DES website at [www.de.state.az.us/links/preserve/healthy.htm](http://www.de.state.az.us/links/preserve/healthy.htm), or contact Healthy Families Program Manager Valerie Roberson at [valerie.roberson@mail.de.state.az.us](mailto:valerie.roberson@mail.de.state.az.us).



*Healthy Families Support Specialist Marie Rothwell works with the Hernandez family in their home. She carefully coaches the parents from the sidelines while they help their 22-month-old son paint a picture, thus reinforcing the most important factor in prevention—a healthy attachment between parent and child. Photo courtesy Arizona DES.*

## The Serena Merck Memorial Award for Innovation and Dedication in Practice 2002

**Purpose of the Award** The Serena Merck Memorial Award is given annually to an exceptional individual who has demonstrated long-term, selfless dedication and compassion in the care or service to children who have retardation and significant mental health problems. Mrs. Merck recognized the critical importance of what quality day-to-day care provided by committed individuals can make to children with cognitive and behavioral disabilities. The John Merck Fund has established this major, national award to honor her long-standing commitment to this field, and to call attention to the invaluable role caring individuals play in it.

**Criteria for Selection of the Awardee** Prospective awardees should meet one of the following categories: (1) Provides, as an employee or volunteer, services for children who have mental retardation and significant mental health problems. (2) Demonstrates long-standing commitment and innovative care of this population which has positively affected their quality of life and/or life opportunities.

**Submission Guidelines** Organizational entities may nominate prospective awardees. One nomination per organization is permitted, although multi-service organizations may submit one nomination from more than one service unit. No self-nominations are acceptable. Only organizations serving children with mental retardation and significant mental health problems are eligible to nominate an individual. A 500-word summary of the reason the candidate is nominated, length of service in the field, and a description of the person's impact on children with mental retardation and significant mental health problems is required. At least two, but no more than five, accompanying letters of reference from individuals well qualified to evaluate the candidate's suitability for the award should be provided.

*Nominations should be mailed before August 1, 2002, to:*  
Mr. Frank Hatch, The John Merck Fund,  
11 Beacon Street, Suite 1230, Boston, MA 02108

**Award** A \$5,000 cash award and plaque will be presented to the awardee at the 19th Annual National Association for the Dually Diagnosed (NADD) Conference held October 23–26, in Denver, Colorado. The awardee's travel expenses to the conference will also be covered.