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Plan of Work

2009 - 2011

Working with Vulnerable Populations to Build Strong, Resilient Families

**Affiliate State Teams: Parenting Education, Families in Stress & Transition
Healthy Couples Relationships**

Situational Analysis and Priority Setting

The educational community lost the wisdom, humor and vision of Carnegie Mellon University computer science professor Randy Pausch who died of pancreatic cancer in 2008. He demonstrated resiliency throughout his “last lecture,” Really Achieving Your Childhood Dreams, given September 18, 2007 at Carnegie Mellon, but particularly in his comments describing his cancer:

“If you look at my CAT scans, there are approximately 10 tumors in my liver, and the doctors told me 3-6 months of good health left. That was a month ago, so you do the math. I have some of the best doctors in the world...So that is what it is. We can’t change it, and we just have to decide how we’re going to respond to that. We cannot change the cards we’re dealt, just how we play the hand.”

Pausch goes on to list those things he would **not** talk about in his lecture; “*things that are even more important than achieving your childhood dreams,*” his wife and children, and his spirituality. The moving and often humorous talk recounts his efforts to achieve such childhood dreams as becoming a professional football player, experiencing zero gravity and developing Disney World attractions. In the process, he shared his insights on finding the good in other people, working hard to overcome obstacles and living generously; all examples of resiliency-building behaviors identified by researchers as characteristics, relationships and processes that support and protect families, especially during times of stress, adversity and change. What greater challenge can a family confront than coping with the terminal illness of one of its members?

Researchers have identified a number of protective factors that help maintain family cohesion while supporting the healthy development and well-being of family members. The same protective factors have been identified in families of different composition, across race and ethnicity, social backgrounds and religious beliefs. Included among these traits are caring and appreciation, time together, encouragement, communication and community connectedness.

Researchers have looked at high risk families to determine what makes them resilient, why some families endure with few adjustments and some falter but adapt, and still others deteriorate to a state of dysfunction and never recover. Researchers have identified patterns of functioning in resilient families. These include protective factors, which shape the family’s ability to endure stress, and recovery factors, which promote the family’s ability to rebound from a crisis. Recovery factors are especially important when families are faced with serious events like coping with a serious illness, death, loss of a job or a natural disaster.

Froma Walsh describes resiliency as the capacity to rebound from adversity strengthened and more resourceful. Tapping into key processes for resilience a family can emerge stronger and

more resourceful in meeting future challenges. A crisis can be a wake-up call, heightening attention to what matters; an opportunity for reappraisal of priorities, stimulating greater investment in meaningful relationships and life pursuits, childhood dreams or a “bucket list.”

Walsh provides a framework for resiliency by outlining nine keys to family resilience which are included in belief systems, organizational patterns, communication and problem solving:

1. Making meaning of crisis and challenge

Individuals view resilience as relationally based. High resiliency families have a strong affiliative value. They approach adversity as a shared challenge and hold a relational view in contrast to the cultural philosophy of the “tough, rugged individual.” They believe that in joining together they strengthen their ability to overcome adversity. Significant relationships with kin, intimate partners, and mentors such as coaches or teachers who support an individual’s efforts, believe in their potential and encourage them, have a crucial influence on their ability to persevere and to thrive.

Individuals can contextualize their distress and possess an evolutionary sense of time, a continual process of growth and change across the life-cycle. A family life-cycle orientation helps members see disruptive transitions as milestones in their shared journey.

Families do best when they gain a sense of coherence and think about a crisis as a challenge that is comprehensible, manageable and meaningful to tackle. However the meaning of adversity and beliefs about what can be done vary with cultural norms; some are fatalistic while others stress personal responsibility.

2. Maintain a positive outlook

Considerable research documents the strong effect of a positive outlook in coping with stress, recovery from crisis and overcoming barriers. Hope fuels energy, is future oriented and is essential to tap into potential resources. Seligman’s (1990) concept of learned optimism is relevant for resiliency programs. Learning to affirm family strengths and potential in the midst of difficulties helps families to counter a sense of helplessness, failure and blame while it reinforces pride, confidence and a “can do” spirit. Initiative and perseverance are fueled by shared confidence through an ordeal; “We always believed we could find a way.” This conviction bolsters effort and helps family members seize opportunities.

Mastering the art of the possible is vital for resilience, since some things cannot be changed. For families, it means taking stock of their situation and then focusing energies on making the best of their options. This requires acceptance of that which is beyond their control. The family’s focus is directed toward ongoing and future possibilities, i.e. “playing the hand that is dealt” as well as possible.

3. Transcendence and Spirituality

Transcendent beliefs and practices provide meaning and purpose beyond ourselves, our families and our immediate problems. Most families find strength, comfort and guidance in adversity through their connections with cultural and religious traditions. Many find spiritual nourishment outside of formal religion, i.e. a deep connection with nature, music or art.

4. Flexibility: the ability to “bounce back” by moving forward

Flexibility is a core process in resilience. After major transitions or crisis events, families simply can’t return to “normal” but must construct a new normal as they renegotiate relationships and reorganize patterns of interaction to fit the new conditions. Flexible, authoritative leadership is most effective for family functioning and the well-being of

children during stressful times. Parents must provide nurturance, protection and guidance through a disruptive transition or crisis by providing assurance, continuity, security and some sense of predictability.

5. Connectedness

Resilience is strengthened by mutual support, collaboration and commitment to weather troubled times together. However, family members must respect each other's individual differences, separateness, and boundaries. They may have quite varied reactions to the same event or need more or less time to process the experience, depending on such variables as their age or the meaning of the lost relationship.

6. Social and Economic Resources

Families must build kin and social network lifelines of practical and emotional support and collaboration. Families who are more isolated can be helped to access potential resources. Community based agencies provide a multisystemic approach to support families and the entire community in times of disaster or widespread trauma. The importance of financial security in resiliency should not be overlooked, particularly when persistent unemployment, loss of a breadwinner or financial strain occurs in single-parent or already low income families. Just as individuals need supportive relationships to thrive, family resilience must be supported by social and institutional policies and practices that foster families' ability to thrive, such as flexible work schedules for parents, affordable health care and quality child and adult care services.

7. Clear, consistent Communication

Clarity and congruence in messages facilitate effective family functioning. Clarifying and sharing crucial information about crisis situations facilitates meaning-making, authentic relating and informed decision making. Shared acknowledgement of the reality and circumstances of a painful loss fosters healing. Avoiding painful or threatening topics, wishing to protect children or frail elders, can generate catastrophic fears.

8. Emotional Expression

For relational resilience, couples and families must be encouraged to share a range of feelings, practice empathy and comfort one another. Families must create pleasurable interactions and find moments of humor, where possible, in the midst of pain.

9. Use Collaborative Problem Solving

Collaborative problem solving and conflict management are essential for family resilience. Creative brainstorming and resourcefulness open new possibilities for overcoming adversity. Shared decision making and conflict resolution involve negotiation of differences with fairness and reciprocity over time. Families can become more resourceful when they are able to shift from a crisis-reactive mode to a proactive orientation, striving for a better future while preparing for potential problems.

The paradox of resilience is that the worst of times can also bring out the best. A crisis can result in learning, transformation and growth in unanticipated directions. It can be an epiphany, awakening family members to reorder priorities for more meaningful relationships and life pursuits. Resilient individuals and families often emerge with a clearer moral compass and heightened sense of purpose. Adversity can inspire creative expression through the arts, community action to prevent other tragedies or work toward social justice.

Family Living Programs can build on Walsh's nine keys to strengthen individuals and families challenged by adversity. Programs can target the key processes for resilience as families address immediate problems or issues. This learning approach engages distressed families with respect and compassion, affirms their potential, and seeks to enhance their best qualities, improve family functioning and individual well-being; a process that supports transformational education.

In the "last lecture," Randy Pausch provides several "head fakes" or examples of indirect learning. For example when we involve kids in sports, they learn the fundamentals of the sport but they also learn teamwork, sportsmanship and perseverance. Pausch advises that "*you should keep an eye out for head fakes because they're everywhere.*" He describes the head fake in his Alice project in which kids think they are making movies and video games but are actually learning computer programming. Pausch states "*the best way to teach somebody something is to have them think they've learned something else.*" At the end of the lecture, Pausch asks the audience:

"So today's talk was about my childhood dreams, enabling the dreams of others, and some lessons learned. But did you figure out the head fake? It's not about how to achieve your dreams. It's about how to lead your life. If you lead your life the right way, the dreams will come to you. Have you figured out the second head fake? The talk's not for you, it's for my kids."

The third "head fake," not identified by Pausch, is that the "last lecture" is really about building individual and family resiliency.

References

McCubbin, H.I. (1997). *American Association of Family and Consumer Sciences Commemorative Lecture*. Washington DC.

Pausch, R. (2007). Randy Pausch's last lecture: Really achieving your childhood dreams, Retrieved from <http://download.srv.cs.cmu.edu/~pausch/>

Walsh, F. (2003). Family Resilience: A framework for clinical practice, *Family Process*, 42, 1-18.

Intended Outcomes for Priority Programs

Intended Outcome #1 Short term: Parents and youth who participate in evidence-based parenting/family education programs will increase their knowledge of child development, parenting skills and positive youth development techniques.

Indicators:

1-a Eighty percent of parents/caregivers will report an increase in knowledge of child development and parenting skills/techniques.

1-b Seventy-five percent of youth will report an increase in knowledge of positive youth development techniques.

Intended Outcome #2 Medium term: Families who participate in evidence-based parenting/family education programs will report improved parenting practices and youth decision making/ outcomes.

Indicators:

2-a Eighty percent of families will report improved communication at Strengthening Families Program for Parents and Youth 10-14 booster sessions.

2-b At booster sessions, eighty percent of parents will report positive youth decision making and reduced youth and family problems as evidenced by self-reports fewer parent-youth conflicts.

2-c At booster sessions, eighty percent of youth will report no alcohol or other drug use.

Intended Outcome #3 Long term: Families who participate in evidence-based parenting/family education programs will improve family functioning through the use of positive parenting practices such as enhanced communication skills, more effective discipline practices and closer parent-child bonds.

3-a Sixty-five percent of parents/caregivers will report long-term (six months or longer) use of effective parenting practices.

3-b Sixty-five percent of parents will report long-term (six months or longer) increased family communication.

3-c Sixty-five percent of parents will report long-term (six months or longer) improvement of parent-child bonds.

Intended Outcome #4 Long term: Families who participate in evidence-based parenting/family education programs will have improved child outcomes such as enhanced school success, social responsibility and social competence and reduced youth and family problems such as drug use, delinquency and child abuse.

4-a Seventy-five percent of youth will experience school success, as defined by parental report of school attendance, grades, and class retention following program participation.

4-b Eighty percent of families who have completed the program will have no child maltreatment referrals to the Department of Social Services.

4-c Eighty percent of youth who have completed the program will have no referrals to law enforcement for criminal behavior or status offenses.

Intended Outcome #5 Short term: Participants in educational programs (parenting programs, caregiver programs or programs for incarcerated) will increase their knowledge and practice of techniques to support and improve family functioning including better coping skills in times of personal difficulty and stress.

Indicators:

6-a Seventy percent of participants in educational programs will report an increase in knowledge of skills and techniques to improve family functioning (resiliency protective/recovery factors).

6-c Sixty percent of participants will report an increase in their practice of skills and techniques to improve family functioning.

Intended Outcome #6 Short term: Professionals who participate in research-based child maltreatment and foster youth education programs will be more knowledgeable about the conditions and issues affecting these populations.

8-a Eighty-five percent of target audiences will report increased knowledge of child maltreatment issues.

8-b Eighty percent of target audience will be able to identify at least three signs of abuse and determine how to correctly report abuse.

8-d Eighty percent of participants will be able to identify issues facing vulnerable foster youth and at least one effective prevention/intervention strategy.

Intended Outcome #9 Medium term: Professionals who participate in research-based child maltreatment and foster youth education programs will build capacity and resources to create more effective prevention and intervention programs and services.

9-a Seventy percent of participants will adapt existing programs, policies and/or initiatives to incorporate keys to build individual and family resiliency.

9-b Sixty percent of participants will re-allocate resources or identify new resources to incorporate keys that build resiliency.

Implementation Plan

Programs to Improve Outcomes in Child Maltreatment and Youth in Foster Care:

1. Child Maltreatment Education

Timeline: Summer 2009

Inputs: State Specialist, Planning & Evaluation Review

Activities: Current curricula will be expanded to include multiple sessions including sexual abuse and emotional/verbal abuse. Fact sheets and additional resources pertaining to different types of abuse will be developed. Child abuse reporting policies/procedures will be finalized within UW-Extension with clarification of reporting responsibilities for staff.

Target Population: UW-Extension Family Living and WNEP coordinators, home visitation staff, local professionals and mandated reporters.

2. Foster Kids, Our Kids

Timeframe: Initial program Spring 2010

Inputs: *Foster Kids, Our Kids* video, current research pertaining to vulnerable youth aging out of foster care.

Activities: Utilizing video and current research, instructional materials will be revised to educate policy makers, foster parents, social workers and general public about issues facing foster youth. Develop Human Subjects Protection proposal for longitudinal research with youth (now adults) who participated in the original video. Identify funding source/do grant writing for funding for video production and program materials. Develop interview format for video.

Target Population: Youth “aging out” of foster care/alternative care, foster parents, professionals in youth services, policy makers and elected officials.

Programs to Enhance Parenting & Build Family Strengths:

3. Strengthening Families Program for Parents and Youth 10 – 14

Timeline: Spring/Fall 2009 - 2011

Inputs: Curriculum developed by Iowa State University, additional materials and equipment required for sessions, meals/preparation, program sites, coordinate volunteer facilitators and child care.

Activities: Recruit facilitators from local youth-serving agencies. Maintain/expand community agency partnerships to include program participation and funding. Recruit program participants through the development of a variety of media materials in English and Spanish. Latino outreach will include personal contact through HCE and ELL programs. Organize annual meeting and annual report to local SFP Advisory Committee. Work with Operation Military Kids (OMK) and Iowa State SFP staff to create adaptations appropriate for military families. Work with OMK to increase program capacity by training facilitators at Fort McCoy.

Target Population: Parents/caregivers and youth ages 10 - 14, with special emphasis on at-risk/underserved populations.

4. Criminal Justice Programs

Timeline: Summer 2009 - 2011

Inputs: Life After Incarceration – Door County curriculum; Wellness Solutions for Law Enforcement

Activities: Continue to refine curriculum and expand delivery to female jail inmates. Expand partnership with Rotary to recruit additional co-facilitators. Develop comprehensive program evaluation. Work with Stress Team to collaborate with Dept. of Corrections, providing wellness workshops for local law enforcement.

Target Population: Inmates at the Door County Justice Center jail facility who have families, particularly children, in the community; local law enforcement professionals.

5. Promoting Family Resilience Through Work-Life Management

Timeframe: Spring 2009 - 2010

Inputs: Intentional Harmony curriculum developed by University of Illinois Extension, Collaboration/review of program materials by University of Wisconsin – Green Bay Social Work Department and/or Northeast Wisconsin Training Partnership

Activities: Continue development of various aspects of Intentional Harmony curriculum for specific audiences. Collaborate with University of Illinois Extension, UW-Green Bay Social Work Department and/or NEW Training Partnership to adapt curriculum and materials to address needs of social workers and home visitation staff. Pilot program through UW-Green Bay and/or NEW Training Partnership. Provide work-life management workshops for area agencies/businesses.

Target Population: Social workers, home visitation staff, local professionals/businesses

Evaluation Plan

Programs to Improve Outcomes in Child Maltreatment and Youth in Foster Care

Evaluation of child maltreatment program will be through pre and post test questions embedded in the program with polling software. The evaluation will also measure reporting behavior through a variety of case scenarios, polling questions and discussion. Foster Youth programs will utilize a retrospective pre/post evaluation.

Programs to Enhance Parenting & Build Family Strengths

The Strengthening Families Program for Parents and Youth 10 – 14 (SFP) will utilize the evaluation developed by the Parenting Education Team SFP trainers. Results will be added to the statewide SFP data base. In addition, following Human Subjects Protection protocol, a survey questionnaire of parents and a review of social service records will be utilized to measure long term outcomes for youth and families adding additional data to a baseline study completed in 2009 of families who participated in the program from 2003 – 2008.

Evaluation of criminal justice programs will utilize a pre/post test component and explore additional methods to track inmate's participation in local programs/services after release. Wellness solutions for law enforcement will utilize retrospective pre/post survey developed by University of Illinois Extension but will also develop six-month follow-up surveys.

Work-life management programs will use retrospective pre/post evaluation design but will also look at longitudinal follow-up with program participants.

Professional Development

- Continued literature review of child maltreatment research and research pertaining to youth aging out of foster care.
- Attend Through the Eyes of a Child Conference/Midwest Conference on Sexual Abuse which both focus on child maltreatment issues.
- Participate in additional training pertaining to high risk families, child development and parenting issues as training opportunities become available.
- Participate in training pertaining to curricula development and program evaluation as training opportunities become available.