

**CorStone
Family Resilience Program
2012 Final Report**

1. Program Objectives

The objective of the Family Resiliency Program (FRP) is to build emotional resiliency in new families. The program seeks to reduce barriers to effective parenting by increasing parental coping skills and decreasing stress in parents of young children ages (0-5), thereby reducing the likelihood of child abuse, domestic violence, parental depression, anxiety, and isolation.

Emotional resiliency is defined as the positive capacity of people to cope with stress and catastrophe and reflects a person’s resistance to future negative events. The FRP’s focus on resilience promotes: (1) receptivity to new information, ideas and theories; (2) tolerance for ambiguity and differing viewpoints; (3) insight, compassion, empathy, and (4) the ability to make positive choices that strengthen future decision-making and increase flexibility in stressful situations. The FRP strengthens the capacity of an individual and families to function competently under stress; to recover from setback, trauma, or adversity; and allow for long-term growth and maturation.

The 2011-2012 FRP provided in San Rafael, CA consisted of an approximately 3 month program of weekly 2 hour group sessions that implemented a blended model of the evidence-based parenting curriculum of Abriendo Puertas (‘Opening Doors’) with facilitated peer support sharing utilizing the ‘Attitudinal Healing’ model (Jampolsky). Professional childcare was provided during all of the FRP sessions.

The FRP was provided during one fall and one spring session over the 2011-2012 school year. Three groups were conducted in the fall and two groups were conducted in the spring. During the fall session, all groups took place at Bahia Vista Elementary with parents from Bahia Vista only, with two groups for mothers only and one group for couples only. During the spring session, both groups were open to a mix of women and couples, with one group at Bahia Vista and the other group at Coleman Elementary. The group at Coleman was provided for parents of Coleman students only, whereas the group at Bahia Vista was opened to more schools, with parents of young children from Bahia Vista, San Pedro Elementary, Short Elementary, and Pickleweed Preschool in attendance. See Table 1 for a group summary.

Table 1

Group	Location	Women/couples	Schools
<i>Fall Session</i>			
Group 1	Bahia Vista	Women only	Bahia Vista only
Group 2	Bahia Vista	Women only	Bahia Vista only
Group 3	Bahia Vista	Couples only	Bahia Vista only
<i>Spring Session</i>			
Group 4	Coleman	Mix of women/couples	Coleman only
Group 5	Bahia Vista	Mix of women/couples	Bahia Vista, San Pedro, Short, Pickleweed

2. FRP Groups

We successfully established 5 FRP groups in the Canal district of San Rafael. Fall groups were successfully completed in December 2011 and spring groups were successfully completed in May 2012.

Fall groups had an average enrollment of about 5 parents per group, while spring groups' enrollment was much higher with an average of about 18 parents per group. In total, we served 51 parents of young children under 5. All mothers/couples were of Hispanic ethnicity and were primarily low income. To ensure full participation, the entire program was conducted in Spanish. The Abriendo Puertas curriculum was used during these sessions, an evidence-based Spanish language and culturally-sensitive parenting curriculum that has been implemented in a number of Bay Area schools. Only 22% of parents had received any sort of parenting curriculum before.

For more detail about the FRP beneficiaries, see Table 2 below.

Table 2

	Attendance rate	Avg # of kids	Avg age of kids	% of parents who had attended a parenting course before	% of parents with health insurance	% of parents with health insurance for all of their children
Overall	71%	1.85	4.84	22%	60%	97%
Spring	69%	1.90	5.04	23%	65%	97%
Coleman	84%	1.62	5.48	27%	64%	100%
Bahia Vista	60%	2.12	4.78	20%	65%	96%
Fall	78%	1.73	4.26	20%	50%	95%
Women	78%	1.86	4.15	9%	73%	100%
Couples	78%	1.50	4.50	33%	22%	89%

Mothers/couples were recruited for the Spring program through the efforts of Bahia Vista and Coleman school community liaisons and teachers. Following up on feedback received from mothers enrolled in the 2010 program and in the Spring 2011 program, we confirmed the efficacy of couples groups during the fall session and expanded the groups to include both couples and women during the spring session to test the impact of this type of enrollment. Response from all groups was very positive.

Five previous facilitators, all trained by CorStone and bilingual Spanish/English speakers, returned and received additional training. One new facilitator was recruited and received the same training. The full-day mandatory training included instruction on Attitudinal Healing facilitation techniques and principles, as well as instruction on the Abriendo Puertas curriculum. Facilitator training was held at Bahia Vista Elementary School in San Rafael.

Each weekly 2-hour group was led by two facilitators with additional support provided by one Bahia Vista and one CorStone staff member.

3. Evaluation

To evaluate program success, CorStone conducted baseline surveys, a weekly survey at the beginning of each group session, and a post-survey at the completion of the program. Surveys assessed 1) content knowledge levels, 2) parenting confidence levels, and 3) emotional status, including levels of happiness, isolation, optimism, self-concept, self-esteem, depression, satisfaction with family life, and connection with spouse in all participants.

In addition, facilitators participated in focus groups after the fall and spring sessions to provide qualitative feedback about the program, sharing their impressions of the program, its impact on participants, and suggestions for future implementation.

Quantitative Results

Results of the San Rafael program demonstrate strong positive impact on participants across all three impact areas assessed.

Content Knowledge

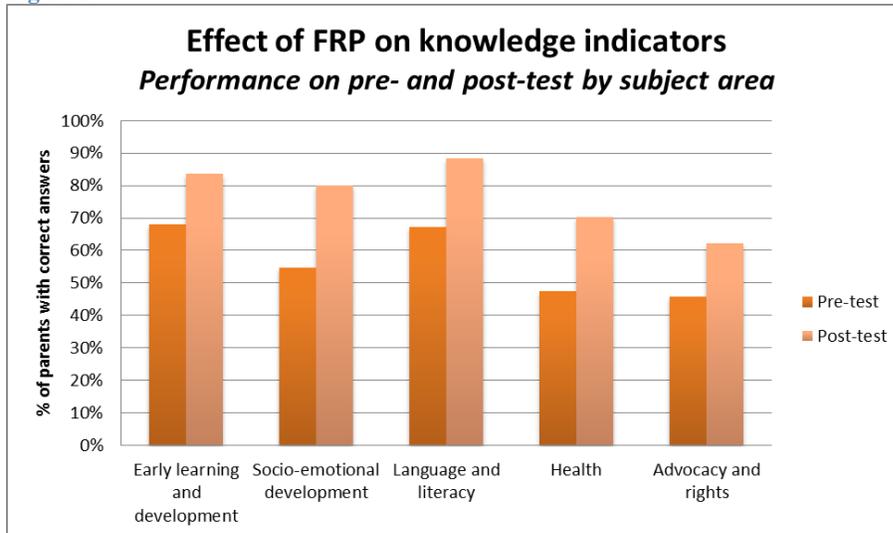
Participants demonstrated significantly increased knowledge of the parenting curriculum content taught, including knowledge of early child development, socio-emotional development, language and literacy, health, and advocacy and rights.

Highlights include:

- Health-related knowledge increased by 48%. Only 48% of parents answered health-related questions correctly at baseline, whereas a full 70% of parents answered health-related questions correctly at endpoint.
- Knowledge of advocacy skills and rights increased by 35%. Only 46% of parents answered advocacy-related questions correctly at baseline, which increased to 62% at endpoint.
- Knowledge of language and literacy increased by 31%. Only 2/3 of parents answered questions related to language and literacy correctly at baseline, but by endpoint, nearly 90% answered related questions correctly.

Figure 1 provides more detail about the effects of the program on participants' knowledge levels, indicating a strong improvement in knowledge across a broad range of subject areas.

Figure 1



Parenting confidence

Participants demonstrated greatly increased confidence in a number of parenting skill areas. In responding to questions such as “How confident do you feel caring for your youngest child?” and “How confident do you feel calming down your child if necessary and being certain that he changes his behavior?” participants’ confidence levels dramatically improved.

Highlights included:

- Only 33% of parents felt ‘very sure’ of their ability to advocate for the wellbeing of their children at baseline. This nearly doubled by endpoint, with 64% indicating that they felt ‘very sure’ and 97% indicating that they felt ‘sure’ or ‘very sure’ of their advocacy abilities.
- The percentage of parents who felt ‘very sure’ of their ability to care for their youngest child increased by 77%, increasing from 26% at baseline to 46% at endpoint. 91% indicated that they felt ‘sure’ or ‘very sure’ of this ability at endpoint.
- Just over half (55%) of parents felt ‘sure’ or ‘very sure’ of their ability to calm down their child at baseline. This increased by 62% at endpoint, with 89% of parents indicating that they felt ‘sure’ or ‘very sure.’

Understanding Effect Size

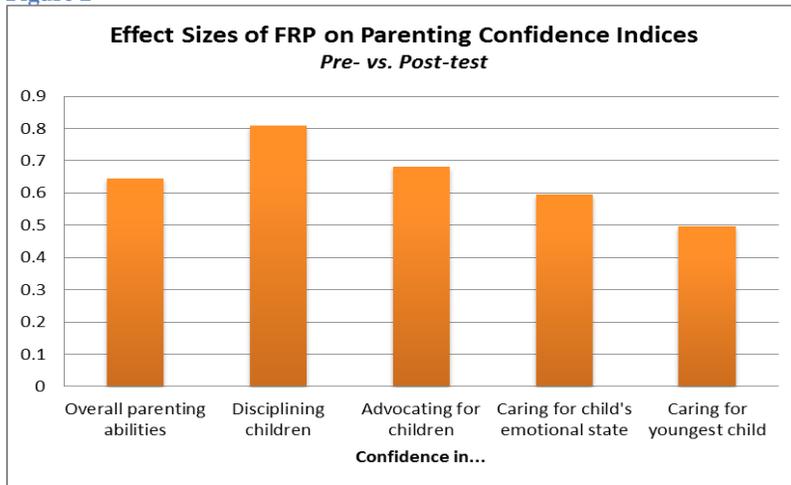
One simple way to discuss these changes is in terms of ‘effect size,’ a statistical analysis that represents the impact that a program had on certain indices. A large effect size is associated with greater program impact, and a small effect size is similarly associated with smaller program impact. Effect sizes can be considered small (about 0.2 of a standard deviation or below), medium (about 0.5 of a standard deviation) or large (about 0.8 of a standard deviation or above), with an effect size of about 0 indicating no effect.

In understanding effect sizes, it will be useful to compare those that follow to other well-known effect sizes. For instance, it has been shown that decreasing class size can improve student achievement by 0.2 of a standard deviation (considered a small effect size) and attending a quality preschool can improve cognitive development by 0.35 of a standard deviation

(considered a small to moderate effect size).¹ Calculating the effect size thus allows us to compare the effectiveness of FRP with other interventions, as it is a standardized measure of the program's impact.

In this implementation, overall parenting confidence showed high levels of improvement following the FRP, with all confidence indices showing a large to moderate effect size. The largest effect was seen with an improvement in parenting confidence in disciplining children, which had an effect size of 0.81. The lowest effect size, caring for one's youngest child, was 0.5, considered a moderate effect size. Figure 2 provides more detail.

Figure 2



Emotional State

Levels of happiness, connection, self-esteem, satisfaction with family life, and depression all showed strong improvement after participants attended the program.

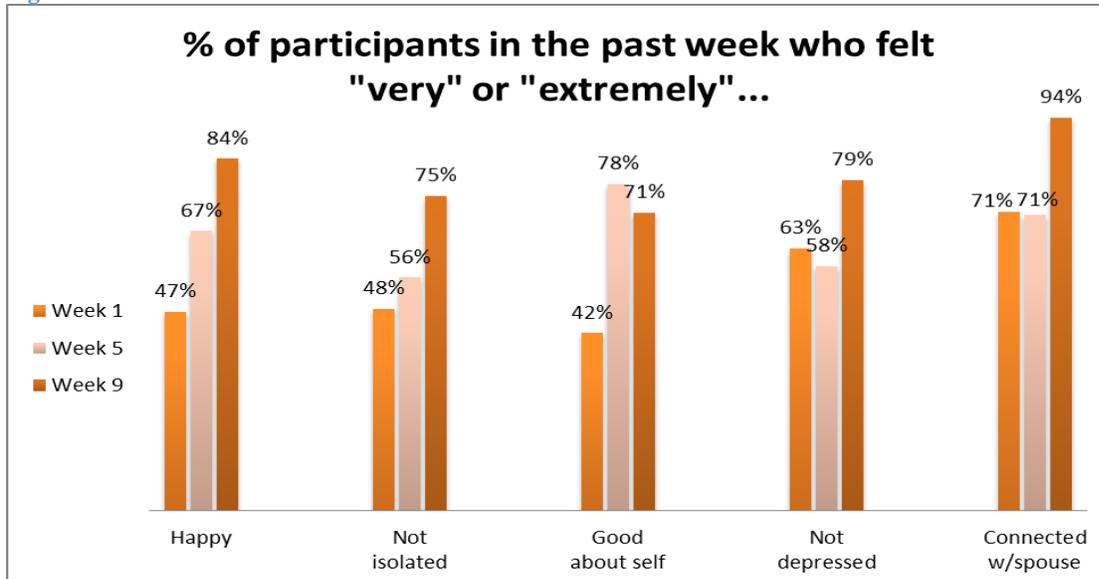
Highlights include:

- Less than half (47%) of parents indicated that they felt 'very' or 'extremely' happy at baseline, but by the end of the program, 84% of participants indicated that they felt 'very' or 'extremely' happy.
- From the first to last week, isolation showed a strong downward trend. The percentage of parents who indicated they felt 'very' or 'extremely' *not* isolated increased from 48% at baseline to 56% at midpoint to 75% at endpoint.
- Self-esteem increased from the first to last week, with only 42% of parents indicating that they felt 'very' or 'extremely' good about themselves during the first week, which increased to 71% by the last week.

Figure 3 provides more detail.

¹ For a further discussion of effect sizes and the evaluation of Abriendo Puertas in particular, see "Evaluation of Abriendo Puertas: Executive Summary" at <http://www.familiesinschools.org/wp-content/uploads/2011/11/AP-Evaluation-Summary.pdf>.

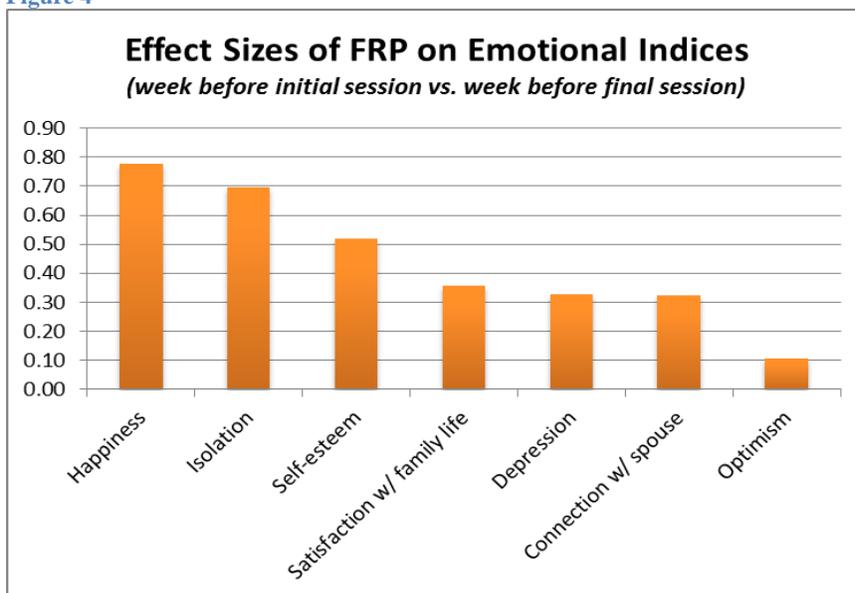
Figure 3



Emotional indices also showed a generally moderate to large effect size from the FRP. The most dramatic improvements were seen in happiness and isolation, with the FRP producing a large increase of 0.78 of a standard deviation in participant happiness, and a moderate to large increase of 0.69 of a standard deviation in isolation.

Figure 4 provides additional detail.

Figure 4



From this data, it is clear that the FRP produced a strong impact on participants across all three domains of content knowledge, parenting confidence, and emotional status.

Qualitative Results

In addition to the focus groups conducted after the fall and spring sessions, a number of parents provided written feedback for the groups, even though this feedback was not directly solicited. See Appendix A for one unsolicited letter written by a participant in the spring groups.

Highlights of the qualitative results include:

- Participants enjoyed attending the groups. As one facilitator said, “Many of the parents told me that they really appreciated the opportunity to have the program. They would say, ‘I would like to thank you, because now I feel confident speaking when before I felt nervous.’”
- Facilitators reported that the groups became so close that they felt like family. “They told me: now they don’t feel like they are strangers. They feel like a family.”
- The groups were not only impactful, they were also enjoyable: “We laughed so much in the group!” one facilitator reported.
- At the end of the groups, participants were asked what they believe has changed the most in their lives as a result of their participation. Many parents reported that they don’t yell as much, and that they’ve noticed their children don’t yell as much, either. Other parents reported that they’ve made concrete changes to improve their nutrition and that they’ve seen improved communication with their spouses.
- The sessions that participants enjoyed the most were nutrition, “I statements”, communication, and the session on goal setting (it was noted that within the goals session, in particular, parents were very motivated to learn about how to make sure that they can send their children to college).

All facilitators enjoyed facilitating the program and have expressed strong interest and enthusiasm to continue to facilitate groups in the FRP.

4. Summary

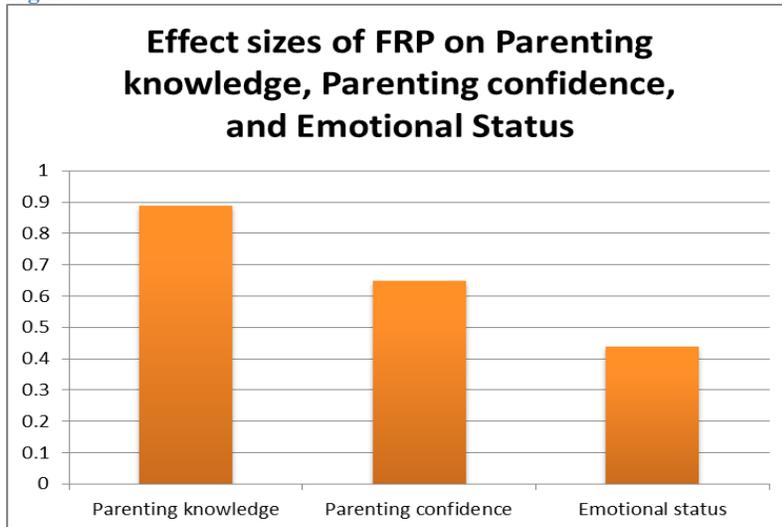
The program hypothesis was as follows:

“The Family Resiliency Program (FRP) for families with young children prenatal to age five will significantly increase parenting skills, coping skills, child developmental assets and family functioning and wellness. The outcomes sought by the FRP are: (1) improved parenting skills; (2) measurable alleviation of parental stress, anxiety and/or depression; (3) increased family-parent-child, resiliency; (4) self-sustainability of family support groups over time.”

We believe the quantitative and qualitative data favor a demonstrable increase in parenting skills, coping skills, and a measurable alleviation of parental stress, anxiety and depression.

The effect size of the program on parenting knowledge was 0.89, considered a very large effect. The program also improved parenting confidence with an effect size of 0.65 (a moderate to large effect) and emotional status with an effect size of 0.44 (a moderate effect; see Figure 5).

Figure 5



Of particular note in this data is the fact that the FRP improved confidence in overall parenting abilities by 0.65 of a standard deviation. Another evaluation of the impact of Abriendo Puertas in a similar population only showed an effect size of 0.48 on overall parenting confidence.² As the most significant difference between this previous implementation and the current FRP implementation was the inclusion of the Attitudinal Healing facilitation method in the FRP, this data suggests that the Attitudinal Healing facilitation method may present an advantage over other Abriendo Puertas implementation methods.

² See <http://www.familiesinschools.org/wp-content/uploads/2011/11/AP-Evaluation-Summary.pdf>

Appendix A

The following is an example of an unsolicited handwritten note from one of the participants in the spring groups.

“What I liked about Abriendo Puertas and what I learned”

I learned to have better communication and more patience with my children, to eat healthier, how to find other places that I can go for more information, and that it is never too late to do things today rather than put them off until tomorrow.

What I really liked about this fun class was that it motivated you to not be afraid to speak and participate in answering questions. [At first] I was very shy and was feeling very afraid to speak, making myself very nervous. The facilitators helped me to change this and to lose all of my fear. I felt that I was part of a family that had a lot of trust and gave me confidence. I hope that they continue to support us and keep giving us information about how we, as parents, can give a better future to our children. I hope that our dreams for our children to be the professionals of the future become reality. Thank you...for the information that we received.