

The Development of Family Resilience: Exploratory Investigation of a Resilience  
Program for Families Impacted by Chemical Dependency

by

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## Abstract

The purpose of this mixed methods study was to explore the development of family resilience among those who have completed *Celebrating Families! (CF!)*. Families with one or both parents with a chemical dependency problem are often referred to attend *CF!*. *CF!*, hosted by Santa Clara County social service agencies, is a program consisting of sixteen two-hour sessions that uses cognitive behavioral techniques to increase family resilience processes. While there is extensive research on successful outcomes of resilience-focused programs, limited empirical evidence exploring the developmental process of family resilience exists and how such programs can extend their success to help overcome future adversity. For the quantitative component, perceived levels of family resilience were measured. The qualitative, phenomenological component investigated how this family-based program contributes to the development of family resilience. A total of 9 participants were recruited by convenience via two agencies that conducted the *CF!* program: 6 parent participants and 3 key informants. Analysis included descriptive analysis for the survey data and content analysis for the qualitative data. Quantitative results found positive perceptions of family resilience across 5 domains: making meaning of adversity, positive outlook, connectedness, social and economic resources, and collaborative problem solving. Qualitative results found themes that supported strengths and barriers to the development of family resilience. While previous studies have found successful outcomes of family resilience, this study adds to it by suggesting program outcomes may vary in developmental stages, offering important implications in planning effective programs that strengthen the family's development of resilience.

## Introduction

The use of a family resilience model has been helpful in understanding and treating the wide range of problems stemming from a parent's chemical dependency. In 2005, the National Center on Addiction and Substance Abuse (CASA) reported that in the United States, "half of all children (35.6 million) live in a household where a parent or other adult uses tobacco, drinks heavily or uses illicit drugs" (2005). Living with a parent who is chemically dependent has been reported by numerous studies influencing various family system risk factors such as: children developing chemical dependency, family conflicts, child maltreatment, domestic violence, re-referral to child protective services, and children developing mental health problems (Arendt et al., 2007; Connell et al., 2007; CASA, 2005).

Through the process of targeting family risk factors, this has often skewed research to focus the blame on the parent which leads to a stereotype of "the family as hopelessly dysfunctional" (Walsh, 2002, p. 130), and ignoring strengths of the family system. In addition, while many studies have suggested the development of risk factors, Wolin and Wolin (1995) have argued that not all populations with higher risks lead to poorer outcomes and that some at-risk populations grow stronger than expected. There have been numerous successful outcomes showing stronger and healthier family interactions for families of a chemical dependent parent who have completed family resilience focused programs (Johnson, et al., 1998; Kumpfer, 1999). While there is extensive research on family resilience and successful family resilience focused program outcomes, there is very little empirical research exploring the developmental process of family resilience. The purpose of this quantitative and qualitative study will be a follow-

up exploratory evaluation on families that have completed *Celebrating Families! (CF!)* in order to examine specifically how family resilience develops.

*Relevance to Social Work*

In the area of social work practice, there are many gaps in providing substance abuse treatment services reported by child welfare workers who strive to unify and strengthen families (The National Center on Addiction and Substance Abuse at Columbia University, 1999). The gaps were outlined in the following areas of: lack of effective substance abuse screening and assessment practices, lack of timely access to appropriate substance abuse treatment and related services, few efforts to prevent or prepare for relapse, and others (The National Center on Addiction and Substance Abuse at Columbia University, 1999). Many policy changes by the National Association of Social Workers and Council on Social Work Education (CSWE) have begun to integrate social work training on dealing with these issues (National Association for Children of Alcoholics, 2005). In a series of collaborative meetings between social work leaders and the National Association for Children of Alcoholics, a set of social work core competencies were discussed involving more in-depth training for social workers (National Association for Children of Alcoholics, 2005). In addition, the CSWE discussed making policy changes towards incorporating more research and evidence-base practice in the area of parents with a chemical dependency (National Association for Children of Alcoholics, 2005). With research often setting the precedence for how practices and policies should be implemented for social workers working with families impacted by chemical dependency, there is limited research on family resilience. Most research covers identifying risk factors, which is counter productive to the values of the social work

profession of empowering, building autonomy of families, and a strength-base practice (Lietz, 2006).

Parents with a chemical dependency problem are a large social problem to which social workers, as acknowledged by the Substance Abuse and Mental Health Services Administration are critical systems of change agent in preventing substance abuse and increasing resilience in children (National Association for Children of Alcoholics, 2005). Social workers are employed in many places that provide interventions to families and children impacted by parents who are chemically dependent (National Association for Children of Alcoholics, 2005). In a 2004 report on the characteristics of the social work profession, social workers were employed in practice areas of: mental health (36.8%), child welfare/families (13.3%), health (12.9%), school social work (7.2%), adolescents (5.9%), and addictions (2.8%) (Center for Health Workforce Studies School of Public Health University at Albany, 2006).

While the numbers of social workers practicing in areas directly targeting addiction treatments are not as high compared to other areas of practice, social workers working in non addiction specific treatment practice areas may be still be providing services to many chemically addicted parents and their family members. This is due to the many studies reporting the widespread impact of parents with substance abuse problems in non addiction treatment specific settings (National Center of Addiction and Substance Abuse, 1999). For example, social workers working in schools, hospitals, and other community centers could be working with children of substance-abusing parents who are at greater risk for having problems with delinquency, poor school performance and emotional difficulties, such as aggressive behavior and bouts of hyperactivity, than

their peers whose parents do not abuse alcohol or drugs (Schneider Institute for Health Policy, 2001). In a national study on the impact of child welfare system and a parent with chemical dependency, nearly eighty percent of child welfare professionals cited substance abuse as a cause for most cases of child abuse and neglect (National Center of Addiction and Substance Abuse, 1999). The number of rising child abuse is causing problems to the foster care system, where an increase in the number of children are needed to be placed in foster care homes (National Center of Addiction and Substance Abuse, 1999). It was reported in 1995 that only one in four children were adopted, leaving many children without the support of a family environment (National Center of Addiction and Substance Abuse, 1999). It is estimated that the prevalence of fetal alcohol syndrome ranges from 0.2 to 1.5 per 1,000 live births throughout the United States (Center For Disease and Control, 2006). In 2001, more than 40 percent of separated or divorced women were married or lived with someone who had social, legal, medical, or other problems as a result to their alcohol consumption (Schneider Institute for Health Policy, 2001).

### Literature Review

#### *Resilience in Families Impacted by a Parent Who is Chemically Dependent*

#### *Resilience of Children*

Prior studies covering the resilience of children of a chemical dependent parent is very limited, mostly due to the overwhelming research on identifying the risks in children. One explanation for the development of resilience in children of alcoholics (COAs) has been that resilient COAs use a coping mechanism of internalizing problems to suppress risk factors (Carle & Chassin, 2004). This study as one of the few quantitative

longitudinal studies that consisted of a large sample of 216 COA and 201 non-COA and ages 11-17 found no difference between COAs and non-COAs for coping mechanism of internalizing problems (Carle & Chassin, 2004). As to their contradictory results, the authors point out that the research literature appears to be split in agreement between the possible relationship between coping mechanism of internalizing problems and resilience (Carle & Chassin, 2004). A second quantitative study looked at a sample of 91 children of injection drug users and found that resilient children use less maladaptive coping strategies such as internalizing and externalizing avoidance than non-resilient children (Pilowsky, Zybert, Vlahov, 2004).

### *Resilience of Parents*

In the development of resilience for parents who are working towards goals of recovery, no research has looked at how parents might overcome the various issues of unemployment, rebuilding parent-child relationships, and other environmental adversities. One area of research that has shown positive outcomes has been through providing protective factors on training of parenting skills for chemically dependent parents (Kumpfer, Alvarado, & Whiteside, 2003). In comparing a control and experimental group of 144 methadone-treated parents who were given parental training in addition to substance abuse treatment, significant positive outcomes were found (Catalano et al., 1999). Parents who were given parental training were found to have less household boundaries and domestic conflict (Catalano et al., 1999). Another research finding is that parents in family resilience programs have been found to be more likely employed full-time or enrolled in educational or vocational trainings than the control group (Kantor, 2006).

*Resilience of The Family System*

There is growing evidence that supports the need to address the impact of a chemical dependent parent on the family system (Kantor, 2006). Studies have shown that family-focused programs that model healthy family behaviors such as spending dinner together, healthy communications, and relationships lead to greater levels of family resilience against the impacts of parental substance abuse (CASA, 2005). In addition, many studies evaluating family-based treatments have shown greater outcomes in comparison to other substance abuse prevention and treatment programs (Kumpfer, Alvarado, & Whiteside, 2003). *Celebrating Families! (CF!)* program is one program hosted by various Santa Clara County social service agencies where they run a sixteen two-hour sessions curriculum that uses cognitive behavioral techniques to model healthy family functioning in order to increase family resilience in families. One example is each *CF!* session begins with a family healthy dinner to promote family cohesion and bonds. Evaluation reports on *CF!* have shown increased family knowledge of chemical dependency, increased levels of family communications and interactions, and positive outlook towards improving family relationships between parents and children (The Center for Applied Local Research, 2005).

*Family Resilience Theory*

Family resilience theory has been used to explain the processes of many different subsystems of a family and interrelated systems to the family that aid in their overcoming a family problem or stressor. One widely cited theory is Froma Walsh's family resilience model (Walsh, 2002; 2003; 1996). Walsh defines family resilience as more than just the usual resilience definition of overcoming adversity, but "the potential for personal and

relational transformation and growth that can be forged out of adversity” (Walsh, 2002, p. 130). This family process of an evolving system that encounters transformation and growth is explained by the use of an ecological and developmental perspective (Walsh, 2002). The ecological perspective is used to describe how the family is adapting and coping at different levels, ranging from individual family members to how the family as a whole may help the individual family member (Walsh, 2002). In addition to the ecological and developmental perspective, family systems theory includes family functioning impacted by life cycle stages and unresolved generational issues related to particular stages that may create the context for stressors (Walsh, 2002). For example, Walsh (2002) describes a woman who carries the fears of losing her husband due to her past experiences of losing her father may contribute to a ripple effect of stressors that result in stopping the family from functioning smoothly and progressing through its life stages. The developmental stages of Walsh’s model have not been explored in the research literature.

There are limited studies testing Walsh’s family resilience theory and creating constructs to measure it. One of the few studies consisted of a sample of 418 adults, ages 16 to 77, 37% had earned a bachelors degree, 86% Caucasian, and majority of the sample had self-identified as experiencing a highly intense adverse situation in their families (Sixbey, 2002). The study found clustering for six constructs of family resilience, which consisted of: ability to making meaning of adversity, family spirituality, family connectedness, making a positive outlook, utilizing social and economic resources, and family communication and problem solving (Sixbey, 2002). Another study that included a sample of 341 United States and 333 Canadian families of a parent and child, examined

a similar cluster analysis and found similar support of Walsh's family resilience concepts of family beliefs, organizational patterns, and communication processes leading to development of family resilience (Coyle, 2005). The limitations of these studies is that none has explored what is contributing to the development in each of Walsh's family resilience components and how might family resilience programs aid in the process.

### *Components of Family Resilience Process*

In conceptualizing the family resilience process, Walsh created a theoretical framework that consists of three main family functioning domains and their sub-domains: (1) family belief systems (making meaning of adversity, positive outlook, transcendence and spirituality), (2) organizational patterns (flexibility, connectedness, and social and economic resources), and (3) communication processes (clarity, open emotional sharing, and collaborative problem solving) (Walsh, 2002). Furthermore, I will discuss research literature highlighting each sub-domain of the family resilience process.

### *Belief System*

*Making meaning of adversity.* In the research literature on family resilience, there is no quantitative research found on the relationship between making meaning of adversity and families with a parent who is chemically dependent. There was only one qualitative study found that examined the theme of making meaning of adversity. The study used a non-random sample of 175 parents with children who have autism and found common themes of this process is described as the family putting the crisis in a meaningful family context, where the crisis is part of a growing process in the family life cycle (Walsh, 2003). Furthermore, it allows the family to normalize the feelings and emotions from the encountered challenges and stressors with a sense of understanding

and acceptance (Walsh, 2003). A second component of this process is the shared belief that as a family they will unite to overcome adversity (Walsh, 2003). A third component is the sense of coherence, where there is an understanding among the family members that they have the necessary resources to overcome the adversity (Walsh, 2003). A fourth component is creating casual explanations for the way the situation occurred and in which the situation appeared ambiguous and daunting (Walsh, 2003). For children of substance users, the experience of seeing the consequences of their parent's addiction can lead to the children developing a valued system that they wish to never end up like their parents or increased behaviors of saying no to substance use from peers (Moe, Johnson, & Wade, 2007).

*Positive outlook.* In the research literature on family resilience, there is limited research on the relationship between positive outlook and families with a parent who is chemically dependent. One 9-month prospective study that looked at the resilience of 192 inner-city adolescents found having higher levels of positive expectations led to lower levels of problem behaviors, peer negative influences, higher levels of school involvement, social support, and internal resources (Dubow, Arnett, Smith, & Ippolito, 2001). The overall family process for positive outlook is the belief of hope, that a positive future is possible (Walsh, 2003). Walsh cites from Seligman's (1990, cited in Walsh, 2003) findings on learned helplessness, that for families to have a sense of hope, they must have encounters of success and a supportive environment. In addition to the hope, there must be a perceived optimistic bias that despite all the odds against them, there are some few odds in their favor that suggests a positive future (Walsh, 2003). Also there needs to be a sense of confidence through the understanding drawing on the family's

strengths (Walsh, 2003). A second component is that the family shows initiative and perseverance through the belief and efforts of progressing through the adversity (Walsh, 2003). Thus, a “we can do it” spirit is developed and promotes growth in the beliefs of confidence and competence (Walsh, 2003). A third component is accepting the things that cannot be changed and making the best of the situation (Walsh, 2003). Children of substance users were found to find the resilience of believing in positive things and doing positive behaviors, because they began to understand they were not limited to only negative choices in life (Moe, Johnson, & Wade, 2007).

*Transcendence and spirituality.* There are limited quantitative studies looking at the transcendence and spirituality process in families with a chemically dependent parent. The processes of transcendence and spirituality focus on the practice of religious and cultural traditions to create a shared meaning and purpose beyond the family and adversities faced by (Walsh, 2003). One component is a process of transformation, where the crisis may empower the family to rise to a higher functioning level or create a new awareness for purpose (Walsh, 2003). This is an important process, where many studies have found the power of believing in something greater than themselves is key to overcoming various adversities. One study found that the belief of God allowed them to make sense of their losses and shed light on their shadowed strengths (Lietz, 2007). Another qualitative study found that nearly 80 percent of the 25 participating families discussed a common theme of having a spiritual or religious belief system in assisting them to cope with a death in the family (Greeff & Joubert, 2007).

*Organizational Patterns*

*Connectedness.* The processes of connectedness involve the sense that family members share feelings and actions of mutual support, collaboration, and commitment to stay together through the adversity (Walsh, 2003). Another important component of connectedness is boundaries where family members respect each member's own needs and differences (Walsh, 2003). This is an important theme that is seen across many studies addressing the attachment issues in COAs (Kroll & Taylor, 2000). Children may also lose a sense of connectedness where they have experienced constant moments of parent abandonment and never returning due to their parent's chemically addictive behaviors, and lead to feelings of abandonment (Kroll, 2004). The strengthening of the parent child relationship may lead to the child feeling more comfortable to seek help when needed for future adversities.

*Social and economic resources.* The processes of social and economic resources are where the family accesses various social networks such as mentors and role models and financial resources such as employment or affordable healthcare services (Walsh, 2003). The social network may involve connecting relationships to community resources such as faith-based congregations, support groups, or community-based organizations (Walsh, 2003). One new finding contrasted to other family resilience studies was the theme of families helping others through various support groups (Lietz, 2007). The unique findings suggest that families when first encountering adversity may seek outside support, but learn to recognize family strengths in the process of helping others (Lietz, 2007). Another study found it was important for children of parents with chemical dependency to have a sense there was someone they could turn to for support other than

family (Moe, Johnson, & Wade, 2007). The sense of support from others helped the children overcome isolating feelings and overcome adversity.

### *Communication Processes*

*Collaborative problem solving.* There are limited mixed design studies on the collaborative problem solving process in families with a parent who has chemical dependency. In one quantitative study that surveyed 49 parent and children, the study found that increased family decision-making processes mediated the impact of a child who has a disability (Giallo & Gavidia-Payne, 2006). The process of communicating collaborative problem solving involves family members to work beyond conflicts and foster fair and shared decision processes (Walsh, 2003). One component is where the family shifts to more goal-driven process and changes from crisis-reactive mode to proactive mode (Walsh, 2003).

*Clarity.* There is limited quantitative research on the family resilience process of communicating clarity in families with a parent who is chemically dependent. In Kroll's qualitative examination of past research on families impacted by a parent with chemical dependency, Kroll found a common theme of engrained code of secrecy that impacts the communications (Kroll, 2004). This code of secrecy leads to themes children developing suppression coping mechanisms and eventually engaging in substance using as unhealthy coping mechanisms (Kroll, 2004). The process of clarity in communications involves that information is completely conveyed in appropriate sensitive ways to each family member (Walsh, 2003). For example, parents might desire to avoid family members from hearing certain threatening topics. By withholding certain information, it may create a sense of denial, stigma, which can prevent healing to occur (Walsh, 2003). Thus clarity in this

situation might involve parents creating an inviting atmosphere for open dialogue with family members to discuss any questions on a certain issue (Walsh, 2003). One study found that children knowing about their parent's addiction provided knowledge for them to be prepared for future situations such as a friend who offers a cigarette (Moe et al., 2007).

*Open emotional sharing.* There is limited quantitative research looking at the open emotional sharing process contributing to family resilience in families who have a parent who is chemically dependent. One qualitative study that looked at 15 Israeli women who had experienced some recent family crisis, found they all talked about how interpersonal relationships in the family involved ways to express painful emotions regarding the past event (Cohen, Slonim, Finzi, Leichtentritt, 2002). Families that were described as having low resilience often described processes of having struggles expressing emotions (Cohen et al., 2002). Walsh describes the process of emotional sharing as a way for families to develop trust, empathy, and a tolerance for differences when each family member might be impacted differently from the crisis (Walsh, 2003). Furthermore, Walsh explains children might try to help to stimulate emotional sharing when parents and other family member may be suppressing (Walsh, 2003).

### *Research Questions*

The purpose of this mixed methods study was to explore the development of family resilience among those who have completed *CF!*. For the quantitative component, perceived levels of family resilience were measured. The qualitative component investigated how this family-based program contributes to the development of family resilience. Themes examined Walsh's theoretical framework of: three family functioning

domains and sub-domains: family belief systems (making meaning of adversity, positive outlook, transcendence and spirituality), organizational patterns (flexibility, connectedness, and social and economic resources), and communication processes (clarity, open emotional sharing, and collaborative problem solving) (Walsh, 2002).

## Method

### *Research Design and Sample*

The mixed design involved a total of 9 participants who were recruited by convenience via two agencies that conducted the *CF!* program: 6 parent participants and 3 key informants. Out of the parent participants, there was only one parent who participated in the quantitative component and another parent who only participated in the qualitative component. For the quantitative component, a survey assessing domains of family resilience was completed by a subset of 5 parents from different families, ages 25 to 49 years old ( $M= 29$ ,  $SD=15.3$ ). For the qualitative component, a subset of 5 parents participated in a 30-minute, semi-structured interview: 1 in-person and 4 via phone. The range of family problems described by the parents consisted of: helping a daughter make the decision to go back to school, helping a grandson cope with behavioral problems, changing living environments from transitional housing unit to parent's house, and regaining custody of a daughter. In addition to assessing parent participant's perceptions, a subset sample of three key informants who were past group facilitators of *CF!* sessions participated in a separate individual semi-structured phone interview and was given a one page demographic questionnaire. The group facilitators all self-identified as being a Caucasian female and with an average age of 46 years old, and standard deviation of 13.9. All group facilitators facilitated three different 16-week cycles, and two of them

taught only the parent group, and one taught both the parent and children group. One group facilitator had a master of counseling degree and the other two had a bachelor degree.

### *Study Site*

All family focus groups occurred at two different non-profit agency sites in Santa Clara County that are original sites for past *CF!* events. The rooms were large and spacious, and arranged with couches and chairs so that family members could sit in a circle. The key informant interviews were held at each agency site in their offices. Phone interviews took place from interviewer's home via participant's homes and key informant's offices.

### *Variables and Measures*

#### *Demographics*

For the quantitative component, the demographic survey given to parents (see Appendix C) consisted of 14 total demographic variables comprising of six variables from open-ended questions: age, number of children live with, number of biological children, ages of children, number of hours work per week, and who lives in household. Eight variables were from closed-ended questions: marital status, family social economic status, gender, ethnicity, language spoken at home, parenting status, current parenting status, educational level, and current living situation. There were five variables created from close ended questions regarding frequency of *CF!* activities that taught to increase family resilience: amount of family time, number of acts of kindness, number of WOW (wonder of the world) moments, number of family meditations, and number of times attending Al-Anon meetings. Acts of kindness is defined as doing something for someone

that is not something asked by them. WOW moments are defined as experiencing awareness of being part of something larger than oneself. Family time is defined as time spent with children and parents. The qualitative and quantitative questions used for parent participants were given to *CF!* staff to review for face validity. Key informants were given a demographic survey (see appendix E) that composed of one variable that was opened-ended: age, and five variables that were from closed-ended questions: ethnicity, gender, level of education, number of *CF!* sessions facilitated, and age of groups facilitated.

### *Family Resilience.*

The family resilience survey (see appendix D) came from Sixbey's (2005) study on developing a measurement for Walsh's family resilience theory (2002). The measurement consisted of closed-ended questions that participants rated level of perceived agreement or disagreement for a given family resilience value statement. There were a total of 7 levels: three levels of agreement (i.e. strongly agree, agree, and moderately agree), undecided, and three levels of disagreement (i.e. strongly disagree, disagree, and moderately disagree). Sixbey found six constructs of family resilience with an overall alpha level of 0.96 and composed of belief system: making meaning of adversity: ( $\alpha = 0.96$ ), belief system: positive outlook ( $\alpha = 0.86$ ), belief system: transcendence and spirituality ( $\alpha = 0.88$ ), organizational patterns: connectedness ( $\alpha = 0.70$ ), organizational patterns: social & economic resources: ( $\alpha = 0.85$ ), communication processes: collaborative problem solving ( $\alpha = 0.96$ ). For each family resilience sub-domain, a mean score was calculated by coding: strongly agree as 1, agree as 2, moderately agree as 3, undecided as 4, moderately disagree as 5, and disagree as 6, and

strongly disagree as 7. Since there was a low difference in severity of agreement and disagreement, the scores were collapsed into a single agreement, single undecided, and single disagreement. Sixbey's (2005) measurement originally had 28 questions about family communication and problem solving, eight utilizing social and economic resources, six maintaining a positive outlook, six family connectedness, four family spirituality, and three ability to make meaning of adversity. In order to reduce time required by the original survey, I condensed the final survey into having 16 questions about family communication and problem solving, three utilizing social and economic resources, three maintaining a positive outlook, three family connectedness, two family spirituality, and three ability to make meaning of adversity. The instrument was given to past *CF!* facilitators to examine for face validity.

### *Themes*

For the qualitative component, the semi-structured family focus group (see Appendix A) consisted of asking questions around eight family resilience themes that were based from Walsh's family resilience model: belief system: making meaning of adversity, belief system: positive outlook, belief system: transcendence and spirituality, organizational patterns: connectedness, organizational patterns: social & economic resources, communication processes: collaborative problem solving, communication processes: clarity, communication processes: emotional sharing. For the key informant interviews (see Appendix B), similar eight family resilience themes were asked about their perceptions of family resilience. The consistencies of the interview were maintained by a pre-written semi-structured list of questions. The verification of the participant's

response was addressed through member checks and reflexive communications by repeating responses and confirming accuracy with participants.

### *Human Subjects Considerations*

Prior to participating, all participants were given a consent form and children under the age of 18 were required to have their parents fill out a child consent. All participants were asked on the consent form if they gave permission to be recorded. Confidentiality was maintained by not using identifiable information in the research report. Identification numbers only known to the investigator were used to organize data. All questionnaires and information collected were kept confidential and kept at the investigator's home. Upon completion of the research project, questionnaires and interview transcripts were destroyed. Prior to any data collection, this research project was approved by San Jose State University's Institutional Review Board.

### *Procedures*

All prospective participants were sent a mailed letter from their hosted *CF!* agency that included an introductory letter describing this project signed by their hosted *CF!* agency, voluntary demographic and family resilience survey, and a release of contact information letter to allow permission for the investigator to contact the family for an interview. The prospective families attended one of the four scheduled *CF!* reunion dinner focus group meetings hosted at the agency site. A voluntary free dinner was provided prior to the interview. A consent form and child consent form was given to each participant and asked to read and sign if agree to consent. Participants were given a copy of consent if requested. The consent asked participants if they agreed to be audio recorded. If parents forget to complete their surveys and desired to complete one,

additional surveys were given. The surveys estimated to take 15 minutes for completion. Due to low turn-out, only one parent participated in the focus group and the remaining parents were interviewed via phone and gave verbal consent.

For the qualitative section, using a semi-structured interview guide, families were asked to discuss their family resilience, which took 20 minutes. Participants were given a handout listing various *CF!* skills and activities to help the participants recall any *CF!* activities or skills they learned or experienced that might be relevant to a specific family resilience theme. Participants were given the option to withdraw at any time. On separate occasions from the *CF!* focus groups, key informants composed of past *CF!* group facilitators were individually interviewed on their perceptions of the development of family resilience using a semi-structured interview guide and took 20 minutes to complete. A 5 minute demographic questionnaire was given to key informants.

#### *Analysis of Data*

Univariate analysis was conducted using SPSS version 13 to examine perceived levels of family resilience *CF!* parent participants across the 6 sub-domains: making meaning of adversity, positive outlook, connectedness, social and economic resources, collaborative problem solving, and transcendence and spirituality.

In the qualitative analysis, since the purpose of this study was to evaluate the family resilience process, sub-themes for each sub-domain from Walsh's family resilience theory were drawn from the key informant interviews as to represent the beginning stages of the development of family resilience in *CF!* participants. These sub-themes were constructed first from individually identifying subthemes in each key-informants interview. The sub-themes were divided into themes that encourage and

challenge the family resilience process. The sub-themes were examined for any overlapping themes that could be combined. For each *CF!* participant's interview, themes that matched the key informant sub-themes were coded as a match. Themes not a match were coded as new themes not found as part of key informant sub-themes. Themes assessed family resilience processes and its stages of development, and thematic differences between key informants and *CF!* participants.

### Quantitative Results and Discussion

#### *CF! Perception of Family Resilience*

In Table 1, the majority of parents had a level of agreement on perceiving the family resilience process of family communication and problem solving with a mean subscore of 2.08 (SD= .817). Similarly, most parents had some level of agreement on perceiving the family resilience process of utilizing social and economic resources with a mean subscore of 2.78 (SD= 1.00), ability to make meaning out of adversity with a mean of subscore of 1.67 (SD=.623), family connectedness with a mean subscore of 2.40 (SD=.894), and maintaining a positive outlook. Most parents were close to undecided on perceiving the family resilience process of family spirituality with a mean score of 3.73 (SD=.830).

Results from the quantitative component found positive perceptions of family resilience across 5 domains: making meaning of adversity, positive outlook, connectedness, social and economic resources, and collaborative problem solving. While the majority of participants agreed in social resources family resilience process, there was a split in response for the question asking neighbors for help and assistance. This result may suggest a multiple number of influencing variables, such as cultural barriers, area

has a high relocation rate, or no trust in neighborhood environment. Future studies should look at the relationship between these social resources and surrounding environment in order to examine the true impact on family resilience. Overall, across the different family resilience constructs, most families agreed on perceptions that the family is working together on dealing with problems through a trusting relationship that works on communicating, developing an outside support system, hope to overcome, and a sense of meaning when working together. Negative perceptions were found for the transcendence and spirituality family resilience domain. *CF!* participants showed a split percentage between agreement and disagreement on the family resilience process of spirituality, showed a split percentage between 60% agreeing and 40% disagreeing on attending church/mosque/synagogue service, and 60% agreeing and 40% disagreeing they sought advice from a religious advisor. The transcendence and spirituality results might be related to the limitation that the question on the survey only reflected participating in religious activities, in contrast that some people might still have spiritual belief system but not through participation of organized religion.

#### Qualitative Results: Development of Family Resilience Between Key Informants and Parent Participants

For the qualitative component, the results were broken down into Walsh's three main family functioning domains and their sub-domains: (1) family belief systems (making meaning of adversity, positive outlook, transcendence and spirituality), (2) organizational patterns (flexibility, connectedness, and social and economic resources), and (3) communication processes (clarity, open emotional sharing, and collaborative

problem solving) (Walsh, 2002). A discussion on the implications and recommendations of the qualitative results are to follow.

### *Belief System*

#### *Making Meaning of Adversity*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of making meaning of adversity consisted of: reframing skills, building the family as a unit, children as a sense of motivation, substance abuse as a family disease, processing shame and blame, learning to communicate difficult emotions, and standing up against tough people. The most common theme identified as helping the family resilience process was reframing. The theme of reframing was used to describe how families would learn to reframe the chaos caused by the substance abuse and how families might create a more positive perspective. Furthermore, the process in this area allowed the opportunity to add a sense of healing for each family member who might be impacted through domestic violence or being placed in a foster family. In the end, it helped families gain a meaning that this cycle of abuse does not need to continue as a downward spiral, and that families can become strong and resilient from the substance abuse. Themes identified as challenges to the family resilience process were: getting the family to attend together, overwhelming family history of guilt and shame, commitment to consistently attend, and parents early in recovery stage. The most common theme that was a challenge to the family resilience process was *CF!* participants who were early in their recovery stage.

*CF! Participants.* The most common theme identified as helping the family resilience process was building the family as a unit. One parent described building the

family as a unit by the process that everyone in the family has a different perspective on caring for each other and everyone must learn to help make the outcome better. Another parent described how the event taught her that she wasn't ready to be independent from the family and she still needed to grow with her immediate family. Furthermore, the parent explained she had to learn that her father's Middle Eastern culture often expressed shame towards the daughter's past behaviors, but still there were areas of love and family connection that created the importance of family meaning. Two new themes were created: moving forward and being patient.

### *Positive Outlook*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of having a positive outlook as part of their belief system were: working as a family, sense of trust, goal setting, reframing, critically thinking, and sorting out feelings. The most common theme identified as helping the family resilience process was working as a family. This process was described that despite the fragmented family structure of families participating in *CF!*, such as having a child in a foster family, they can all come together to become accepted as a family. Another key informant described the process as families learning to identify protective factors in the family and how to grow from them. Only one theme was identified as a challenge to the family resilience process, which was a sense of hopelessness.

*CF! Participants.* There were two equally dominant themes identified as helping the family resilience process which were working as a family and reframing. One family described working as a family as that once they exposed the conflict and everyone was able to talk about it, that everyone in the family became more hopeful and energized. A

second parent described the reframing process as that there were a place that the parent walks by that reminds her of how her situation could have ended up worse than it is.

Another parent believes she is still struggling to get an education at a later stage in life than her friends and family, but she is still capable of making something positive out of her life.

### *Transcendence and Spirituality*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of having a transcendence and spirituality as part of their belief system were: a sense of higher power, wonders of the world where they find something that takes their breath away, serenity prayer, trusting the group process, meditation, and acts of kindness where they were asked to think of an act of kindness they did to someone. The most common theme identified as helping the family resilience process was taking part in the serenity prayer. The theme of a serenity prayer is described as a surrendering process that allows them to begin to trust others. Another key informant described this process as learning about what things a family can and can't let go. Themes identified as challenges to the family resilience process were sensitivity towards anything related to religion and having feelings of anger with a higher power. Both challenging themes were of equal importance.

*CF! Participants.* There were very few spiritual and transcendence themes that parents reported during the interviews. The most common theme identified as helping the family resilience process was a sense of higher power. This process was described as learning there was a sense of hope that the family was able to overcome the situation.

Another family described it as learning to have discussions around a higher power with their children. One new theme created was building faith.

### *Organizational Patterns*

#### *Connectedness*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of connectedness: reframing skills, removing guilt/shame, process of developing healthy and unhealthy relationships, using family members as knowledge to offer for support, acts of kindness which is helping others, communicating feelings to each other, and working as a family unit. The most common theme identified as helping the family resilience process was developing healthy and unhealthy relationships. This process was described as through teaching about the impact of addiction from the chemical dependent parent and leading up to creating barriers towards developing healthy supportive relationships from others. As families began to separate blame and guilt issues related to addiction and parenting, it would allow families to begin to seek out healthy relationships to others. Themes identified as challenges to the family resilience process were avoidance and having a poor support system. Both challenging themes were of equal importance.

*CF! Participants.* The most common theme identified as helping the family resilience process was working as a family unit. One family described the process that as the mother struggled to not have full custody of her child; the purpose of struggling through the family problem would lead to regaining that family unit. Another family described the process as how the problem allowed her to face more interactions with her

daughter, where in the past, the daughter's relationship was often shadowed by her siblings. Three new themes were created: family boundaries, maturity, and giving space.

*Social and Economic Resources*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of connectedness: developing healthy and unhealthy support, developing a support system, and willingness to learn new things. The most common theme identified as helping the family resilience process was developing a support system. This process was explained by how the curriculum taught *CF!* participants to identify safe people who they might turn to if they need assistance. Themes identified as challenges to the family resilience process were high cost of living and finding a support system of only sober people. Another key informant described the limitation that while the program didn't teach *CF!* participants how to seek out economic resources, the curriculum taught families how to develop the process of seeking out people for emergencies or for support. The most common challenging theme was finding a support system of only sober people.

*CF! Participants.* The most common theme identified as helping the family resilience process was developing a support system. One family described that while she didn't have a close support system within her family; it forced her to reach out to long distance mother. In addition, by seeking support through 12-step meetings, it led her to finding support in helping her find a new job. Another family described the process of seeking out professional assistance to aid in helping to treat the grandson's behavioral problems. One new theme was created, trusting new resources.

### *Collaborative Problem Solving*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of connectedness: identifying framework to deal with issues, improving communications, working on problems as a family, and trying new ways of seeing an issue. The most common theme identified as helping the family resilience process was teaching a framework on how to deal with issues. One key informant described the process as a major strength of the program where after several sessions through families learning a new culture of setting boundaries, communicating, and setting rules, it allowed families to begin developing a new perspective on dealing with challenging situations. Another key informant described the process, through teaching families new communications skills and about healthy relationships, which adds to the support of teaching families to be a family when faced with a conflict. The only themes identified as a challenge to the family resilience process was learning how to break old ways of handling problems.

*CF! Participants.* The most common theme identified as helping the family resilience process was working on problems as a family. Many families described a family culture where the process showed strengths of allowing everyone in the family a chance to give input to the problem and what the best solution might be to benefit the whole family.

### *Clarity*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of clarity: age appropriate communications, communicating emotions clearly, slow change process in family, and learning to wait and

watch situation. The most common theme identified as helping the family resilience process was communicating emotions clearly. This process was described through teaching families to take responsibility when they are feeling difficult emotions such as anger or frustration and to express them saying, “I’m feeling frustrated and I need help with these issues, versus “You are really making me feel angry and you need to help me more.” Another key informant described it that as families increase their communications skills, they begin to understand situations more and respond better to the situation. The only themes identified as a challenge to the family resilience process trouble with memory.

*CF! Participants.* The most common theme identified as helping the family resilience process was learning to wait and watch the situation. One parent described the process as that her daughter knew the answers to her issue on whether to go back to school or not, but she had to learn through self-reflection on the process of seeing herself struggle through late nights of work.

#### *Open Emotional Sharing*

*Key Informants.* Sub-themes that key informants discussed as ways of encouraging the family resilience process of connectedness: talking about sensitive topics, safe group environment, showing emotions to other, and working on exposing painful emotions. The most common theme identified as helping the family resilience process was creating a safe group environment. This was described through how families felt a sense of safety which often created an environment of positive emotions such as loving and tenderness for each other. Also because children were with their moms, the children felt a sense of excitement because they could trust the environment to have their

own space. The only themes identified as a challenge to the family resilience process was dealing with past trauma.

*CF! Participants.* The most common theme identified as helping the family resilience process was listening to children's emotion, which was a new theme created. A second new theme created was talking at the proper tone. One mother explained how the process taught her the key meaning of resilience:

I could be angry at her and she could be crying. But she could be crying and I'm angry at her and in a second she's angry at me and in a second she could be happy like everything is perfect.

Another mother described the process as how the problem led her to seeing how it negatively impacted her relationship with her daughter and motivated her to go to school instead of working.

#### Other Challenges

One family that refused to complete the open-ended interview explained a limitation about the program where they did not feel it was helpful because they felt they were being forced by the justice system to attend an after-care treatment program in order to reduce the risk of relapse. One of the challenging themes discussed by the key informants is that resistance of families in early recovery might lead to difficulties for families learning to create a belief system of making meaning out of adversity. Another important theme that a key informant mentioned is that the level of motivation to attend such a program and work on rebuilding a family unit has huge impact on the willingness of the families to participate and work on the different areas of family resilience. This can be challenging for families that might have large resistance of wanting to come together

and rebuild as a family. One key informant described this process of building resilience as how it can either shut down or open up a family.

#### Implications and Recommendations for Development of Family Resilience Programs

The limitations of using a non-random sampling method for recruitment may lead to only highly motivated or interested families being interviewed. The strengths of the results still remain for many families, where the results offer a case-study exploring how family resilience might develop in a particular situation. In addition, while participants might answer in a selective bias to the quantitative study, the use of a qualitative interview allowed the results to dig deeper into what the underlying processes to how family resilience develops. The use of a mixed design and different participating perspectives compensated the selective bias limitation by presenting the results in three different perspectives. Also, the sampling methods present the limitations to many family resilience studies that only use an outcome analysis. Utilizing qualitative methods allows policy makers and researchers to explore a more in-depth understanding of the costs and benefits of a family resilience program. Overall, family perceptions from the quantitative survey appear to agree with the stories from the qualitative interviews, where most families showed the development of family resilience as through the development of a sense of working as a family system.

The limitations of our sampling methods also present many recommendations for future studies that are faced with the difficulties of recruiting families. By utilizing a mixed study to increase a wide spectrum of collected information, the method of design can help strengthen a limited sample size that balances the strengths and weaknesses of outcome and process program evaluations. Furthermore, the difficulties of recruiting

parents were often related to availability and that parent's pay as you go cell phones were frequently being expired. Also families were often moving because of a change of job or did not have a permanent residence. All of these limitations to our methodology lead to the interviews being conducted via phone, which significantly improved our sample size. Lastly, the limitations of the number of questions and instruments used had to be compromised to accommodate the limited amount of time parent participants had. This is an important consideration in being sensitive to a population's background.

The findings of a perceptual disagreement and low number of themes for the transcendence and spirituality family resilience process suggest an area of challenge that families might encounter. In addition, these implications may also suggest a religious or spiritual cultural component that may vary by stage in life, influence of religion or spirituality through peers or other social interactions. These implications may also suggest families may not need this area to develop family resilience. Future studies should explore the longitudinal impacts for the development of family resilience and the extent that areas such as spirituality and transcendence are as continuous as other family resilience processes.

While there are limitations to the small number of participants and the extent that their different family problems can be generalized to the greater population, the findings are important for family resilience program planners. The various results of parents describing the developing family resilience process is a critical finding because many of the participating parents came from the family context of experiencing an adverse event of a parent impacted by chemical dependency. As mentioned earlier, the rising child abuse and increasing number of children not having a supportive family to be placed in

suggests the need for more preventive measures to increase families able to become resilient (National Center of Addiction and Substance Abuse, 1999). Furthermore, with children at greater risk for developing mental health, behavioral, and physiological problems due to the impact of a parent who is chemically dependent, it is important for social workers and other providers to look at the family strengths and family resilience processes that can help adapt to the increasing need of the child (National Center of Addiction and Substance Abuse, 1999). Support for family resilience programs has been reported numerously by Karol Kumer's study (2003), where she has found greater outcomes scores on family resilience programs than other individual treatment programs. Overall, the main point of the study's findings is that while the study did not address the many risk factors of the impact of a parent who was chemically dependent, the findings support the possibility of families becoming stronger and more resilient after they have completed these family resilience programs and are facing new family problems.

Despite limitations of only interviewing one member of each family, the study has shown there is strength in how the parent might choose to set the direction of the family in areas of family resilience processes. In addition, many times social workers may only be able to work with one family member, which the study's findings suggest areas that providers might choose to strengthen and contribute to increasing the family resilience. The study's findings from the perspective of key informants add hope to providers who often do not know the future outcomes of clients after completing a program. In addition, while key informants suggested challenges to families developing family resilience, many families did not express many challenges in areas of the family resilience processes. Lastly, while there were not any common themes that families and key

informants identified as the most important in contributing to the areas of family resilience, these results suggest different developmental stages of family resilience. Through attending a family resilience program, key informants highlight areas that may be impacted by the parent's chemical dependency to begin to promote family resilience development. After families have completed the program, families may begin to incorporate an area of family resilience that coincide more as working as a family together, as opposed to dealing with the impacts of chemical dependency. Future longitudinal studies need to explore the range of any additional developmental stages of family resilience.

Lastly, the limitations of generalizing the different range of problems the parent participants discussed suggest how families at different family life stages might be using different processes of family resilience. This finding is an important consideration for family resilience programs to consider in planning the most effective time to assist a family. It also is important for family court judges, social workers, and other professionals who must make decisions on how to strengthen the families impacted by a parent with chemical dependency.

#### Implications for Social Work Profession

The need for increasing family resilience that begin to encourage families to become more independent from using social services is needed to help social workers in decreasing their large caseloads. As shown across the social services field, many interventions often focus treating risk factors and ignore the strengths that a client or family may have. The practice of identifying and treating risk factors can lead to systematic barriers of oppression and reduce cultural sensitivity (Lietz, 2006). Social

workers are trained in an ecological perspective and strengths-based approach in order to address systematic issues. By addressing parental chemical dependency with a family resilience perspective, this allows social workers to address simultaneously current interventions of strengthening parenting skills, family bonds, and implement preventive measures that target generational problems such as future child abuse/neglect, or children developing a chemical dependency. Ultimately by simultaneously implementing preventive and interventions, the outcome will help in reducing the strain on social workers from the overwhelming caseloads in child welfare services, dependency courts, drug and alcohol programs, jails, and other related social services.

#### Application of a Transcultural Perspective Model

These implications highlight the important aspects of using a transcultural perspective in research analysis across: cultural knowledge, cultural competence, and power, privilege, oppression, and structural contexts. Despite limited results of only one family talking about the impact of ethnic culture, there still exists a larger cultural implication encompassing families with a parent who is chemically dependent. As discussed earlier, with the focus of most research addressing risk factors, this can lead to the transcultural perspective being skewed to ignore family processes that strengthen family resilience. Through the use of a qualitative analysis, families were better able to describe that the culture of these families are not just full of risk factors, but also of resilience and strengths. In addition, increasing family resilience may help increase families that are marginalized in receiving services due to cultural norms that discourage seeking services outside of the family. Future studies comparing different cultural populations should examine the impact it has on developing family resilience.

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## Appendix A

Script for focus group: Before we begin, I would like to announce one ground rule I would like to discuss with the group before we begin. First I would like everyone to acknowledge there is no right or wrong answer. Certain answers may not sound correct to one person, but the purpose of this focus group is to not critique each person's perspective, but to hear and respect each other's perspective on the development of family resilience.

A handout on activities and skills taught from *CF!* will be passed out and please mention any particular *CF!* activity or skill that you feel relates to the question.

Questions for focus group

1. Please describe a stressful problem/ issue/ event that the family was successfully able to overcome.
2. If each family member could describe in what ways did the event impact them?
3. Belief Sys: Making meaning of adversity: What did the experience mean to the family? Was there any *CF!* skill or activity that relates to this question?
4. Belief Sys: Positive Outlook: What challenges or strengths created a change in sense of hope or positive outlook in the family? Was there any *CF!* skill or activity that relates to this question?
5. Belief Sys: Transcendence and spirituality: What challenges or strengths created any change in belief of spirituality/ higher power? Was there any *CF!* skill or activity that relates to this question?
6. Organizational Patterns: Connectedness: In what ways were family boundaries crossed or defined? In what ways was there a sense of support or family relationship? Was there any *CF!* skill or activity that relates to this question?
7. Organizational Patterns: Social & economic resources: What challenges strengths of skills or experiences created any efforts to access financial resources? What challenges strengths of skills or experiences created any efforts to access outside support beyond the family? Was there any *CF!* skill or activity that relates to this question?
8. Comm. Processes: Collaborative prob. Solving: In what ways did the experience create or discourage family decisions? In what ways was the family able to work beyond conflicts? Was there any *CF!* skill or activity that relates to this question?
9. Was there any other areas not discussed that contributed to the process

List of *CF!* activities and skills handout

- Acts of kindness
- WOW moments
- Children's affirmations
- One-on-one time
- Goal setting
- Family meal
- Age-graded groups
- Health living circle: physical, psychological, social, spiritual
- Connection with family time: reading stories, family nights
- Videos: Lost Childhood
- Healthy living
- Nutrition
- Communication
- Feelings & defenses
- Saying no
- Safe people, safe friends & relationships
- Centering/stress reduction
- How CD affects families
- Facts about DV
- Anger management
- The disease of chemical dependency
- How chemical dependency affects the whole family
- Facts about alcohol/tobacco and other drugs
- Decision making
- Boundaries
- Healthy relationships
- How we learn
- Uniqueness
- Family unity prayer

## Appendix B

Script for key informant interview: Thank you for taking your time to talk about your perceptions on the development of family resilience. I will be asking 7 questions that will be addressing certain components of family resilience.

A handout on activities and skills taught from *CF!* will be passed out and please mention any particular *CF!* activity or skill that you feel relates to the question.

1. Belief Sys: Making meaning of adversity: In what ways do you think you helped families transform challenging family experiences into something meaningful? Was there any *CF!* skill or activity that highlights this process?
2. Belief Sys: Positive Outlook: In what ways do you think you influenced the family to have a positive outlook despite encountering difficult and challenging family problems? Was there any *CF!* skill or activity that highlights this process?
3. Belief Sys: Transcendence and spirituality: In what ways do you think you influenced families to develop spirituality or sense of higher power when working on a family problem? Was there any *CF!* skill or activity that highlights this process?
4. Organizational Patterns: Connectedness: In what ways do you think you influenced families to establish a sense of support or family relationship when working on a family problem? Was there any *CF!* skill or activity that highlights this process?
5. Organizational Patterns: Social & economic resources: In what ways do you think you influenced families to seek out social or economic resources when working on a family problem? Was there any *CF!* skill or activity that highlights this process?
6. Comm. Processes: Collaborative prob. Solving: In what ways do you think you influenced families to create or discourage family decisions when working on a family problem? In what ways was the family able to work beyond conflicts? Was there any *CF!* skill or activity that highlights this process?
7. Was there any other areas not discussed that contributed to the process?

Appendix C Parent Demographics Section

Instructions: Please answer each question to your best ability and be as honest as you can. All your answers will remain confidential. With such little information about *Celebrating Families!* and their future family resilience skills, every response will help towards maintaining a successful program for future families. Thank you for your help.

ID #:	_____		
Date:	_____		
1. Date of birth	Month (##)	Day (##)	Year (####)
2. What is the sexual identity you most closely identify with?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other, please identify: _____		
3. What ethnicity do you most closely identify with?	<input type="radio"/> African American/Black <input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Pacific Islander	<input type="radio"/> Alaska Native <input type="radio"/> White <input type="radio"/> Hispanic or Latino <input type="radio"/> Other Please Specify _____	
4. What is the language you use most often at home?	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other Language- Please Specify: _____		
5. How many children do you have?	_____		
6. What are the ages of each child?	_____		
7. How many children are living with you?	_____		
8. What is your current parenting status?	<input type="radio"/> Single Parent <input type="radio"/> 2 parents at home <input type="radio"/> Joint or shared custody	<input type="radio"/> Child/(ren) in foster care <input type="radio"/> Children with relatives <input type="radio"/> Other: please specify _____	
9. Who lives in your current household?	_____		
10. What is highest level of educational completed?	<input type="radio"/> Elementary <input type="radio"/> Middle School <input type="radio"/> Some High School, no diploma <input type="radio"/> High School diploma <input type="radio"/> Associate's/Vocational Degree	<input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Specialist's Degree <input type="radio"/> Doctorate Degree	
11. How many hours per week do you work in paid employment?	_____		

12. Marital Status	<input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Widowed	<input type="radio"/> Divorced <input type="radio"/> Other, specify _____
13. Choose ONE of the following income categories, which best describes your family's socioeconomic position:	<input type="radio"/> Less than \$4,999 <input type="radio"/> \$5,000 - \$7,499 <input type="radio"/> \$7,500 - \$9,999 <input type="radio"/> \$10,000 - \$14,999 <input type="radio"/> \$15,000 - \$19,999 <input type="radio"/> \$20,000- \$24,999 <input type="radio"/> \$25,000- \$34,999	<input type="radio"/> \$35,000- \$49,999 <input type="radio"/> \$50,000- \$74,999 <input type="radio"/> \$75,000- \$99,999 <input type="radio"/> \$100,000- \$199,999 <input type="radio"/> \$200,000 or more <input type="radio"/> I don't know
14. Your current living situation	<input type="radio"/> Apartment <input type="radio"/> Parent's house/apartment <input type="radio"/> Friend's house	<input type="radio"/> Residential Treatment Housing facility <input type="radio"/> Other, please specify _____
<b>For the following questions, please use your best judgment to describe on average your family behaviors from now till the time you completed CF!</b>		
15. How often does your family spend time together?	<input type="radio"/> None <input type="radio"/> 1-2 hours per day <input type="radio"/> 3-4 hours per day <input type="radio"/> 5/more hours per day	<input type="radio"/> Daily <input type="radio"/> 2-3 times a week <input type="radio"/> Once a week <input type="radio"/> monthly
16. How often does the family do acts of kindness?	<input type="radio"/> None <input type="radio"/> 1-2 times a day <input type="radio"/> 3-4 times a day <input type="radio"/> 5 or more times a day	<input type="radio"/> Daily <input type="radio"/> 2-3 times a week <input type="radio"/> Once a week <input type="radio"/> monthly
17. How often does the family practice WOW moments (experiencing awareness of being part of something larger than oneself)?	<input type="radio"/> None <input type="radio"/> 1-2 times a day <input type="radio"/> 3-4 times a day <input type="radio"/> 5 or more times a day	<input type="radio"/> Daily <input type="radio"/> 2-3 times a week <input type="radio"/> Once a week <input type="radio"/> monthly
18. How often does the family meditate/ practice centering?	<input type="radio"/> None <input type="radio"/> 1-2 hours per day <input type="radio"/> 3-4 hours per day <input type="radio"/> 5/more hours per day	<input type="radio"/> Daily <input type="radio"/> 2-3 times a week <input type="radio"/> Once a week

19. How often does the family attend Al-Anon? <ul style="list-style-type: none"><li><input type="radio"/> None</li><li><input type="radio"/> Daily</li><li><input type="radio"/> 2-3 times a week</li><li><input type="radio"/> Once a week</li></ul>	
--	--

**Thank you very much for your participation!**

Appendix D Family Resilience Scale. (Sixbey, 2005)

Instructions: Please read each statement carefully. Decide and check the box for each item in terms of how well you believe it describes your family **now** from your viewpoint. There is no right or wrong answers. Your “family” may include any individuals you wish.

ID # \_\_\_\_\_

Date: \_\_\_\_\_

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Moderately Agree</b>	<b>Undecided</b>	<b>Moderately Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. We all have input into major family decisions							
2. We are adaptable to demands placed on us as a family							
3. We are understood by other family members							
4. We can blow off steam at home without upsetting someone.							
5. We can compromise when problems come up							
6. We can deal with family differences in accepting a loss							
7. We can work through difficulties as a family							
8. We discuss problems and feel good about the solutions							
9. We feel free to express our opinions							
10. We share responsibility in the family							
11. We tell each other how much we care for one							
12. We try new ways of working with problems							
13. We ask neighbors for help and assistance							
14. We can depend upon people in this community							
15. We know there is community help if there is trouble							
16. We know we are important to our friends							
17. We believe we can handle our problems							
18. We can survive if another problem comes up							
19. We feel we are strong in facing big problems							
20. We trust things will work out even in difficult times							
21. We keep our feelings to ourselves							
22. We seldom listen to family members concerns or problems							
23. We show love and affection for family members							
24. We attend church/synagogue/mosque services							
25. We seek advice from religious advisors							
26. The things we do for each other make us feel a part of the family							
27. We accept stressful events as a part of life							

28. We accept that problems occur unexpectedly							
--	--	--	--	--	--	--	--

Appendix E Key Informant Demographic Survey

Instructions: Please answer each question to your best ability and be as honest as you can. All your answers will remain confidential.  
Thank you for your help.

ID #:			
Date:			
1. Date of birth	Month (##)	Day (##)	Year (####)
2. What is the sexual identity you most closely identify with?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other, please identify: _____		
3. What ethnicity do you most closely identify with?	<input type="radio"/> African American/Black <input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Pacific Islander	<input type="radio"/> Alaska Native <input type="radio"/> White <input type="radio"/> Hispanic or Latino <input type="radio"/> Other Please Specify _____	
4. What is highest level of educational completed?	<input type="radio"/> Elementary <input type="radio"/> Middle School <input type="radio"/> Some High School, no diploma <input type="radio"/> High School diploma <input type="radio"/> Associate's/Vocational Degree		<input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Specialist's Degree: _____ <input type="radio"/> Doctorate Degree: _____
5. How many cycles of CF! have you taught?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 or more	
6. What age groups have you facilitated in CF!? (Check all that apply)	<input type="radio"/> Parent group <input type="radio"/> Adolescent group <input type="radio"/> Pre-teen group <input type="radio"/> children		

**Thank you very much for your participation!**

Section F Participant Letter Template  
Dear [Celebrating Families! Participant]

Tuesday, January 15, 2008

On behalf of Friends Outside we would like to ask your permission to be contacted by a San Jose State University Social Work Graduate Student who is helping conduct a follow-up evaluation on *Celebrating Families!* participants. **Participation in the focus group and survey will not result in any information about your family becoming known or available to the public. All information will be kept confidential and anonymous and no information linking to your family will be shared. There is no additional cost or compensation for participation in the study.**

The purpose of the research project will be to explore a follow-up exploratory evaluation on families that have completed *Celebrating Families!* (*CF!*) in order to specifically examine how the family resilience develops when the family encounters a family problem. Furthermore, it is to look at the long-term results of families attending *CF!*, which will lead to a better understanding for social workers and court systems that have to make decisions on families that might benefit from attending a *CF!* program.

A free voluntary dinner will be provided prior to the focus group. The focus group will last for two hours and will ask a series of questions that examine 9 components of family resilience.

**Instructions:**

Also attached is a voluntary and anonymous survey that only one parent needs to fill out and turn on the day of the focus group. The survey will only take 15 minutes and involves questions about your family demographics, *CF!* activities, and a family resilience assessment.

If you are interested in participating in the focus group, or would like more information, please call Chris Lum,.

Thank you,

[agency signature]

Appendix G Consent Forms

**Parent Telephone Consent Form**

**Verbal Agreement to Participate in Research**

**Responsible Investigator(s):** Chris Lum

**Title of Protocol:** The Development of Family Resilience: An Exploratory Evaluation Study of *Celebrating Families!* Program

1. You have been asked to participate in a San Jose State Social Work Graduate research study investigating a follow-up exploratory evaluation on families that have completed *Celebrating Families!* (CF!) in order to specifically examine how family resilience develops.
2. You will be asked to participate in an up-to 30 minute phone interview that will explore the development of family resilience for one family problem. You will be asked to answer 12 questions to the best of your ability about your perception of family resilience. We will speak together over the phone and I will record your answers on paper. Also if there is time at the end and if you have time I would like to ask the survey questions, or I can schedule another time to call.
3. There is minimal risk for your participation. Minimal risks may include emotional discomfort from answering questions as part of the phone interview. To minimize the potential risk of emotional discomfort, the interview will be arranged for a time that is agreeable to you, as the interviewee.
4. There are no direct benefits. However, there may be indirect benefits, that this study gathers valuable information about the long term impacts of *CF!* participation and development of family resilience. This information will be helpful for social workers and court systems that have to make decisions on families that might benefit from attending a *CF!* program.
5. Although the results of this study may be published, no information that could identify you will be included.
6. There is no compensation for participation in this study.
7. Questions about this research may be addressed to Chris Lum, (408)-489-0788. Complaints about the research may be presented to Peter Allen Lee, Ph.D., MSW Program Coordinator, School of Social Work, San Jose State University, (408)-924-5850. Questions about research subjects' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2480.
8. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose to "not participate" in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You do not have to answer any questions that you do not want to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or with any other participating institutions or agencies.
10. Would you be willing to participate? If so, do you give your consent to proceed?  
[If no]—thank you for your time. [If yes]—thank you, let's begin . . .  
Telephone consent given: \_\_\_\_\_ Date: \_\_\_\_\_

## Key Informant Telephone Consent Form

### Verbal Agreement to Participate in Research

**Responsible Investigator(s):** Chris Lum

**Title of Protocol:** The Development of Family Resilience: An Exploratory Evaluation Study of *Celebrating Families!* Program

1. You have been asked to participate in a San Jose State Social Work Graduate research study investigating a follow-up exploratory evaluation on families that have completed *Celebrating Families!* (CF!) in order to specifically examine how family resilience develops.
2. You will be asked to participate in an up-to 30 minute phone interview that will explore the perception of CF! facilitator's perception of the development of family resilience. You will be asked to answer 12 questions to the best of your ability about your perception of family resilience. We will speak together over the phone and I will record your answers on paper.
3. There is minimal risk for your participation. Minimal risks may include emotional discomfort from answering questions as part of the phone interview. To minimize the potential risk of emotional discomfort, the interview will be arranged for a time that is agreeable to you, as the interviewee.
4. There are no direct benefits. However, there may be indirect benefits, that this study gathers valuable information about the long term impacts of *CF!* participation and development of family resilience. This information will be helpful for social workers and court systems that have to make decisions on families that might benefit from attending a *CF!* program.
5. Although the results of this study may be published, no information that could identify you will be included.
6. There is no compensation for participation in this study.
7. Questions about this research may be addressed to Chris Lum, (408)-489-0788. Complaints about the research may be presented to Peter Allen Lee, Ph.D., MSW Program Coordinator, School of Social Work, San Jose State University, (408)-924-5850. Questions about research subjects' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2480.
8. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose to "not participate" in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You do not have to answer any questions that you do not want to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or with any other participating institutions or agencies.

10. Would you be willing to participate? If so, do you give your consent to proceed?

[If no]—thank you for your time. [If yes]—thank you, let's begin . . .

Telephone consent given: \_\_\_\_\_ Date: \_\_\_\_\_



San José State  
UNIVERSITY

School of Social Work  
College of Applied  
Sciences and Arts

One Washington Square  
San Jose, CA 95192-0124  
Voice: 408-924-5800  
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**Agreement to Participate in Focus Group Research**

**Responsible Investigator:** Chris Lum

Title of Protocol: The Development of Family Resilience: An Exploratory Evaluation Study of *Celebrating Families!* Program

1. You have been asked to participate in a San Jose State Social Work Graduate research study investigating a follow-up exploratory evaluation on families that have completed *Celebrating Families! (CF!)* in order to specifically examine how family resilience develops.
2. You will be asked to participate in an up-to 3 hour focus group interview that will explore the development of family resilience for one family problem.
3. The focus group will be audio tape recorded, if you wish not to be recorded you need to inform the facilitator.
4. Minimal risks may include emotional discomfort from completing the questionnaire or participating in the interviews.
5. There are no direct benefits. However, there may be indirect benefits, that this study gathers valuable information about the long term impacts of *CF!* participation and development of family resilience. This information will be helpful for social workers and court systems that have to make decisions on families that might benefit from attending a *CF!* program.
6. Although the results of this study may be published, no information that could identify your participation will be included.
7. There is no compensation for participation in this study
8. Questions about this research may be addressed to Chris Lum, (408)-489-0788. Complaints about the research may be presented to Peter Allen Lee, Ph.D., MSW Program Coordinator, School of Social Work, San Jose State University, (408)-924-5850. Questions about research subjects' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2480.
9. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose to "not participate" in the study.
10. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or with any other participating institutions or agencies.
11. At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

The signature of a subject on this document indicates agreement to participate in the study.

The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject has been fully informed of his or her rights.

_____	_____
Signature	Date
_____	_____
Investigator's Signature	Date

The California State University:  
Chancellor's Office  
Bakersfield, Channel Islands,  
Chico, Dominguez Hills, East  
Bay, Fresno, Fullerton, Humboldt,  
Long Beach, Los Angeles,  
Maritime Academy, Monterey  
Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San  
Diego, San Francisco, San José,  
San Luis Obispo, San Marcos,  
Sonoma, Stanislaus



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San Jose, CA 95192-0124  
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**Agreement to Participate in Survey Research**

**Responsible Investigator:** Chris Lum

Title of Protocol: The Development of Family Resilience: An Exploratory Evaluation Study of *Celebrating Families!* Program

1. You have been asked to participate in a San Jose State Social Work Graduate research study investigating a follow-up exploratory evaluation on families that have completed *Celebrating Families!* (CF!) in order to specifically examine how family resilience develops.
2. Your participation will involve answering an anonymous survey paper questionnaire that will take up to 15 minutes and will ask about demographic information, CF! activity assessment and family resilience.
3. Minimal risks may include emotional discomfort from completing the questionnaire.
4. There are no direct benefits. However, there may be indirect benefits, that this study gathers valuable information about the long term impacts of CF! participation and development of family resilience. This information will be helpful for social workers and court systems that have to make decisions on families that might benefit from attending a CF! program.
5. Although the results of this study may be published, **no information that could identify your participation will be included.**
6. There is no compensation for participation in this study
7. Questions about this research may be addressed to Chris Lum, (408)-489-0788. Complaints about the research may be presented to Peter Allen Lee, Ph.D., MSW Program Coordinator, School of Social Work, San Jose State University, (408)-924-5850. Questions about research subjects' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2480.
8. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose to "not participate" in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or with any other participating institutions or agencies.
10. At the time that you sign this consent form, you may keep a copy of it for your records.

The signature of a subject on this document indicates agreement to participate in the survey.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**The California State University:**  
Chancellor's Office  
Bakersfield, Channel Islands,  
Chico, Dominguez Hills, East  
Bay, Fresno, Fullerton, Humboldt,  
Long Beach, Los Angeles,  
Maritime Academy, Monterey  
Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San  
Diego, San Francisco, San José,  
San Luis Obispo, San Marcos,  
Sonoma, Stanislaus



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Bay, Fresno, Fullerton, Humboldt,  
Long Beach, Los Angeles,  
Maritime Academy, Monterey  
Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San  
Diego, San Francisco, San José,  
San Luis Obispo, San Marcos,  
Sonoma, Stanislaus

**Agreement to Participate in Key Informant Research**

**Responsible Investigator:** Chris Lum

Title of Protocol: The Development of Family Resilience: An Exploratory Evaluation Study of *Celebrating Families!* Program

1. You have been asked to participate in a San Jose State Social Work Graduate research study investigating a follow-up exploratory evaluation on families that have completed *Celebrating Families!* (CF!) in order to specifically examine how family resilience develops.
2. You will be asked to participate in both parts of this study. The first part is a voluntary anonymous paper questionnaire that will take up to 5 minutes asking demographic information.. The second part is an up-to 1 hour individual interview that will explore your perception as a group facilitator on the development of family resilience.
3. The focus group will involve being audio tape recorded, if you wish not to be recorded you need to inform the facilitator.
4. Minimal risks may include emotional discomfort from completing the questionnaire or participating in the interviews.
5. There are no direct benefits. However, there may be indirect benefits, that this study gathers valuable information about the long term impacts of CF! participation and development of family resilience. This information will be helpful for social workers and court systems that have to make decisions on families that might benefit from attending a CF! program.
6. Although the results of this study may be published, no information that could identify your participation will be included.
7. There is no compensation for participation in this study
8. Questions about this research may be addressed to Chris Lum, (408)-489-0788. Complaints about the research may be presented to Peter Allen Lee, Ph.D., MSW Program Coordinator, School of Social Work, San Jose State University, (408)-924-5850. Questions about research subjects' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2480.
9. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose to "not participate" in the study.
10. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or with any other participating institutions or agencies.
11. At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

The signature of a subject on this document indicates agreement to participate in the study.

The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject has been fully informed of his or her rights.

Signature	Date

Investigator's Signature

Date



**School of Social Work**  
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**Sciences and Arts**

One Washington Square  
San Jose, CA 95192-0124  
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## **Agreement of Consent for Child Participation in Research**

Responsible Investigator: Chris Lum

Title of Protocol: The Development of Family Resilience: An Exploratory Evaluation Study of *Celebrating Families!* Program

1. Your child or ward has been asked to participate in a research study investigating a follow-up exploratory evaluation on families that have completed *Celebrating Families!* (CF!) in order to specifically examine how family resilience develops.
2. The focus group will be audio tape recorded, if you wish not to be recorded you need to inform the facilitator.
3. Your child or ward will be asked to describe their perception of the development of family resilience for one family problem
4. Minimal risks may include emotional discomfort from completing the questionnaire or participating in the interviews.
5. There are no direct benefits. However, there may be indirect benefits, that this study gathers valuable information about the long term impacts of CF! participation and development of family resilience.
6. Although the results of this study may be published, no information that could identify your child or ward, your family, or you will be included.
7. There is no compensation for participation in this study.
8. Questions about this research may be addressed to Chris Lum, 408-489-0788. Complaints about the research may be presented to Peter Allen Lee, Ph.D., Research Sequence Chair at the School of Social Work, San Jose State University, (408)-924-5850. Questions about research subjects' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2480.
9. No service of any kind, to which you and/or your child/ward are otherwise entitled, will be lost or jeopardized if you choose to "not participate" in the study.

Initial \_\_\_\_\_

**The California State University:**  
Chancellor's Office  
Bakersfield, Channel Islands,  
Chico, Dominguez Hills, East  
Bay, Fresno, Fullerton, Humboldt,  
Long Beach, Los Angeles,  
Maritime Academy, Monterey  
Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San  
Diego, San Francisco, San José,  
San Luis Obispo, San Marcos,  
Sonoma, Stanislaus



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Fax: 408-924-5892

10. Your consent for your child or ward to participate is being given voluntarily. You may refuse to allow his or her participation in the entire study or in any part of the study. If you allow his or her participation, you are free to withdraw your child or ward from the study at any time, without any negative effect on your relations with San Jose State University or with any other participating institutions or agencies.

11. At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

The signature of a parent or legal guardian on this document indicates:

- a) Approval for the child or ward to participate in the study,
- b) that the child is freely willing to participate, and
- c) that the child is permitted to decline to participate, in all or part of the study, at any point.

The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject's parent or guardian has been fully informed of the subject's rights.

\_\_\_\_\_  
Name of Child or Ward

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child or Ward

\_\_\_\_\_  
Full Mailing Address

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date

The California State University:  
Chancellor's Office  
Bakersfield, Channel Islands,  
Chico, Dominguez Hills, East  
Bay, Fresno, Fullerton, Humboldt,  
Long Beach, Los Angeles,  
Maritime Academy, Monterey  
Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San  
Diego, San Francisco, San José,  
San Luis Obispo, San Marcos,  
Sonoma, Stanislaus

Table 1. Quantitative Results of *Celebrating Families!*' Perceptions of Family Resilience By Sub-Domain (n=5)

	<b>Agree</b> (Range: 1-3)	<b>Undecided</b> ( 4 )	<b>Disagree</b> (Range: 5-7)	<b>Missing</b>	<b>Sub-Domain Score</b> (Range: 1=highest, 7=lowest)
Family communications and problem construct					(M=2.08, SD=.817)
1. We all have input into major family decisions	80%		20%		
2. We are adaptable to demands placed on us as a family	80%			20%	
3. We are understood by other family members	80%			20%	
4. We can blow off steam at home without upsetting someone	80%			20%	
5. We can compromise when problems come up	100%				
6. We can deal with family differences in accepting a loss	80%	20%			
7. We can work through difficulties as a family	80%	20%			
8. We discuss problems and feel good about the solutions	80%	20%			
9. We feel free to express our opinions	100%				
10. We share responsibility in the family	80%	20%			
11. We tell each other how much we care for one	100%				
12. We try new ways of working with problems	80%	20%			
Social Resources construct					(M=2.78, SD=1.00)
13. We ask neighbors for help and assistance	40%	20%	40%		
14. We can depend upon people in this community	60%	20%		20%	
15. We know there is community help if there is trouble	80%	20%			
16. We know we are important to our friends	100%				

	<b>Agree</b> (Range: 1-3)	<b>Undecided</b> ( 4 )	<b>Disagree</b> (Range: 5-7)	<b>Missing</b>	<b>Sub-Domain Score</b> (Range: 1=highest, 7=lowest)
Belief Sys: Positive Outlook construct:					(M=1.60, SD=.454)
17. We believe we can handle our problems	100%				
18. We can survive if another problem comes up	100%				
19. We feel we are strong in facing big problems	100%				
20. We trust things will work out even in difficult times	100%				
Family Connectedness construct					(M=2.40, SD=.894)
21. We keep our feelings to ourselves *	40%		60%		
22. We seldom listen to family members concerns or problems *			100%		
23. We show love and affection for family members	100%				
Belief Sys: Transcendence and spirituality:					(M=3.70, SD=2.64)
24. We attend church/synagogue/mosque services	60%		40%		
25. We seek advice from religious advisors	60%		40%		
Belief Sys: Making meaning of adversity					(M=1.67, SD=.624)
26. The things we do for each other make us feel a part of the family	100%				
27. We accept stressful events as a part of life	80%		20%		
28. We accept that problems occur unexpectedly	100%				

\*Measure coded as reverse order construct