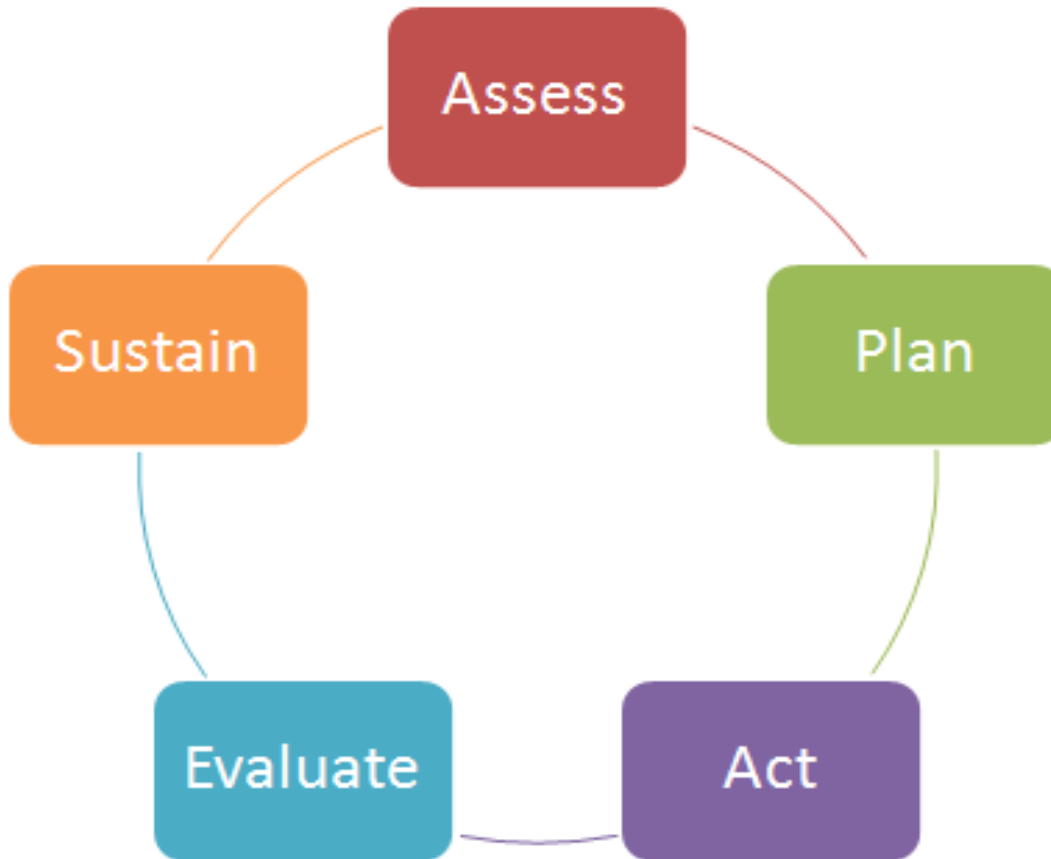# DEVELOPING A CHILD/FAMILY FOCUSED PROGRAM:

Mary Bunn, LCSW, Nancy Murakami, LCSW, and Melba Sullivan, Ph.D.

Assessment and design

Mary Bunn, LCSW

Associate Director, Heartland Alliance Marjorie Kovler Center

Action research model

Challenges to assessment

- Lack of resources

- Outside interests/timelines

- Cultural context

- Diverse set of needs

- Need for multi-leveled interventions
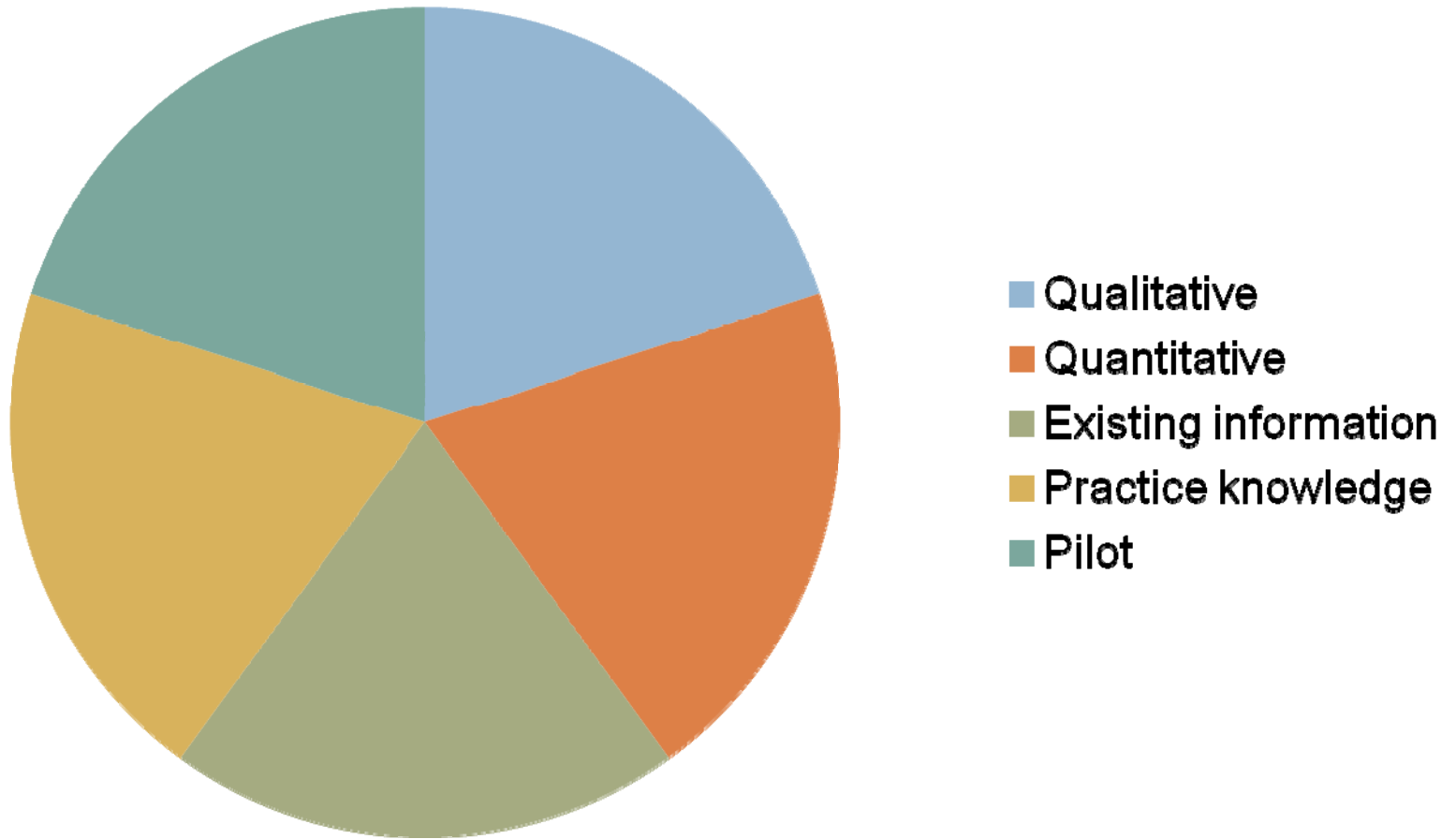
Purpose of assessment?

- Main aim is to collect information that informs programming or services
- Critical first step in action: **Participation**

Multi-systemic assessment?

- Contextual conditions
- Cultural context
- Trauma histories
- Psychosocial needs
- What's working? What is not?
- What resources exist?
- What is feasible?

Microsystem **Mesosystem** **Exosystem** **Macrosystem**
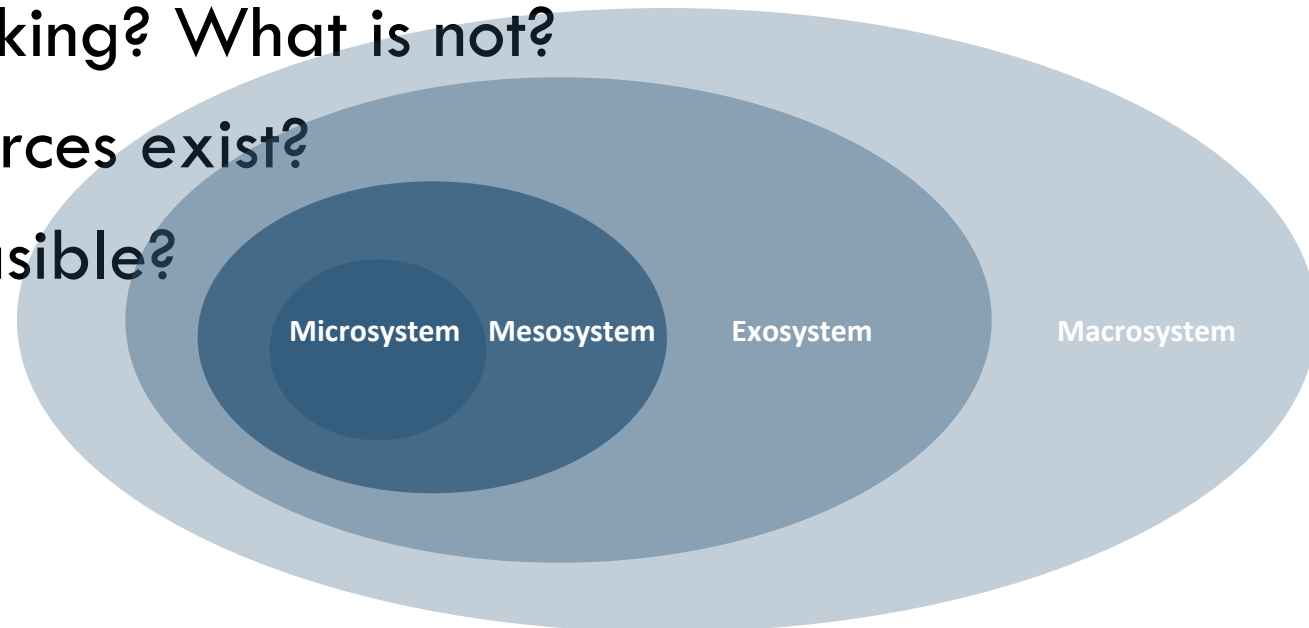
Types of assessment data

- Qualitative
- Quantitative
- Existing information
- Practice knowledge
- Pilot

Phase 1:
Testing the waters

- Goals
  1. Better understand requests for specialized children's services – (Key informant interviews -legal, medical, social services)
  2. Analyze support that Kovler has been providing- Internal review
  3. Understand the needs of families

Main findings from phase 1

- Need to invest in children that are currently eligible outweighs current need to accept children outside current eligibility

- Participants reinforce the need for specialized support for children, family support during reunification, parenting support

- Need to know more!

Phase 2 assessment

- Phase 2 Goals
  1. **Identify measures for pilot assessment of children and youth**
  2. **Assess/evaluate needs of children and youth**
  3. Understand the needs of families post-reunification of the needs of families
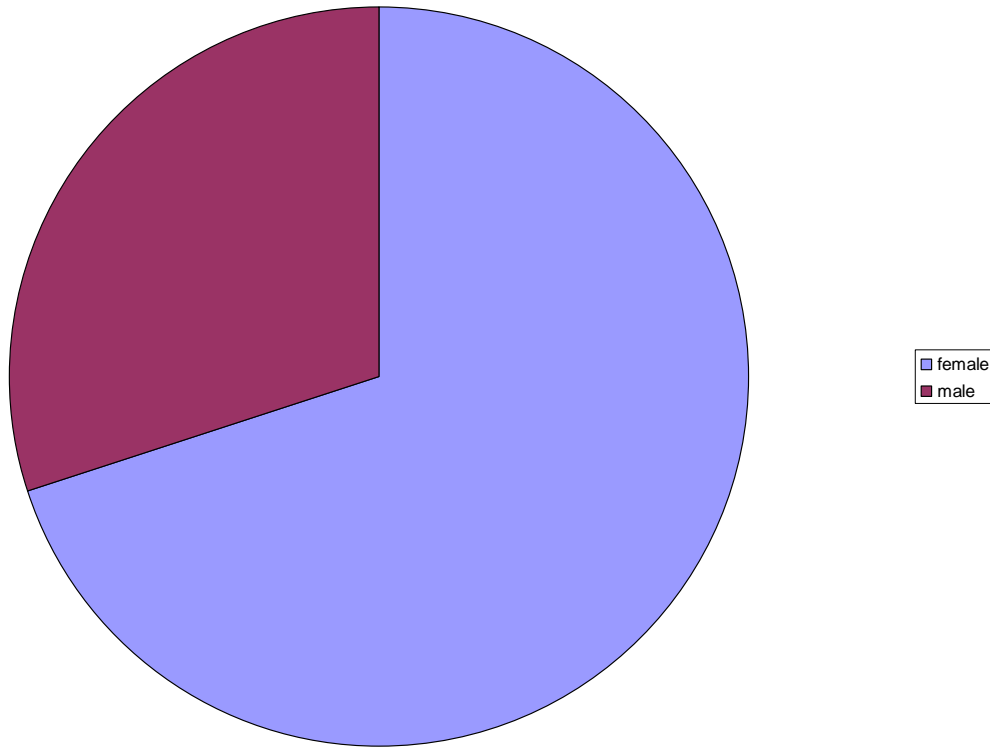
Types of clients

Types of clients

primary survivor
secondary
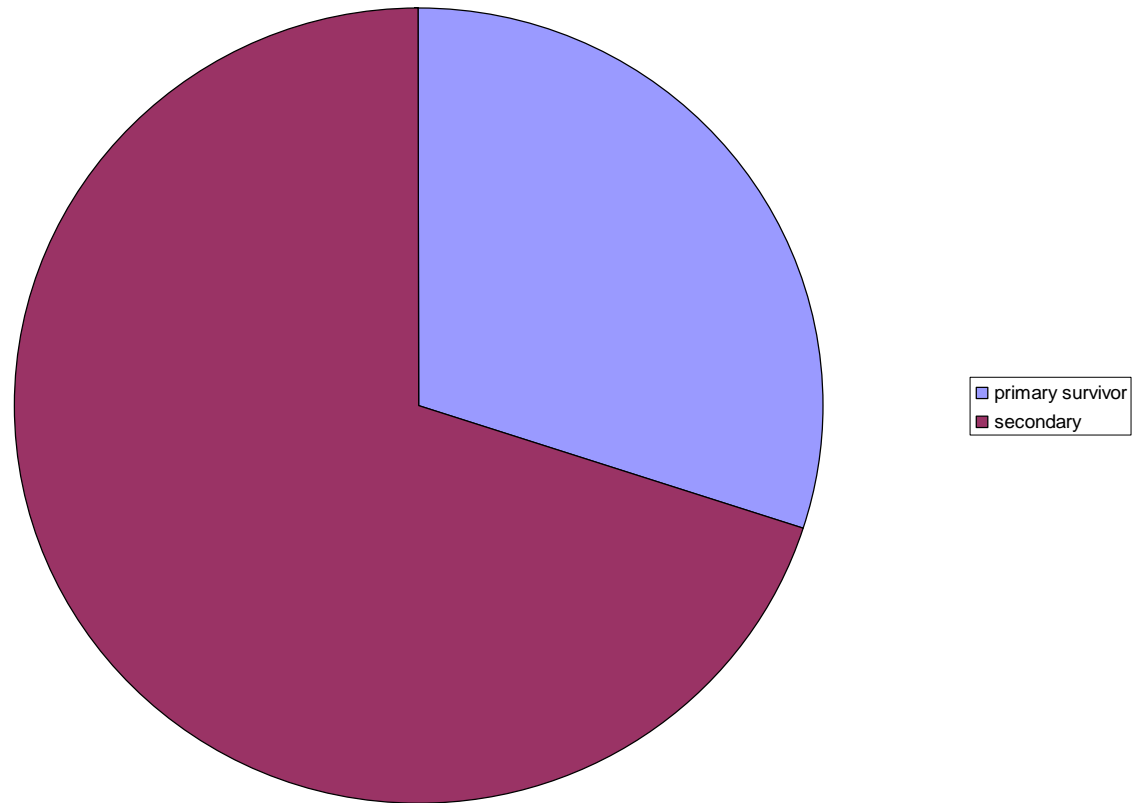
Male/female

Gender

Age of children

Ages of children

Legend:
- 0-5 yrs
- 6-13 yrs
- 13-18 yrs.

Adverse childhood experiences
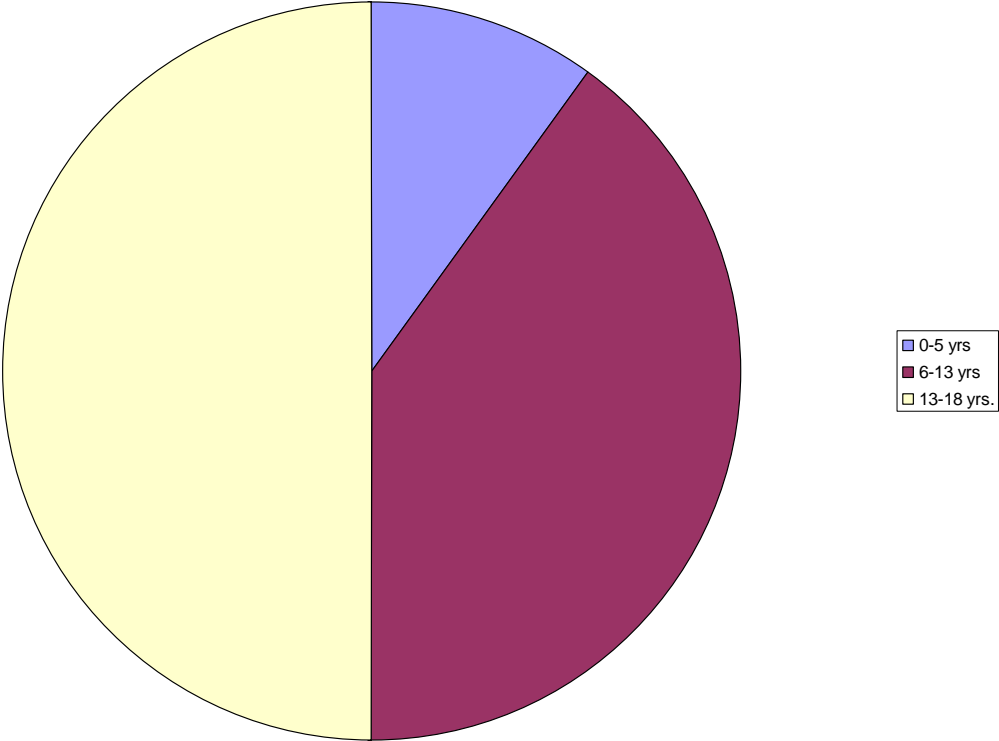
Adverse childhood experiences
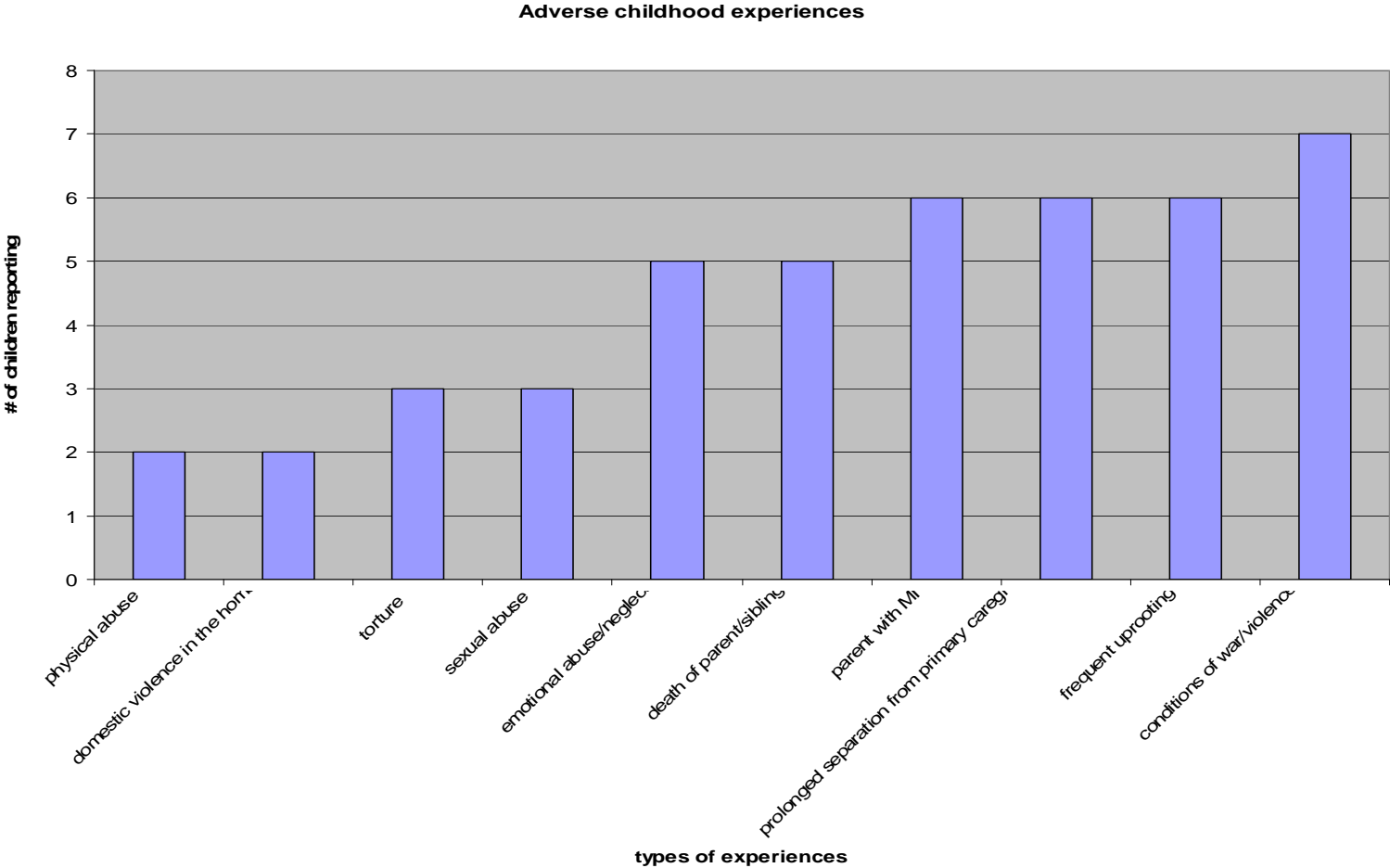
Primary complaints

Primary complaint
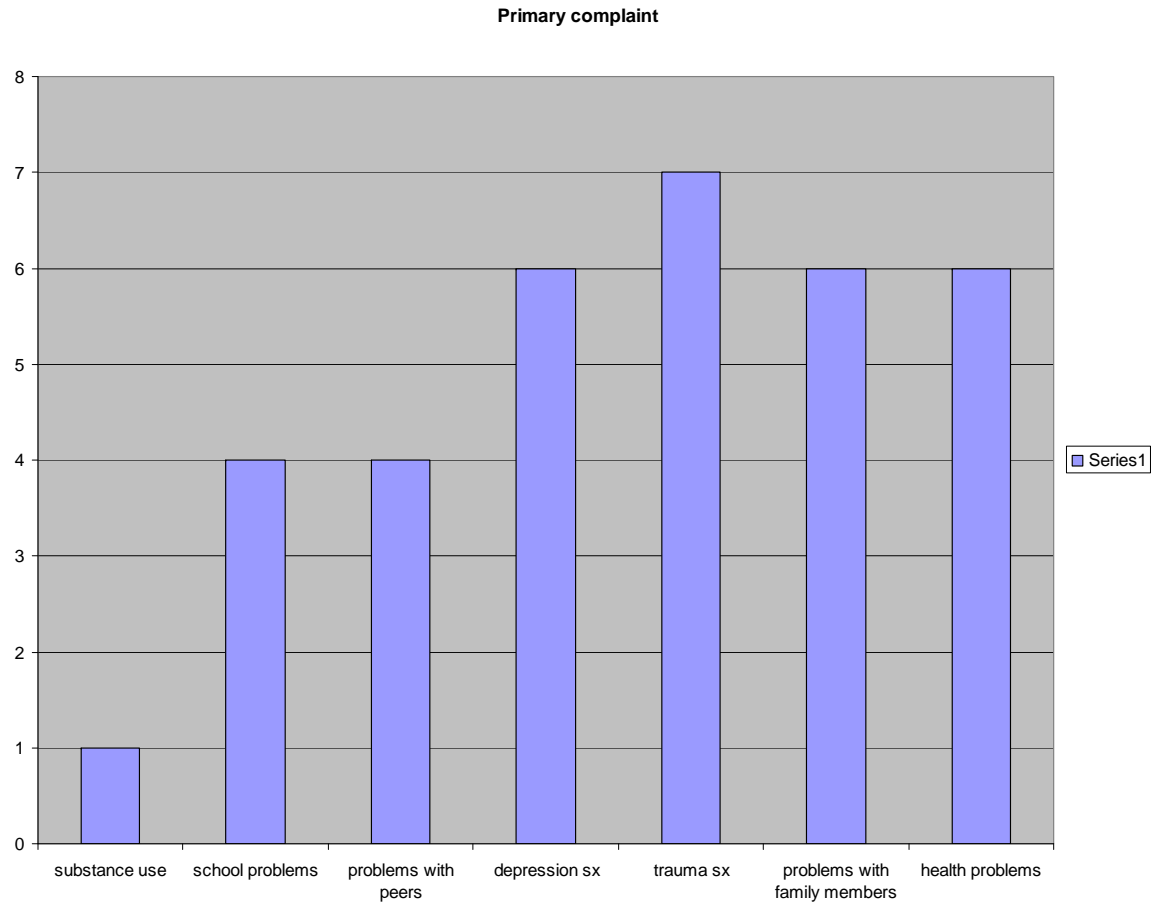
Assessment con't

☐ Phase 2 Goals

1. Assess/evaluate needs of children
2. **Expand understanding of the needs of families**

Language barriers at school

- *"Integration in school was very difficult…The first three months were catastrophic. She no longer had self-confidence. She seemed to close herself off and didn't speak as much."* (father speaking of a 12 year old child)

- *"He locked himself into his own world."*

Bullying/peer problems at school

- *"My children have been having difficulties at school because the other students make fun of them and call them names…They are having a hard time making friends…My daughter cries everyday."* (mother speaking of her 2 daughters, 8 and 10 years old)

Culture shock, family discord and identity

- *"Keep in mind that we are not like every other immigrant. We have experienced violence and torture. Our experience influences our children and how they perceive and adapt to the US…Families can experience a type of turmoil due to the consequences of the issues going on in our countries."*

Discipline, child management and instilling values

- *"When one arrives here, they have to get a job right away for survival. We're not able to supervise our children as closely as we would like. There are many temptations here that children may not be ready to overcome…You have to be conscious and alert of everything that's going on with your children. Back home, we had relatives who helped watch our kids. Here, we might not have family to help supervise and raise our kids."*

Instilling values, loss of culture and tradition

- *"In many African countries, there is a hierarchy of respect that begins at home and continues in the schools and society…It seems like children who come to the US are like dogs being let out of cages. They burst out into the newfound freedom in US culture."*

Other themes:

- Parents are concerned about their children's traumatic experiences

- Families need concrete supports to negotiate systems (schools, health)

- Parent-child relationships and parenting are challenged by torture (we don't get along,)

- Parents need concrete and emotional support/means to break isolation (need opportunities to be with other parents)

What informs the design phase?

- Assessment data

- Community input!

- Local context

- Review of existing local services/gaps/opportunities?

- Review of local resources/feasibility

- Review of evidence base and/or what's worked elsewhere
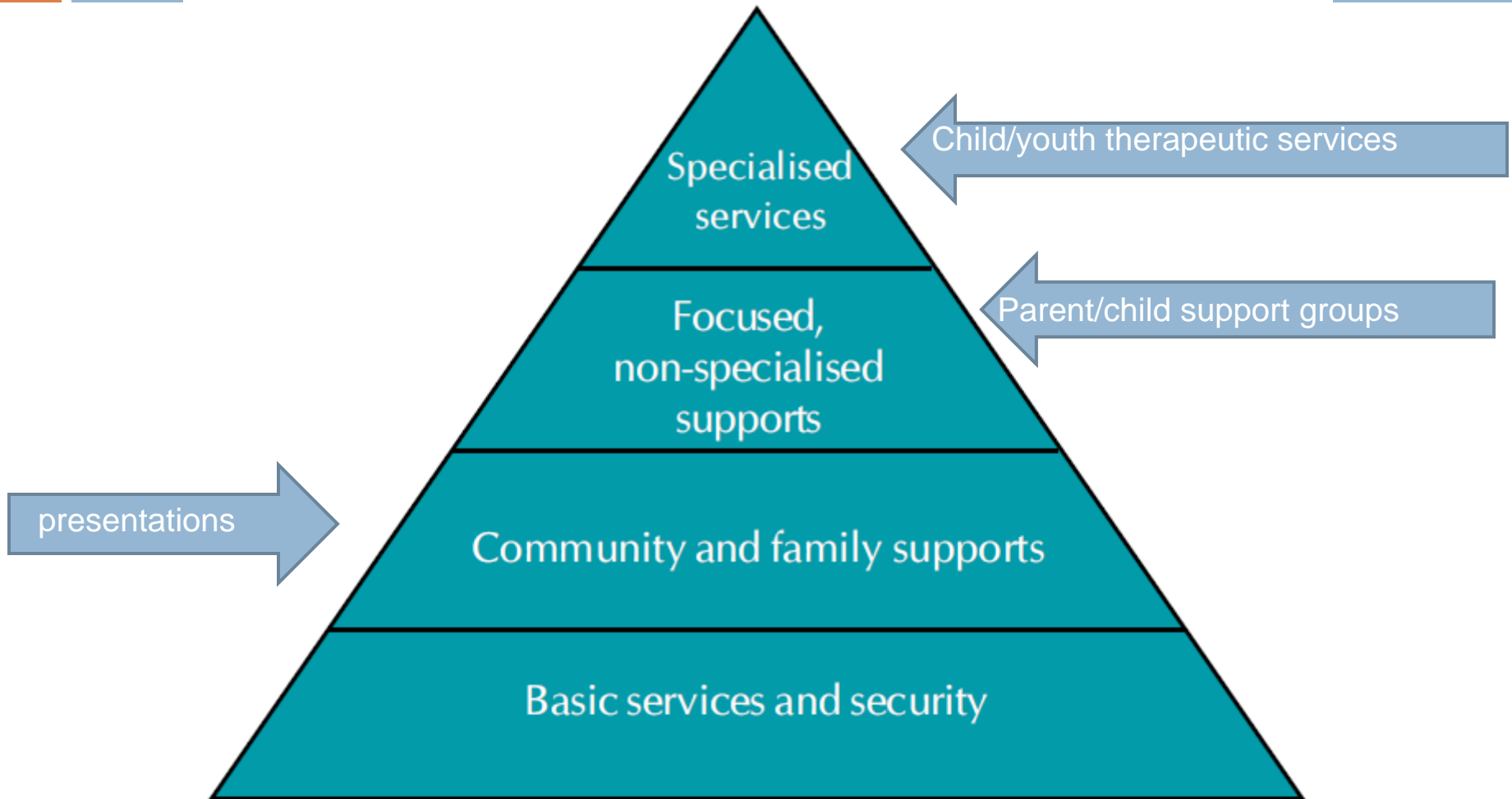
Public health model
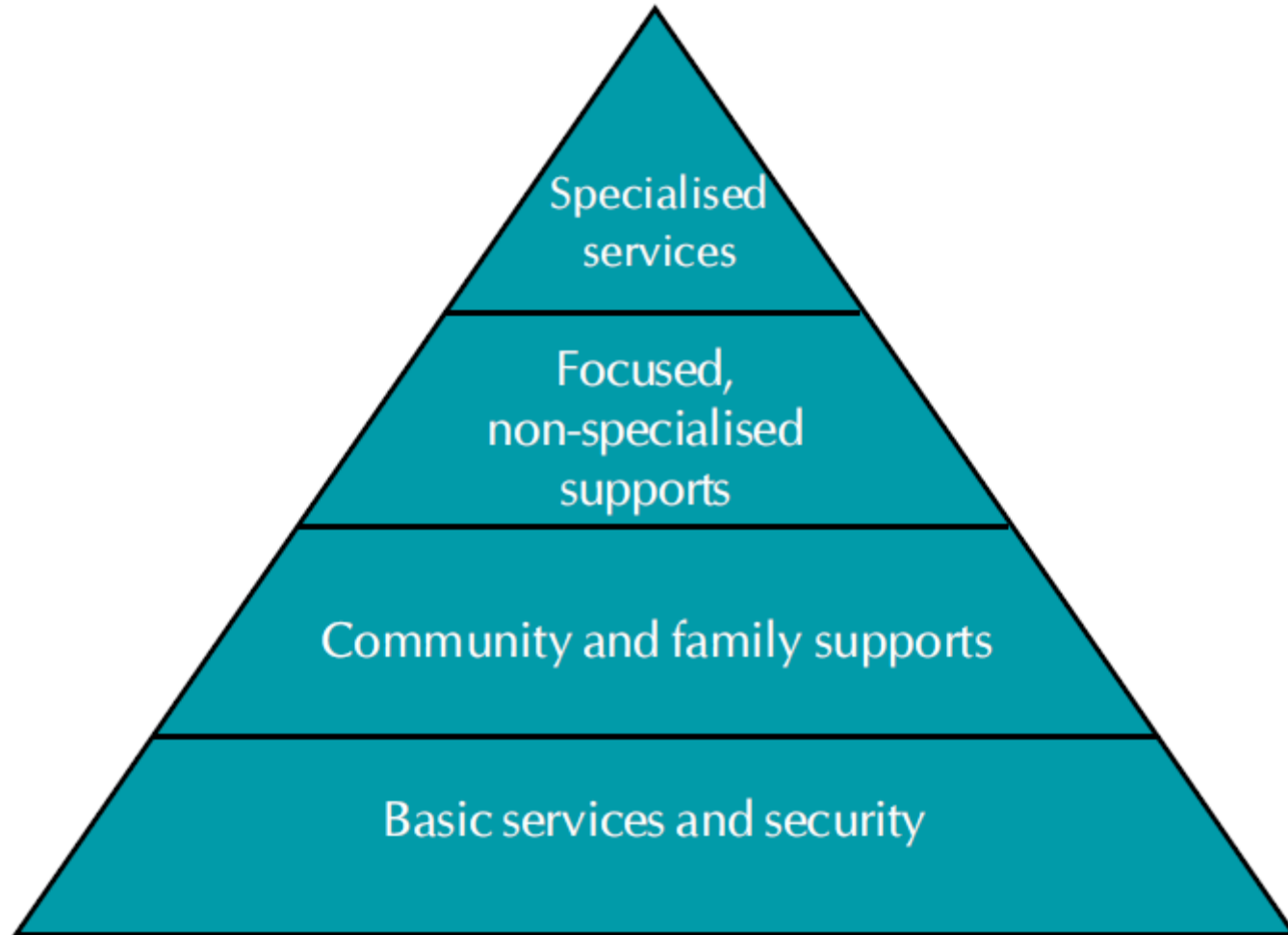
Core aspects of public health model

- Resilience is the norm not the exception
- Pathology approaches are often stigmatizing and not well received
- Strengthen and encourage coping, natural efforts towards wellbeing
- Trauma informed vs. trauma specific
- Culturally adapted
- Community and individual needs (including acute and serious ones)

MKC Family reunification

Specialised services

Child/youth therapeutic services

Focused, non-specialised supports

Parent/child support groups

presentations

Community and family supports

Basic services and security

Implementation & Training

Nancy Murakami, LCSW

Bellevue/NYU Program for Survivors of Torture

ACT: Implementation & Training

- Considerations for implementing effective and sustainable prevention & promotion programs
- Bellevue/NYU Program for Survivors of Torture (PSOT) family reunification programs
- Training strategies for innovations in dynamic program environments

A History of Adopting and Adapting Programs

- Cookbook – "kits" in the 1970s
- Replication – staff trained by the developers to implement similarly across agencies
- Adaptation – 1980s adapt the program to the unique site
- **Invention/Innovation – DIY with ideas and inspiration from others (Action Research)**

Dalton, J.H., Elias M.J., & Wandersman, A. (2006). *Community Psychology: Linking individuals and communities.*

Implementation

- Turning your design into practice
- Pro-Active (anyone?) rather than Re-Active (you are not alone!)

Implementation Considerations

- Client-centered
- Trauma-informed
- Partner agencies/programs
- Barriers and challenges
- Multi-phase
- Cyclical process
- Revisions along the way
- Sustainability

Implementation

Our motivation for effective and sustainable implementation of children and family services

PSOT Family Image Removed

PSOT's Approach

- Multi-Disciplinary *Family Working Group* Formed
- Identified Historical Needs and Services
- Identified Programmatic and Partnership Gaps
- Explored Potential Solutions (& Barriers)
- Began Developing!
  - Post-Asylum Assessment (implemented)
  - Pre-Family Arrival Report/Assessment (design)
  - Family Reunification Guidebook (design)
  - Post-Family Arrival Assessment (assessment)
  - Multi-Family Manualized Support Group (assessment)
  - Build Collaborative and Referral Partnerships with Bellevue Child Psychiatry & Bellevue Family Therapy Department (assessment)

Family Reunification Guidebook

BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

Family Reunification Guidebook
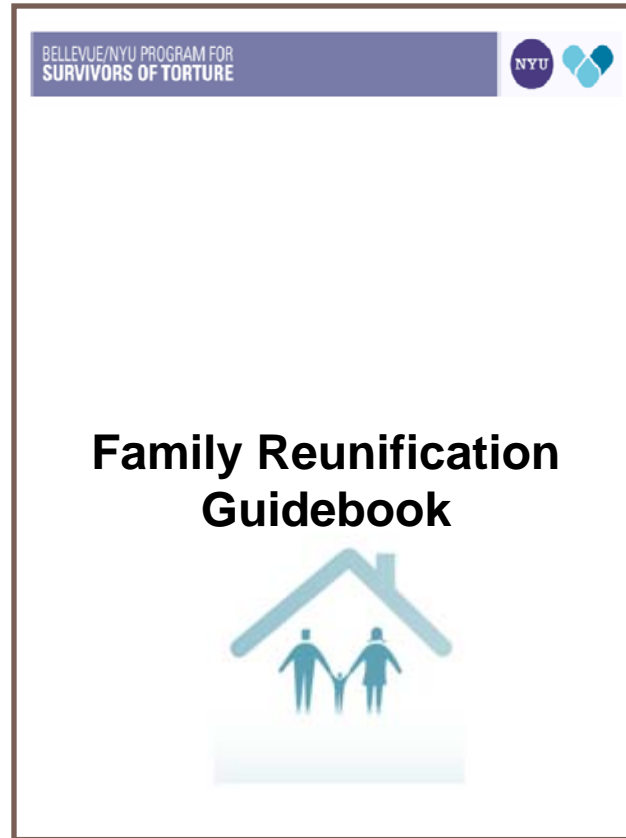
Training Who?

Training Considerations

- Introduction of new project
- Dynamic and ongoing process
- Supervision
- Degree of flexibility in implementation
- Personnel stability
- Trainee investment in the program/project
- Trainee learning style
- Trainee and Agency Capacity
- Project Funding

Evaluate and Sustain

Melba Sullivan, Ph.D.

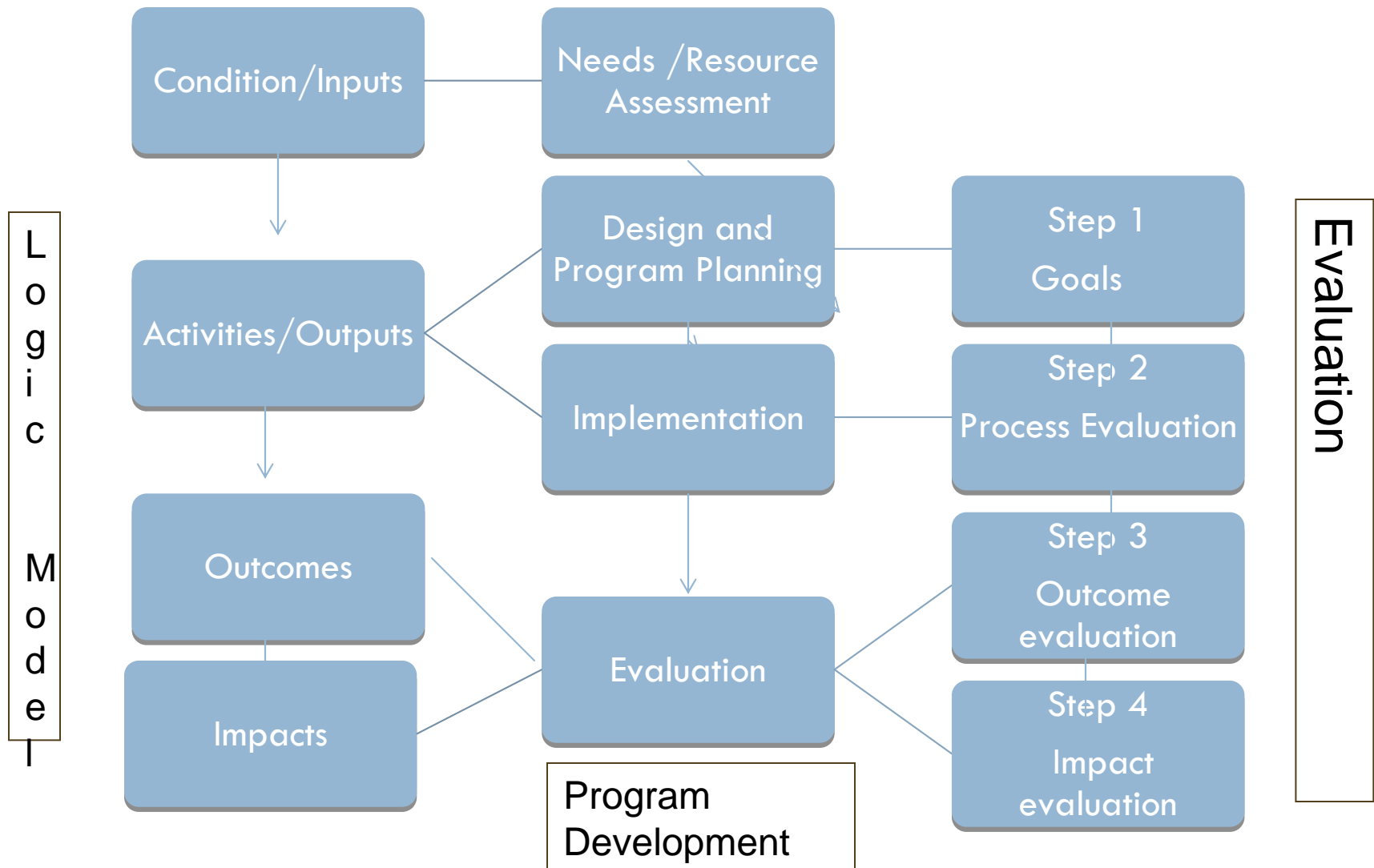Bellevue/NYU Program for Survivors of Torture

3 Goals of Evaluation

1. Program development
2. Accountability
3. Broader knowledge

Chelimsky, E. (1997).

4-Step Logic Model, Program Development and Evaluation

4-Step Logic Model Evaluation

I. Identify Goals and Desired Outcomes

❑ Make a list of the primary goals

❑ What groups do you want to involve?

❑ What outcomes do you desire?

II. Process Evaluation

❑ Quantitative and Qualitative Data

❑ What activities were planned?

❑ What activities were implemented?

❑ What barriers and strengths impeded or facilitated implementation?

❑ What can you learn from this experience?

4-Step Logic Model Evaluation

I. Outcome Evaluation (Short-term)

    I. Were targets achieved?

II. Impact Evaluation (Long Term)

Getting To Outcomes (GTO)
10-Step Model

1. Needs/Resources
2. Goals, Target Population and Desired Outcomes
3. **Best Practices**
4. Program Fit
5. Capacities

GTO10-Step Model

6. Planning

7. **Implementation and Process Evaluation**

8. **Outcome Evaluation**

9. Continuous Quality Improvement

10. Sustainability

Best Practices: PSOT

□ NCB Institute

□ Multi-Family Discussion Group with New York City Homeless Shelters (Fresh Start for Families; CCNY; Fraenkel et. al)

□ Coffee and Families Education and Support Group for Bosnian families (CAFES; UIC; Weine et. Al)

□ Tea and Families Education and Support Group for Kosovar families (TAFES; UIC; Weine et. Al)

Implementation and Process Evaluation: PSOT

- Attendance (Who? Time?)
- Materials/Resources used? Unused?
- Constraints? Strengths?
- Qualitative assessment of Participants' experience throughout implementation (What worked? What didn't work so well?)
- Qualitative assessment of Facilitators' experience

PSOT Outcome Evaluation

- 1) record and analyze individual family members' engagement in family and health services provided by PSOT and Bellevue services

- 2) assess pre/post-intervention knowledge gained as a result of attendance in sessions

- 3) administer measures of adult distress and family functioning within one month of arrival and six months after arrival (PERI-D and FAM).