Becoming an Ally: Multi-family Group Therapy Pilot with Low-income Families

Julie Virginia Estrella
Becoming an Ally: Multi-family Group Therapy Pilot with Low-income Families

by

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A Dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy in Marital and Family Therapy

December 2015
Each person whose signature appears below certifies that this doctoral project in his/her opinion is adequate, in scope and quality, as a doctoral project for the degree Doctor of Philosophy.

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ACKNOWLEDGEMENTS

“The credit belongs to the (wo)man who is actually in the Arena”
--Teddy Roosevelt via Brene Brown

In completing this dissertation, I discovered Roosevelt is right, “it’s not the critics that count, it is those in the arena” of life who count. Those who are willing to jump in, take risks and say yes. It truly takes a village to complete a dissertation and my heart overflows with the love and support provided throughout this journey. Thank you God for opening my eyes to the beauty and value of relationships, placing these unforgettable people in my path, and planting the seeds of compassion, social justice and advocacy in my heart.

To our community partners at KEYS and HACSB, thank you for this opportunity to work with you and your families. Thank you for providing space, mentorship, and invaluable support in order to run the Bouncing Forward Family (BFF) groups and finish this study. To our BFF families, thank you for taking a risk and jumping in to this new program, opening your hearts, and giving powerful feedback. Thank you for showing up time after time, even when it was beyond tough at home. Thank you for showing us all the power of community and for sharing your wisdom with our group. Thank you for helping me see that bouncing back is not enough, and how together we can finally begin to bounce forward.

Thank you to those who have been willing to get in there and brave the arena with me. To my family, friends and colleagues, thank you for pouring into my heart and helping me navigate the uncharted territory of being a wife, mom, graduate student, teacher, and mental health professional all at the same time! Mom and Dad, you
consistently push the bounds, remind me to play a big game, and show me that every relationship can be repaired. Your marriage, the places you have taken us, and your ability to rise strong no matter what have instilled in me the belief that every life matters and vulnerability heals. Sergio, thank you for choosing to live each day in the arena with me, hand in hand. Thank you for saying “yes” to me, our marriage, a PhD, a baby, sharing chores and responsibilities, late night diaper changes, early morning walks, date nights, travel, and your own dreams. Your strength, clarity, and vision inspire me to live whole-heartedly. Lucca, you make being in the arena worth it! Your joy and curiosity reminds me to seek out the best in everyone. Chela, thank you for sharing your life with us, caring for Lucca, and lightening our load. Heidi, thank you for helping me see that it is possible to relish your marriage, balance graduate school and family life, and raise kids in a strength-based way.

To all those in my classes, clinics and groups, thank you for sharing your wisdom, truth, and feedback. You challenged me to think way outside the box and I am forever grateful. Lauren and Laura, thank you for your continued support, statistical and writing expertise, and helping make this process fun! Ginger and Elsie thank you for sharing your strengths and input with me in the facilitation of BFF groups, data collection and mental health days along the way. Pat and Sarah, thank you for your experienced editorial eyes and feedback. Veronica, thank you for being on the other end of the phone fighting the good fight and helping me stay focused on the finish line.

To my committee, thank you for your coaching, enthusiasm, patience and wisdom. Dr. Knudson-Martin and Dr. Huenergardt, from my first SERT session I knew I would never see relationships the same way. You not only helped me see the effects of
power and privilege, you supported me in becoming an ally, able to address these issues with the families I serve. Dr. Moline, each moment with you enriches my life personally and professionally. You helped me get back up when things seemed impossible, coached me through the obstacles, and continue to inspire me to pursue teaching, supervising and group work. Dr. Distelberg, this entire study would not be here without your stand for systemic organizational consulting, community-university partnerships, and the countless hours you gave behind the scenes to KEYS, HACSB and our research group. We have forged new trail after new trail and I will forever be grateful for your guidance, open feedback, trust and belief in me as a leader. You not only read every word, you also live and breathe this work—thank you for giving so many of us the chance to take new ground under your thoughtful mentorship.

To the families whose dreams are big and their courage even bigger.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANCOVA</td>
<td>Analysis of Covariance</td>
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<tr>
<td>BFF</td>
<td>Bouncing Forward Family groups</td>
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<tr>
<td>CDI</td>
<td>Community Development Initiative</td>
</tr>
<tr>
<td>CFT</td>
<td>Couple and family therapists</td>
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<tr>
<td>EM</td>
<td>Expectation-Maximization imputation</td>
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<tr>
<td>EQS</td>
<td>Structural equation modeling software</td>
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<tr>
<td>FACES-IV</td>
<td>Family Adaptability and Cohesion Evaluation Scale</td>
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<td>FSM</td>
<td>Family Stress Model</td>
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<tr>
<td>FSS</td>
<td>Family Self-Sufficiency program</td>
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<tr>
<td>GED</td>
<td>General Equivalency Development certificate</td>
</tr>
<tr>
<td>HACSB</td>
<td>Housing Authority of the County of San Bernardino</td>
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<tr>
<td>HCV</td>
<td>Home Choice Voucher</td>
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<tr>
<td>HCZ</td>
<td>Harlem’s Children Zone</td>
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<tr>
<td>HS</td>
<td>High School</td>
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<tr>
<td>HOST</td>
<td>Housing Opportunity and Services Together</td>
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<tr>
<td>HTHF</td>
<td>Hope Through Housing Foundation</td>
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<tr>
<td>HUD</td>
<td>United States Dept. of Housing and Urban Development</td>
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<tr>
<td>ITSP</td>
<td>Individualized Treatment and Services Plan</td>
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<tr>
<td>KEYS</td>
<td>Knowledge, Education for Your Success, Inc.</td>
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<tr>
<td>LLU</td>
<td>Loma Linda University</td>
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<tr>
<td>MC</td>
<td>Making Connections initiative</td>
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<td>MFGT</td>
<td>Multi-family group therapy</td>
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<tr>
<td>MFT</td>
<td>Multiple-family Therapy</td>
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n.d. No Date
OSF Open Society Foundations
PI Private Investigator
PMFG Psychoeducation Multiple Family Group
PWORA Personal Work and Responsibility Act
QHWRA Quality Housing and Work Responsibility Act
RCT Randomized clinical trials
RSE Rosenberg’s Self-Esteem Scale
SAMHSA United States Department of Health and Human Services
SE Standard Error
SES Socioeconomic status
SFBT Solution-focused Brief Therapy
SPS Spiritual Perspective Scale
SPSS Statistical Package for Social Science Students
TAP Targeted Assessment Program
TAU Treatment as usual
T1 Time point one
T2 Time point two
TX Treatment
US United States
ABSTRACT OF THE DISSERTATION

Becoming an Ally: Multi-family Group Therapy Pilot with Low-income Families

By

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The increasing demand for couple and family therapists (CFT) in integrated health care settings requires CFTs to learn to effectively serve low-income families. Resilience literature suggests that building families’ resilience and social support directly impacts a family’s chances for socioeconomic mobility. Multi-family group therapy (MFGT) offers an effective vehicle for increasing resilience and social support. This dissertation examines the link between family resilience and poverty and presents an ecological, solution-focused, family resilience lens applied through a pilot MFGT program, Bouncing Forward Family (BFF) Groups, for low-income families. This dissertation includes two publishable papers, and the first focuses on the BFF groups inclusive of key principles, their application and recommendations for maximizing the role of CFTs in their work with low-income families. This dissertation also tests the BFF program’s ability to benefit low-income families when in public housing assistance programs in San Bernardino, CA. In the second publishable paper, using a treatment-treatment as usual, within subjects design, we examined the benefits of using a pilot MFGT to help low-income families achieve socioeconomic goals. Results confirmed that families within the MFGT completed their socioeconomic goal significantly more than the treatment as usual group. These families also showed positive improvements in self-
esteem and family cohesion. The results of this study are promising and suggest that the inclusion of MFGT may be an effective addition to comprehensive programs geared towards increasing families’ socioeconomic mobility. This study highlights the innovative benefits of Multi-family Group Therapy (MFGT) with low-income families.
CHAPTER ONE

INTRODUCTION

Poverty Calls for Innovative Solutions

While all families deal with stressors over a lifetime, the stress amplifies significantly when the family faces the vicious effects of poverty. Pressing public mental health needs, integration of mental and primary healthcare, and changing economic times highlight the need for more comprehensive services for multi-stressed families in the United States (US), particularly low-income families (Sperry, 2015). As of 2014, 49.1 million American people (15.4% of the nation) were considered to be living below the poverty line (Census, n.d.). Over 5 million of these families currently receive some sort of support from the United States Department of Housing and Urban Development (HUD; Housing of Urban Development, 2011). Recent changes to HUD policies are poised to encourage low-income families to use housing assistance to leverage their family’s socioeconomic mobility (Popkin et al., 2004).

Looking Outside the Box

One such program, introduced in the 1990s, the Family Self-sufficiency (FSS) program (Family Self-sufficiency program [FSS], n.d.) has been a major source of support for low-income families providing education, financial escrow options, matching funds earned, case management, etc. (HUD, 2011). Unfortunately, a recent evaluation of the FSS program (HUD, 2011) revealed that only 24% of the participants were able to successfully transition off of FSS services within the allotted four years. This dilemma is causing housing program leaders and researchers every where to look to innovative and
cross-disciplinary approaches to better understand how to address the issue of helping so many families achieve socioeconomic mobility. Whole family approaches are gaining recognition as innovative responses to the unhealthiest effects of poverty and capable of assisting families in achieving self-sufficiency (Mosley et al., 2012).

**Comprehensive Family Services Proving Effective**

Effectiveness research shows that low-income families thrive when they have access to all-inclusive family services such as the Harlem Children’s Zone (Austin et al., 2005), the Targeted Assessment Program (Ellerbe et al., 2011) and the Housing Opportunity and Services Together (HOST) model from the Urban Institute (Popkin et al., 2012). Each of these non-profit programs addresses poverty as a multidimensional construct requiring intervention at the family, neighborhood, as well as broader community and macrosystem levels. While recent outcomes research of the TAP program reports significant increases in the percent of participants employed at least part time (Staton-Tindall et al, 2010) all three programs recommend some version of; 1) family strengthening activities, 2) community organizing and strengthening (Austin, Lemon, & Leer, 2005) and, 3) shifting the focus of intervention from the individual to the entire family and community (Popkin et al., 2012).

These programs also remind us that while employment may be a good first step towards socioeconomic mobility it is not enough. For example, the HOST model (Popkin et al., 2012) advocates to use public housing as a “platform to improve the life chances of vulnerable children, youth, and adults” (p.1). Therefore, a more holistic approach integrates one’s employment, income, health, spirituality, relational needs, etc.
and factors that increase family resilience (i.e. social support, self-esteem, etc.). To this end, Stiel and colleagues (2014) found that two family resilience factors (social support and family problem solving skills), specifically predicted full-time employment. All together these studies suggest that comprehensive programs like Harlem Children’s Zone and HOST are effective in helping low-income families achieve socioeconomic mobility by leveraging their larger systems.

**Government-University Partnerships**

Therefore the Housing Authority of San Bernardino (HACSB), CA reached out to Loma Linda University’s (LLU) Family Science researchers and formed a formal partnership in order to assess what could be done for their FSS families from a systemic, relational lens. Having joined the Moving to Work (MTW) program, designed to provide public housing authorities with the chance to pilot innovative and locally-driven strategies, they were able to explore creative ways of addressing poverty outside of matching the head of households earned savings. In addition to engaging local family researchers, they also incorporated the Community Development Initiatives (CDI), a department focused on case management services, within the FSS program.

Initial findings from LLU family science researchers county-wide needs assessments revealed that families reported: 1) feeling isolated, 2) lack of clarity as to what socioeconomic goals to focus on while receiving services for five years, and 3) unclear about how to access available support services (Distelberg & Taylor, 2011). Together these needs pointed to multi-family group therapy (MFGT), an intervention that
family therapists have effectively used when dealing with multi-stressed issues from a systemic lens (Asen & Scholz, 2010; McFarlane, 2002, Sherman et al., 2015).

**Multi-Family Group Therapy**

MFGT offers a unique and flexible response to increasing socioeconomic mobility, and it helps build individual, family, and community resilience. While MFGT initially focused on treating families of chronic mentally ill clients (McFarlane, 2002), mental health practitioners have successfully offered MFGT for other mental health issues like mood disorders among veterans (Sherman et al., 2015) as well as school-based problems, parenting issues, and attachment disorders (Asen et al., 2010). More specific to the goals of this study, McFarlane’s (2002) Psychoeducation Multiple Family Group (PMFG) has demonstrated that MFGT can support clients in finding employment (McFarlane et al., 2000). A recent exploratory, randomized clinical trial (RCT) study comparing MFGT and individual family treatment as a supplement to inpatient care also found that MFGT can be both as effective as working with individual families and more cost-effective (Whitney et al., 2012). This is advantageous for housing related government programs as they are often inundated with high volumes of program participants and tasked with being good stewards of public tax dollars. Overall the MFGT literature provides valuable guidance and support for helping low-income families achieve socioeconomic mobility. This is especially true if we integrate the MFGT literature and practice with relevant conceptual models for addressing poverty, such as resilience.
Family Resilience and Socioeconomic Mobility

The concept of “family resilience” is a much-needed area of study, and a progressive way to understand family systems from a strengths-based focus. Family resilience theories about low-income families such as the Family Stress Model (FSM) (Conger & Elder, 1994), Resiliency Model of Family Stress (RMFS) (McCubbin & McCubbin, 1996) and the Family Resilience Model (Walsh, 2003) suggest that social connectedness and family resilience moderate social mobility, or a person’s ability to become economically self-sufficient. Findings in resilience literature also suggest that building family resilience, and access to social support, can directly impact a family’s chances for socioeconomic mobility (Distelberg & Taylor, 2013; Johnson, Honnold, & Threlfall, 2011; Keene & Geronimus, 2011; Tester et al., 2011). In these cases it can been seen that as a family’s level of social support increases, it directly aids the family in: 1) maintaining stable employment, 2) receiving adequate housing, 3) increasing education, 4) increasing job skills training, and 5) buffering against physical and mental health limitations (Corcoran, 1995; Dominguez & Watkins, 2003; Jackson, Brooks-Gunn, Huang, & Glassman, 2000; Lin, Thompson, & Kaslow, 2009; Paranjape & Kaslow, 2010). While family resilience ideas provide a theoretical starting point for the development of a MFGT program geared towards helping low-income families overcome poverty, it is imperative to also integrate a theory of change that will assist these families in not only setting, but also meeting short-term goals.
Interim Milestones: Critical Measures of Socioeconomic Mobility

Each FSS program is required by law to use an Individualized Training and Services Plan (ITSP) with participants, complete with short and long-term goals, and can tailor it their own needs (FSS, n.d.). While each housing authority has the freedom to adapt their ITSP to fit program needs, all are expected to establish and provide the case management necessary to assist participants in accomplishing their interim and long-term goals (HUD, 2011). In the same evaluation (HUD, 211) that revealed only 24% successfully transitioned off housing services within four years, researchers found that when those who were able to complete their short-term ITSP goals were more likely to eventually complete the FSS requirements and therefore no longer need housing services. Of the 24%, almost 90% had managed to complete their interim milestones by their final year in the FSS program. This is in contrast to the majority of participants who exited the program early reporting either not having or unable to achieve their interim milestones (HUD, 2011). This points to the critical need for families to not only set shorter, proximal, interim ITSP goals, but also to be able to meet these in order to successfully meet their longer term goals.

Solution-Focused Brief Therapy

While we may have little knowledge as to how families can move from poverty to self-sufficiency, a process defined by HUD as socioeconomic mobility, family therapists do have therapeutic approaches and interventions that have been shown to help clients accomplish goals, such as solution-focused brief therapy (de Shazer and Dolan, 2007).
Therefore this dissertation explores the value of integrating multi-family group therapy (MFGT) from an ecological, family resilience, solution-focused lens into existing low-income supportive programs to see whether the inclusion of these interventions might help bolster the socioeconomic mobility of these families.

**Current Study: Families Coaching Families Out of Poverty**

**Treatment as Usual**

As housing beneficiaries, current HACSB FSS treatment as usual (TAU) includes attending a Keys to Success group orientation, upon being admitted into the FSS program where they complete a written Individualized Training and Services Plan (ITSP). Through a group process the head of household is coached in establishing goals focused on obtaining or finding better employment. The ITSP form used in San Bernardino, CA is a five-year goal plan with space to write out larger annual goals, as well as a two-month, proximal, socioeconomic goal to help them get started on their pathway to self-sufficiency (See appendix A). Common goals nationwide include completion of education, obtaining employment, achieving home ownership, reducing debt, etc. (HUD, 2011). Families then follow up with a CDI staff annually for support regarding their ITSP goals and receive in-house referrals to Workforce Development support staff if they are seeking employment.

**MFGT Innovation: Bouncing Forward Family Groups**

To enhance FSS services and to support families in increasing their ability to achieve interim milestone goals found to enhance self-sufficiency, the HACSB CDI team
partnered with a team of couple and family therapists (CFTs) from the LLU family science research group to develop, pilot, and evaluate a MFGT treatment model, called the Bouncing Forward Family (BFF) Groups (Borieux, Distelberg, & Estrella, 2014). The BFF’s theoretical lens integrates ecological, and family resilience frameworks with assumptions from solution-focused brief therapy (de Shazer et al., 2007) providing a strengths-based focus to working with low-income families (See Appendix F for BFF manual).

Expanding the “Socio” in Socioeconomic Goals

The BFF group acknowledges and intervenes on individual, family, and community system levels to increase resilience within the families and encourage social support between families. Socioeconomic status is seen as more than one’s employment and instead as “an intersection of class, race, ethnicity, sexual orientation, abilities, nation of origin and language that places some at significant social and economic disadvantage” (Garcia & McDowell, 2010, p.96). This intervention contains both first order and second order goals. Given that the program works in collaboration with the FSS programs, the BFF groups focus on the first order goal of economic mobility and measures this change by tracking participants’ successful completion of their ITSP eight-week proximal goal.

Within the BFF program, families are encouraged to define their socioeconomic mobility. In this case families defined their pathway through their own unique goals for their family. In general some common goals that are noted include: 1) obtaining full time employment, 2) increasing one’s current educational background (going back to college or finishing a high school degree), 3) moving from housing assistance into either a home
that they purchase or a market based rental apartment. To achieve this first order goal, BFF framework introduces 10 principles, as designed by Borieux and colleagues (2014) and further elaborated in this dissertation’s first publishable paper (See Chapter 5), drawn from ecological, family resilience and solution-focused theory to evoke second order change.

**Dissertation Objectives**

It is important to understand that a new perspective promoting alternative possibilities for these families is essential to expand the way we not only conceptualize socioeconomic mobility, but also to highlight ways in which family therapists can contribute to families alleviating poverty. This dissertation examines the effectiveness of the BFF groups in helping low-income families achieve socioeconomic mobility by completing their eight-week Individualized Treatment Plan (ITSP) proximal goal. The mechanism by which this first order change is achieved is through the bolstering of family resilience constructs within the families. Within this pilot study we used a quasi-experimental within subject design, including a treatment as usual (TAU) and treatment group, to examine the potential benefits of the BFF groups. Within this study we explored family resilience characteristics such as; self-esteem, spirituality, family adaptation and cohesion. Our central hypothesis was that the BFF groups would encourage socioeconomic mobility and increase family resilience.

**Aims**

The current dissertation proposes three aims. First, publishable paper one will outline the BFF theoretical framework that was used and evaluated in this dissertation, as
well as providing therapeutic lessons learned regarding the implementation of MFGT with low-income families, including BFF group principles and the role of the therapist (See chapter 5). Secondly, publishable paper two details the results of an outcomes study evaluating the BFF groups’ effectiveness in helping families experience socioeconomic mobility through the use of multiple-family therapy (MFGT) techniques (See chapter 6). Finally, this outcomes study provides information regarding whether the BFF groups are able to increase family resilience of low-income families through the use of multiple-family therapy (MFGT) techniques. Specifically resilience factors such as self-esteem, spirituality, family adaptation and cohesion will be assessed to determine if the BFF program increased these factors within the families (See chapter 6).

The outcomes study in the publishable paper two (See chapter 6) proposes testing the following hypotheses through evaluation of proximal goals and family resilience measures.

**Hypotheses**

1. Families that are placed in the BFF program where multiple-family therapy (MFGT) techniques are used will increase their socioeconomic mobility by meeting their eight-week ITSP proximal goal, which moves them closer to completing their annual Individualized Treatment Plan Services (ITSP) goal.

2. Families that are placed in the BFF program where multiple-family therapy (MFGT) techniques are used will have an increased amount of
family resilience as evidenced by increased self-esteem, spirituality, family adaptability and cohesion.

**Rationale**

This dissertation aims to build upon previous research suggesting that whole family approaches are more effective in assisting low-income families achieve socioeconomic mobility (Austin et al., 2005; Ellerbe et al., 2011; Mosley et al., 2012; Popkin et al., 2012), specifically by introducing ways CFTs can evoke family resilience through MFGT to capitalize on the benefits of social support. This study will contribute to a growing body of empirical literature supporting the effectiveness of MFGT. Specific to this study we will explore the potential benefits of the MFGT format of the Bouncing Forward Family groups to achieve socioeconomic mobility. As of this time there are no known empirically validated effectiveness studies with a control design evaluating MFGT treatment for socioeconomic mobility versus treatment as usual (TAU).

Secondly, this study provides policy makers and public housing program designers evidence, in combination with a solid body of empirical research (Distelberg et al., 2012; Johnson, Honnold, & Threlfall, 2011), that highlights the specific need to integrate mental health services like MFGT into social services such as public housing. Finally, this study will provide family researchers with empirical results from an exploratory analysis that highlights the role of family resilience factors in MFGT. More so, this study aims to provide practitioners with a better understanding of how MFGT can be used with low-income families to build family resilience.
CHAPTER TWO

CONCEPTUAL FRAMEWORK

Overview

This chapter will present the Bouncing Forward Family (BFF) groups’ (Borieux et al., 2014) conceptual framework integrating family ecology theory, family resilience frameworks and Solution-focused Brief Therapy (SFBT; de Shazer & Dolan, 2007), in order to re-conceptualize the way CFTs relate to poverty and the processes of socioeconomic mobility. The family resilience frameworks serve as a lens that frame low-income families as “challenged”, not damaged, thereby “affirming their potential for repair and growth” (Walsh, 2006, p. 8). It also helps explain the ways in which families achieve socioeconomic mobility despite numerous obstacles of poverty. Family ecology theory recognizes that poverty is at the intersection of numerous factors on different levels, “including individual factors (e.g., personality, developmental experiences, mental health, race, and ethnicity) and social factors, such as resource availability, policies, culture, discrimination, and social situations” (Nooe & Patterson, 2013, p. 106). This serves as a methodological justification for the ecological conceptualization of family resilience and expansion of self-sufficiency to include the entire family. Solution-focused Brief Therapy (de Shazer & Dolan, 2007) offers a strengths-based clinical approach shown to be effective in other family-based programs (Springer & Orsbon, 2002; Teixeira de Melo, Alarcão, & Pimentel, 2012) with a theory of change easily adaptable to MFGT. This chapter concludes with a brief discussion of these theoretical influences on the current study design.
Family Ecology Theory

It is imperative to first consider the family ecology theory as it has dramatically influenced the way resilience, particularly family resilience, is conceptualized today. Family ecology theory focuses on humans development through “interactions and interdependence of humans (as individuals, groups, and societies)” with the environment (Bulboz & Sontag, 1993, p. 421). In this theory the key emphasis is found in a person’s ability to adapt to his or her immediate and larger contextual environments (Bulboz & Sontag, 1993). Urie Bronfenbrenner (1979), often attributed as being the main driver behind the first contextual emphasis in behavioral health with his ecological model, initially wrote that the individual’s development is impacted by and acting upon numerous levels of environmental systems.

It is important to note that although Bronfenbrenner’s early ecology model does not address family processes or resilience it does provide researchers with a way of organizing the multiple levels of stress, or in our case socioeconomic mobility, of a family living in poverty (Bronfenbrenner, 1979; Bulboz & Sontag, 1993). Additionally, since the central focus is on the family ecosystem, this theory works well with families that do not necessarily have traditional configurations. To this end, it has been shown to work well with families of “diverse structures and national, ethnic, or racial backgrounds, in different life stages and life circumstances” (Bulboz & Sontag, 1993, p. 424), characterizing many HUD participants.

One of the greatest criticisms of the family ecology theory is that its reach is too broad and makes it difficult for researchers to actually capture the full impact of reciprocity among the varying levels (Andrews, et al., 1980; Bubolz & Sontag, 1993).
Bulboz & Sontag (1993) assert that adding some general systems theory concepts to Bronfenbrenner’s propositions can help the family ecology theory to better address family processes. Their shift from the individual’s development to that of the family’s development offers the following assumptions that are helpful in conceptualizing family resilience:

1. Families are semi-open, goal directed, dynamic, adaptive systems. They can respond, change, develop, and act on and modify their environment.

2. Families are energy transformation systems and need matter-energy for maintenance and survival, for interactions with other systems, and for adaptive, creative functioning. Information organizes, activates, and transforms matter-energy in the family ecosystem.

3. Environments do not determine human behavior but pose limitations and constraints as well as possibilities and opportunities for families.

4. Decision-making is the central control process in families that directs actions for attaining individual and family goals. Collectively, decisions and actions of families have an impact on society, cultural and the natural environment (p. 426).

The first assumption is particularly helpful when systemically conceptualizing family resilience as a way of adapting continuously, regardless of one’s environment. “The explanation for any individual child being successful or unsuccessful depends on the combined influences of their neighborhood, family, school, and peer group, together with their own personal attributes, characteristics, and personal choices” (Elliott et al., 2006, p. 276). The second assumption helps illuminate why family resilience and social support is so important. In order for a family ecosystem to remain adaptive and creative it needs
“matter-energy”, in this case social support, to keep transforming. Conversely, the “rugged individualistic” idea of the welfare to work value of self-sufficiency runs contrary to this assumption as it does not add energy to a family’s system. The third assumption also points toward how the family’s environment can either hinder or propel a family forward when faced with challenges. Lastly, the fourth assumption of the family ecology theory identifies decision making as an area to target for interventions. In regards to socioeconomic mobility these assumptions indicate a need to focus on family resilience, which drives the family forward.

**Family Resilience Framework**

*Family Resilience and Poverty*

In the early 1990s the groundbreaking Kauai Longitudinal Study (Werner, 1994; 1995; Werner & Smith, 1989; 1992) challenged family and sociological researchers to look for the exception to problems, and in that pursuit identify “resilience”, or success in the face of adversity. As this area of study matured, theories were developed around the concept of resilience that initially overlooked the critical value of social relationships such as family and community. New awareness that significant relationships impact resilience gave way to research with a systemic perspective of resilience, specifically how the family overcomes adversities, and ultimately encourages resilience (Ungar, 2011; Walsh, 2003). Theories of family resilience are increasingly ecological in nature and suggest that a family’s level of resilience is dependent on the mutual interaction between individual traits, family processes, and community level characteristics (Walsh, 2003). Most importantly, low-income families are seen as “challenged”, not damaged,
thereby “affirming their potential for repair and growth” (Walsh, 2006, p. 8). Seeing themselves in a new way—capable of great things—is a significant detour from how many low-income families have grown accustomed to identifying themselves.

The ability to “rebound from adversity” (Walsh, 2006, p. 8) is critical for low-income families attempting to move forward socioeconomically. Over the past two decades there has been a significant shift in how resilience is defined, emphasizing families strengths versus deficits, thereby making it a stronger fit theoretically for this study (Werner, 1993).

**Traditional Family Resilience Models**

Although numerous models for family resilience exist, three theories in particular have shaped the way we will look at what it means for low-income or low-income families to be resilient: Rand Conger and Colleagues’ Family Stress Model (Conger, Ge, Elder Jr, Lorenz, & Simons, 1994), Hamilton McCubbin and Joan Patterson’s Resiliency Model of Family Adjustment and Adaptation (McCubbin & Patterson, 1983; McCubbin, Thompson, & McCubbin, 1996), and Froma Walsh’s Framework of Family Resilience (Walsh, 1998).

**Family Stress Model**

Due to the current study’s emphasis on socioeconomic mobility, we begin by looking at a model that developed from a similar focus. Conger and his colleagues (Conger, et al., 1994) sought to look at stressors for rural families in Iowa during an economic crisis. From this work Conger and colleagues developed the Family Stress
Model (FSM). This model was the first “giving psychological meaning to economic hardship” (Conger, et al., 2010, p. 690) and highlighted why the need for supporting families’ resilience was critical to socioeconomic mobility. Economic distress was shown to not only generate more stress on families in a cyclical manner, but also affected the relationships within and between different family members (Guin, Jakes, & Roper, 2010). This ultimately led to marital discord and kids negatively internalizing and externalizing similar symptoms (Conger, et al., 1992; Conger, et al., 1994). While the FSM model was initially criticized for a pathologizing perspective focusing only on a white, rural, nuclear population, a variety of follow up studies with ethnic minority populations have begun to show similar results (Benner & Kim, 2010; Conger, et al., 2002; Parke, et al., 2004; Solantaus, Leinonen, & Punamäki, 2004). This research addresses a variety of contextual factors like race and is important as the large majority of families using public housing assistance are from ethnic minority populations.

**Resiliency Model of Family Stress, Adjustment and Adaptation**

McCubbin and McCubbin (1996), responding to the need for a non-pathologizing, strengths-based way of looking at family resilience, identified five major assumptions for resilience in their “Resiliency Model of Family Stress, Adjustment, and Adaptation”. Four of these are particularly relevant when reframing what is needed to help low-income families in this study overcome adversity:

- All families will face hardships and change is a natural and predictable aspect of family life.
• In order to develop individual and family growth, families develop unique strengths and capacities.

• These unique strengths and capacities are used to a) cope with normative, as well as unexpected stressors, and b) foster adaptation following times of crises.

• Families not only benefit from community relationships and resources, but also contribute to these networks (McCubbin, et al., 1998; McCubbin, Thompson, & McCubbin, 1996).

McCubbin and McCubbin’s (1996) model helps expand the way stressors are perceived as contributing to crisis that lead families to seek out support like public housing. They were the first to highlight that part of a family’s process moving forward after a crisis involves their ability to reciprocally contribute to the networks in which they belong. Therefore it is not enough to receive services, but rather families benefit more if they can also give back to the networks in which the community in which the services exist. This theory helps lay the stage for more of an ecological view of how families navigate change as well as lay the foundation for the introduction of Multi-family Group Therapy (MFGT).

**Walsh’s Family Resilience Model**

It is also important to consider Walsh’s Family Resilience Model (2003) as it was the first to integrate an ecologically-based, resilience model for practical use in clinical work. Walsh (2003) identifies three processes that must be addressed in order to increase a family’s ability to move forward: 1) *family belief systems*, composed of how families make meaning of adversity, a family’s positive outlook, and transcendent and spiritual
beliefs, 2) \textit{organizational patterns}, defined as the presence of flexibility, connectedness, and social and economic resources within a family, and 3) \textit{communication and problem solving}, a family’s ability to bring clarity to adverse situations, facilitate emotional expression, and promote collaborative problem-solving.

In summary, these three traditional Family Resilience Models identify key processes within the family, as well as the surrounding community, that engender resilience in the family and ultimately aide the families in accessing the support and resources they require to achieve their first order goals.

\textbf{Current Trends in Low Income Housing Impact Critical Social Support}

In general all resilience theories suggest that family resilience is in part made up of a family’s level of social support from their surrounding community. Social support has also been shown as the strongest predictive validity characteristic of resilience for low-income families (Orthner, Jones-Sanpei and Williamson, 2004). Although the linkage between family resilience and social support is encouraging, these findings bring to light potential problems with the current centralization versus decentralization of poverty debate happening within the Federal Department of Housing and Urban Development (HUD).

Since the 1960s there has been an ongoing debate regarding families living in poverty (Lewis, 1966; 1998), this debate often focuses on the issue of centralization versus decentralization of poverty. The HUD has taken a stance on this debate and since 1994 continues to create policy changes that lessens the family’s time and reliance on centralized communities. In more common language, the days of the “projects” are
coming to a close. New Family Self-Sufficiency Programs such as the HACSB program used in this dissertation is meant to reduce the time a family spends within centralized low-income communities. The effectiveness research around these programs is still somewhat unclear (HUD, 2011), but a strong assumption from the “centralization of poverty” side of the debate purports that decentralizing poverty reduces community interaction and perpetuates the isolation of low-income families. In this case, the family resilience literature suggests that social support is a key component to family resilience (Walsh, 2003) and family resilience is a factor in families improving economically (Orthner, et al., 2004). Also if one includes Landau’s (2007) community resilience model, community resilience influences family resilience. Therefore, these decentralizing programs might inadvertently deplete community resilience, which might reduce family resilience and therefore the ability of the family to produce social economic mobility.

At this point it is important to clarify that although an ecological, family resilience lens is holistic and very helpful when it comes to conceptualizing how families achieve first order goals, such as obtaining employment or a GED certificate, it is not a sufficient theory of change. An additional theory of change is necessary to turn theory into practice and provide us with a roadmap for navigating and evaluating socioeconomic mobility with multi-family group therapy (MFGT).

Theory of Change: Solution-Focused Brief Therapy

While a variety of theoretical approaches to MFGT are effective (McFarlane, 2002; Asen & Scholz, 2010), none deals specifically with low-income families and socioeconomic mobility. Collaborative approaches such as Solution-Focused Brief
Therapy (SFBT) appear to work well in other family-based programs (Springer & Orsbon, 2002; Teixeira de Melo, Alarcão, & Pimentel, 2012) and offer a strengths-based theory of change that is easily adapted to MFGT. SFBT is also known for recognizing clients as the expert, and allowing room for them to establish their own short term and long term goals. This is important for the BFF groups, in that research shows that FSS families are more likely to graduate within five year term limits from the FSS program if they set and meet their interim and long term goals (HUD, 2011).

From the SFBT perspective, change is inevitable and seen as something that promotes low-income families’ sense of efficacy to resolve their issues. Small changes lead to bigger changes. This is key when working with low-income families as they tend to present with overwhelming barriers, and by honing in on what is working, no matter how small, clients will often create solutions that may not seem directly related to the problem at the time and can lead to greater change down the road (de Shazer & Dolan, 2007). Each MFGT session provides an opportunity for Couple and Family Therapists (CFTs) to amplify these small changes or exceptions by deliberately shifting the conversation from problem-saturated to more solution-oriented talk. By focusing on even the smallest exceptions to a problem and using more positive, hopeful, and future-oriented language, SFBT supports families to achieve the desired changes they seek to accomplish (de Shazer & Dolan, 2007). Greater details regarding how change is encouraged can be found in the facilitator tips of the BFF Manual (See appendix F).
Linking Theory to Clinical Practice

**Bouncing Forward Family (BFF) Groups**

Drawing upon the ecological, integrated family resilience frameworks, and SFBT presented here, our research team at Loma Linda University developed and piloted an eight-week manualized MFGT program (See Appendix F) for low-income families receiving assistance from the Housing Authority of the County of San Bernardino (HACSB). The program focuses on families who receive housing assistance from HACSB with specific focus on any family living at or below the poverty level that also has a desire to increase their socioeconomic status (Borieux, Distelberg, & Estrella, 2014). The Bouncing Forward Family (BFF) groups help low-income families identify their personal and family goals while building intrafamily resilience and intercommunity resilience. Each week the families meet and check-in, celebrate any good news, offer suggestions and support, set new short-term goals, and participate in experiential activities designed to promote one of ten therapeutic principles. Six overarching key premises, from which stem ten therapeutic principles, were identified to assist CFTs in linking theory to practice and families in accomplishing their socioeconomic goals (See Table 1 next page). The premises reflect the assumptions integrated from family ecology, family resilience, and solution focused brief therapy theory, whereas the principles highlight the facilitators goals for each of the weekly sessions. For a more detailed description of each of these principles, including suggested activities, questions to ask and facilitator tips please refer to the BFF manual in Appendix F of this dissertation.
Table 1. Bouncing Forward Family Group Premises and Principles

<table>
<thead>
<tr>
<th>Premise</th>
<th>Principle/s</th>
</tr>
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<tbody>
<tr>
<td>1) Goal Setting—Use setting and meeting achievable goals as strategy for success.</td>
<td>• Start with the end in mind • Celebrate small and big victories</td>
</tr>
<tr>
<td>2) Context—Address belief systems and meaning assigned across multiple systems to gain perspective about families’ current situation.</td>
<td>• Highlight current social location, challenges, as well as family strengths/resources that could support in overcoming barriers.</td>
</tr>
<tr>
<td>3) Capability—Evoke families’ strengths and responsibility for what is working to achieve growth and adaptation.</td>
<td>• Build one another up by highlighting individual, family and group strengths. • Engage all family members to contribute towards family goal.</td>
</tr>
<tr>
<td>4) Clarity—Creating permission to express openly &amp; honestly assists in developing emotional and cognitive clarity.</td>
<td>• Promote emotional clarity to address clarity of goal setting and planning for families’ futures.</td>
</tr>
<tr>
<td>5) Communication—Support families in developing positivity and collaborative problem solving.</td>
<td>• Define and reframe problems collaboratively to help families resolve problems. • Focus on the bright side of what is working.</td>
</tr>
<tr>
<td>6) Connection—Mobilize families to support one another through attention to social support, family values and spiritual growth.</td>
<td>• Encourage connection inside and outside of group regularly. • Engage religious and spiritual networks as social support.</td>
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Theoretical Influence on Study Design

Together the integration of an ecological, family resilience, solution-focused lens to the pilot BFF Groups fits well with the current dissertation’s central hypothesis that a systemic intervention such as MFGT supports low-income families to achieve socioeconomic mobility via meeting their short term milestone goals and increase family
resilience. The purpose of the outcomes study (See chapter 6), to evaluate the effectiveness of the BFF groups, aligns well with the combined theoretical assumptions and principles mentioned in this chapter. In addition, this theoretical lens directs the exploratory nature of this study’s second aim and assists in narrowing the scope of potential resilience outcome variables to self-esteem, spirituality, family adaptability and cohesion. Finally, this theoretical lens provided the backbone from which not only the BFF groups’ premises and principles arose, but also helped establish the current study’s design and methodology (See chapters 4 and 5).

Due to the exploratory nature of this study and few empirical research studies directly geared towards using MFGT for socioeconomic mobility, it is important to look outside family therapy and MFGT literature to determine what programs aiming to alleviate poverty are doing that is already working. The next chapter will explore what factors have been show to predict socioeconomic mobility through government and non-profit housing related programs, then look more closely at how MFGT could be used to address the existing service gaps by examining it’s background, efficacy, and current use.
CHAPTER THREE
REVIEW OF THE LITERATURE

Multi-family Group Therapy (MFGT) is a cost-effective, collaborative, and adaptable intervention that shows promise for assisting low-income families to achieve socioeconomic mobility. The initial goal of this literature review is to explore the compatibility of MFGT as a vehicle for socioeconomic mobility by looking first at what influenced the government push towards self-sufficiency, as well as what has been shown to work thus far to help low-income families achieve socioeconomic mobility, then identifying service gaps that could be addressed by MFGT. Following this, we explore the historical development of MFGT, as well as current evidenced-based and “promising” MFGT practices that will be used in the development of a conceptual framework for the Bouncing Forward Family (BFF) Groups.

US Self-Sufficiency Philosophy Versus Family Services

Employment-Oriented Welfare Origins

In 1996 the Personal Work and Responsibility Act (PWORA) changed the culture of HUD and made it possible for federal, state, and local initiatives to be developed to support the geographically unique challenges of assisting low-income families. Although a wide range of responses and programs have since emerged, self-sufficiency as a philosophy and goal of welfare has remained central even today (Welfare Reform and Child Support Impacts, 1998; Hawkins, 2005; Larrison, Nackerud, Lane-Crea, & Robinson-Dooley, 2005). This ideological value for self-sufficiency is very much present in HUD programs and a reality for the families. To that end, current government
programs have focused heavily on providing financial incentives to encourage self-sufficiency versus comprehensive family services.

**Get a Job: Primary Focus of Federal Housing Programs**

The Quality Housing and Work Responsibility Act (QHWRA), signed by then President Clinton in 1998, was a political and principled echo of PWORA. This act, in addition to decentralizing authority over “many aspects of housing policy that affect low-income families” (Bowie, Barthelemy, & White, 2007, p.393), also increased the degree to which public housing community residents economically benefit from obtaining employment. For example, under this act, welfare recipients are allowed to keep more of their earned income over their welfare allotments. The logic behind this reward for work policy was to provide people incentive for working as unemployment is documented as a major predictor of poverty (Nooe & Patterson, 2013).

**Rugged Individual Focus Versus Family Resilience**

This translates into HUD programs definition of self-sufficiency being based on the head of household, without taking into consideration other family members. Interestingly, the study of resilience, “the ability to rebound from crisis and overcome life challenges”, has expanded in the last two decades to include a focus on not only individuals, but also families and communities (Walsh, 2006, p.8). A brief review of the literature reveals that while the American ideal of being a “rugged individual” (Bellah, Madsen, Sullivan, Swinder, & Tipton, 1985) in the face of challenges has historically been considered key to resilience, it overlooks the critical value of social relationships
i.e., family and community. “The explanation for any individual child being successful or unsuccessful depends on the combined influences of their neighborhood, family, school, and peer group, together with their own personal attributes, characteristics, and personal choices” (Elliott et al., 2006, 276). Therefore, in preparation for this current study, it is important to consider what has been working so far nationwide both for the individual and family oriented programs.

**Effectiveness Research for Socioeconomic Mobility of Low-income Families**

Although the number of effectiveness studies examining how to help or support low-income families in their pursuit of socioeconomic mobility are low, efforts have been made in the last ten years by government and non-profit programs to assess and encourage this mobility. These studies are beginning to point out certain characteristics that seem to help encourage economic mobility and provide a starting point when developing a MFGT theoretical lens.

**Government Sponsored Family Self-Sufficiency (FSS) Program**

The government sponsored Family Self-Sufficiency (FSS) program, geared towards assisting families living in public housing or enrolled in the Home Choice Voucher (HCV), was created by the Section 554 of the Cranston-Gonzalez National Affordable Housing Act of 1990 (HUD, 2011). Since then, it has been a major source of support providing education, case management, financial escrow options, case management, etc. for low-income families attempting to achieve socioeconomic mobility
(FSS, n.d.). Over all the FSS program has value. For example, Anthony (2005) conducted a logistic regression study with 135 participants from the City of Rockford, Illinois. For the FSS families, race, number of children at program entry, level of skills at entry, and prior work experience did not seem to be a factor impacting socioeconomic mobility, but being single (3x more likely to complete program than when married), having a high school diploma upon program entry, having a higher household income upon entry to program, and lastly acquiring 3 or more skills while in the program (skills are vocational skills offered through one-off community based organizations such as workforce development, transitional assistance, etc.) were highly predictive of a family graduating the FSS program.

In an *Evaluation of FSS Program: Prospective Study* (HUD, 2011) researchers uncovered similar variables found to be positively associated with FSS program completion. While full time employment is a very important goal, the (HUD, 2011) study revealed that self-sufficiency does not end at obtaining a full time job. In other words, if these families find full time employment at year five, they will likely need another four to five years before they are in a position to move off of the FSS support and into either their own home or a market based apartment. In general, the above programs all point towards similar characteristics, called the “Big Six” (HUD, 2011), that are recognized as predictive of families successfully transitioning off housing assistance within 5 years: 1) Having full time employment, 2) Having a high school education, 3) Wanting to own a home or rent at market rates, 4) Social support (i.e. being married), 5) Able to end all government assistance within four years 6) Having health insurance (Pre-Obama Covered Care).
In addition to full time employment and increased earnings, these studies (HUD, 2011; 2008) also noted that the Move To Opportunity aspect of the FSS program did seem to improve the social connections of people who had achieved full time employment. Given that counseling services were the most requested service need in year one and two by FSS participants, this points towards the value of integrating mental health services, as well as social support, into future FSS programming (HUD, 2011). The importance of social support has also been identified indirectly (Fauth, Leventhal & Brooks-Gunn, 2008; Leventhal & Brooks-Gunn, 2003) and directly (Distelberg & Taylor, 2012) in studies of similar HUD initiatives.

Unfortunately, a separate pilot study (HUD, 2008) studying socioeconomic mobility, indicated that only 25% of families in the FSS initiative successfully transitioned off of housing assistance within the desired five-year time frame. Taken together, if these new government programs become the national policy, they will likely leave 75% of families exposed to term limits, undue pressures, as well as the potential threat of homelessness.

**Comprehensive Initiatives**

While the government sponsored programs are beneficial, the fact remains that the majority of families on public housing will not be able to transition off within five years without additional services. Although there are numerous initiatives successfully impacting parts of the barriers facing low-income families, these initiatives are not employing a family system’s level of analysis, and therefore they can benefit from integrating additional family systems interventions. There have been a variety of non-
profit sponsored programs made available to low-income families across the nation that have moved towards more comprehensive programming. These have included the addition of wrap around services, educational and community building components, as well as mental health services. They offer insight into how programs aimed at increasing low-income families socioeconomic mobility could be improved.

**Hope through Housing Foundation**

The Hope Through Housing Foundation (HTHF), a partnership with the National Community CORE Renaissance (a non-profit housing agency), was created to address the multiple needs of National CORE residents. It is often seen as the non-profit equivalent of the HUD FSS programs. There are four main services provided to residents, in addition to housing: 1) Child development, focusing on helping preschoolers get ready for school, 2) Youth development, tutoring afterschool, 3) Family Opportunity Centers, geared towards helping families set and meet financial goals, and 4) Senior Wellness, assisting seniors to live healthy and connected lives (HopeThroughHousingFoundation.org (HTHF), 2013). HTHF (2013) asserts economic mobility can be accomplished when “families and individuals set personal financial goals and have the resources and support to achieve these goals”. This tends to involve families being invited to meet with a financial coach to set economic goals and receive referrals to service providers that could potentially help them overcome barriers. While there exists a logic model (HTHF, 2013) outlining outputs and outcomes being measured, i.e. financial literacy, stability and job skills/education, effectiveness studies have yet to be made available publicly showing program impact.
Targeted Assessment Program

The Targeted Assessment Program (Ellerbe, Carlton, Ramlow, Leukefeld, Delaney & Staton-Tindall, 2011) initiated in 1999 between the Kentucky Cabinet for Health and Family Services and the University of Kentucky’s Center for Drug and Alcohol Research, provides a variety of services aimed at reducing systemic barriers and increasing self-sufficiency for “hard-to-serve” populations. This includes comprehensive assessment, pretreatment services, motivational interviewing, intensive case management, service coordination and persistent follow-up services (Ellerbe, et al, 2011). In a randomly selected and stratified study, researchers (Staton-Tindall et al, 2010) found statistically significant decreases for the percentage of participants experiencing work difficulty (84% to 35%, \( p < .001 \)), mental health problems (78% to 68%, \( p < .001 \)), IPV (56% to 36%, \( p < .001 \)), substance abuse (48% to 38%, \( p < .001 \)), and learning problems (38% to 30%, \( p < .01 \)). The study also showed that the percentage of TAP participants employed at least part time increased significantly (20% to 29%, \( p < .01 \)) due to the additional comprehensive services.

Making Connections Initiative & Harlem Children’s Zone

Austin, Lemon & Leer (2005) highlight the Making Connections (MC) Initiative (funded by the Annie E. Casey Foundation) and Harlem’s Children Zone (HCZ) as “promising practices” that represent innovative strategies being used to address low-income families living in poverty at the neighborhood level. Both programs focus uniquely on building relationships between the organization teams and local residents. The MC initiative incorporates three core components in order to help children succeed
by aiding their families become stronger as well as their neighborhoods (Austin et al., 2005):

1) Creating the opportunity to earn a decent living and build assets,

2) Building close ties with family, neighbors, kin, faith communities and civic groups,

3) Providing/accessing reliable services close to home.

HCZ, a community-based initiative aimed at weaving a web of social, educational, and health support around an entire neighborhood struggling with poverty is rebuilding a community’s sense of resilience by focusing on both first order (economic mobility) and second order (community function and resilience) goals. The HCZ does this by offering services both to parents and children that range from parent training, early childhood education, tutoring, literacy programs, family support centers, youth employment programs and after school programs. These programs also include foster services that work to keep families together whenever possible. Lastly, there is a strong emphasis on engaging local residents in revitalizing their neighborhood (Austin et al., 2005).

**Urban Institute: HOST Model**

The Housing Opportunity and Services Together (HOST) Model, initially funded by the Open Society Foundations (OSF) Special Fund for Poverty Alleviation in 2010 uses “housing as a platform to improve the life chances of vulnerable children, youth and adults” (Urban Institute, 2014). Guided by lessons learned via a unique wrap around pilot conducted by the Urban Institute and Chicago Housing Authority from 2007-2010,
HOST is currently testing two-generation, case management service models aimed at addressing parents key barriers to self-sufficiency, meanwhile providing additional support for the youth. They also provide other innovative programs a well thought out plan for establishing program effectiveness. They are currently evaluating their programs and using process evaluation, outcome evaluation and a detailed cost analysis. They are at the forefront of comprehensive services and outcomes appear promising (Popkin, Scott, Parilla, Falkenburger, McDaniel, & Kyung (2012).

**Addressing Service Gaps**

Lessons we can take forward from these programs for the proposed study are numerous. Rather than focusing solely on financial remedies for socioeconomic mobility like many government programs, the MC and HCZ programs advocate that program leaders include, in addition to promoting earnings and asset development: 1) Family strengthening, and 2) Community organizing and strengthening (Austin et al., 2005). The HOST model also demonstrates the value when setting up a new program of shifting the focus of intervention from the individual to the entire family and community. This indicates a need for additional cost-effective, innovative programs that can foster social support and family resilience.

The TAP program helps us see that it is important to adapt commonly used screening and assessment tools to be able to capture co-occurring barriers, as well as assess effectiveness of engagement and retention practices (Ellerbe, et al, 2011). In order to address the existing service gaps, program leaders must be able to offer services that
get at the multiple types of stressors that families struggle to overcome. It is also important to assess how one engages and builds relationships with clients.

It is also critical to evaluate program effectiveness, much like the HOST model. While Austin and colleagues (2005) stress that in order to truly break the cycle of poverty services need to bridge the gap between the family and community level needs, the HOST model helps us see the value of capturing empirical data. Comprehensive services such as the above mentioned, while promising, need to take the next step and determine whether their innovative programs can stand the test of time and be replicated elsewhere. Public housing is a nationwide issue and we stand to benefit greatly from one another’s lessons learned. Therefore, the proposed study will examine MFGT as an innovative response to the above service gaps.

Multi-Family Group Therapy

The process known today as MFGT, initially called multiple family therapy (Bowen, 1976; Laqueur, LaBurt, & Morong, 1964), is a combined version of group and family therapy and is typically done in a relatively brief format depending on the program.

Historical Development of MFGT

Working with multiple families in therapy at the same time as a group intervention, a practice developed in the 1940s and 1950s here in the United States, is often attributed to Peter Laqueur and colleagues (Laqueur et al., 1964). In an attempt to provide better inpatient treatment for schizophrenic patients, he invited the patient’s families to assist with treatment. What he
discovered was that this allowed the context of treatment, as well as roles of family members and staff to shift. Families were recognized as being able to offer support to one another with chronic issues. Laqueur focused on inter-and intra family communication in order to normalize symptomatic behavior and learn from other families’ experience (Laqueur, 1972). Laqueur’s experience influenced many other clinicians who have helped evolve the way MFGT is practiced today.

Early mental health pioneers such as McFarlane (1982) and Anderson (1983) helped bring great attention to the benefits of MFGT including: brevity of treatment, cost efficiency, and faster changes than traditional family therapy (Laqueur, 1976). Trotzer (1988) reported that this format increased cohesiveness by providing a sense of connection and context wherein comparisons could be explored. Behr (1996) wrote that by bringing in the entire family to group therapy the following benefits were available to participants: diminished isolation, equal power status which the group confers on each family, abundant scope for indirect learning, and the provision of role models through subgroupings.

*Family Psychoeducation for Schizophrenia*

The majority of the early MFGT models were developed in an effort to mobilize the entire family around the severely mentally ill. McFarlane’s work with psychiatric patients found that traditional ‘insight’ by patients or their family regarding their problems was not necessary to induce meaningful change. The more families were able to learn about their own ‘dysfunctions’ via reflections from other families, the more they were able to harness change (McFarlane, 1982). This was a significant departure from the early psychodynamic schools of thought, where the
therapist and insight were central in orchestrating the patients’ treatment. While this practice was a step towards de-pathologizing clients, it still framed therapy around the need for people to recognize problems or dysfunctions.

Anderson (1983) introduced the use of psycho-educational ideas and how families create meaning through language, specifically conversation. Her model helped families with schizophrenia use language as a way to understand one another’s shared reality in order to foster much desired connection and contact. By dealing with communication issues, families of psychiatric patients would have access to more functional communication patterns. She also emphasized the need to “partner and join with families” in defining what would be the actual treatment goals (Jewell, Downing & McFarlane, 2009). Asen (2002) points out that while these early practitioners, saw anecdotal promise in this type of intervention, no central theory was developed. Most practitioners were attempting to blend what they knew from their own training about group and family therapy, attachment and psychodynamic techniques.

_Psychoeducational Multiple Family Group_

Since then, McFarlane has developed his early MFGT model into the Psychoeducational Multiple Family Group (PMFG) model (McFarlane, 2002). This model is one of the only MGFT models currently considered an evidenced-based practice for schizophrenia (Jewell, Downing & McFarlane, 2009). This evidenced-based practice comes complete with a “toolkit” released by the US Department of Health and Human Services (SAMHSA; 2009). Approaching schizophrenia from numerous levels, including the biological, social and psychological, PMFG integrates education about mental illness, family support, crisis intervention, effective communication strategies,
and problem-solving training (McFarlane, 2002). PMFG uses the following techniques to create change (Jewell, Downing, & McFarlane, 2009):

1) Establishing an empathic collaboration with family members,
2) Providing information about the illness and specific guidelines for ongoing management,
3) Problem solving to enhance coping skills, and
4) Expanding the patient's and family's social network.

Overall, the PMFG model helps to “address social isolation, stigmatization, and increased financial and psychological burden directly (Jewell, Downing & McFarlane, 2009, p. 872). The family’s role in PMFG is to help family members living with schizophrenia “reduce stress in the environment and generally cope with the challenges of schizophrenia in the most calm and effective manner possible” (Jewell, Downing & McFarlane, 2009, p. 872). The entire family is mobilized and engaged, thereby demonstrating that change can occur at the family level, versus solely the individual level.

It is also of note that there are studies detailing how the PMFG model has been able to support consumers in finding employment (McFarlane, Dushay, Deakins, Stastny, Lukens, Toran, & Link, 2000; Cook, Lehman, Drake, McFarlane, Gold, Leff, Blyler, Toprac, Razzano, Burke-Miller, Blankertz, Shafer, Pickett-Schenk, & Grey, 2005). This is of particular interest for low-income families seeking socioeconomic mobility. Cook and colleagues (2005) found that PMFG participants were two times more likely to be employed and approximately one and a half times as likely to be employed at least 40 hours per month when controlling for time, demographic, clinical, and work history confounding variables.
A recent review of the literature (Lucksted, McFarlane, Downing, & Dixon, 2012) showed that models like PMFG, attempting to emulate postmodern, mental health recovery oriented values like hope, knowledge, empowerment and quality of life, still struggle with the individualistic orientation of treating the “patients chronic illness” (Glynn, Cohen, Dixon, & Niv, 2006). Lucksted, McFarlane, Downing, & Dixon (2012) encourage those running MFGT programs to continuously strive towards facilitating an ecological, mental health recovery approach that, although not quite systemic in nature, does engage the family in a meaningful way. This also raises the question of how would this model translate to a low-income family where no one has a severe mental illness, let alone schizophrenia? This is what the proposed study aims to understand, whether and adapted version of this model does translate to the low-income population effectively.

**Multiple-Family Therapy**

Meanwhile PMFG was gaining momentum in the States, a group of mental health providers in London, England also set out in the early eighties to transform the way psychiatric care was provided by intentionally integrating MFGT (Asen et al., 1982). Their predominantly systemic and psychodynamic approach developed into what is now called the Multi-family Therapy (MFT) model run at Marlborough Family Service’s as a publically funded, free service for families often considered multi-problem families (Asen, 2002). These are often long-term, highly complex cases that require attention at a variety of contextual levels including familial and societal levels, as many struggle to balance the numerous social services and treatment plans that come along with issues such as poverty. These are also families that could very well be recipients of public
housing here in the States.

Asen, Dawson, and McHugh (2001) describe the multifamily group as an, “intervention that invites a systemic process” (p. xxii) as it is a structural intervention at heart (Minuchin, 1974; Minuchin & Fishma, 1982). They highlight how it is a vehicle for families to experience “a context [where] people can choose to behave differently with each other and can find different ways of seeing, thinking about, and reacting to each other in the various life situations in which previously conflict had seemed inevitable” (p. xxii). A variety of systemic ideas are central to the MFT model:

- Conceptualizing behaviors in the context of relationships (Asen, Dawson, and McHugh, 2001)
- Difficulties in relationships stem from dysfunctional feedback loops across subsystem boundaries (Asen, 2002).
- Emphasis of the need to address the variety of systems and subsystems to which a family belong (Asen and Scholz, 2010).

Key concepts surrounding change of MFT include: 1) Empowering families to go beyond their own perspectives, learning from one another, 2) Contributing to other families growth by observing and identifying common themes as well as solutions, and 3) Helping families access the many resources that exist in a group setting (Asen & Scholz, 2010).

Initially focused on treating families of chronically mental ill clients, they have successfully branched out and are offering MFT for school-based problems, eating disorders, parenting issues, chronic physical pain, attachment disorders and depression (Asen & Scholz, 2010). This mirrors the success found elsewhere in the literature in
using MFT to treat adults with severe depression (Anderson et al., 1986; Keitner et al., 2002; Fristad et al. 2003; Lemmens et al. 2007); drug and alcohol abuse (Kaufman and Kaufman, 1979); bipolar disorders (Brennan, 1995; Motls and Newmark, 2002); chronic organic illness (Gonzalez et al, 1989); and eating disorders (Dare and Eisler, 2000; Scholz and Asen, 2001; Slagerman and Yager, 1989). It has also been useful for working with youth in social service contexts dealing with: the management of child abuse and neglect (Asen, et al, 1989); homelessness (Fraenkel, 2006); and educational failure and exclusion (Dawson and McHugh, 1994; Retzlaff et al., 2008). This is promising for the proposed study, as it demonstrates how the MFGT process can be successfully used with diverse populations.

**MFGT Model with Substance-Abusing Adolescents**

Many substance-use programs committed to engaging the entire family have also found MFGT helpful to support clients’ recovery. One such program targets adolescents (Springer & Orsbon, 2002). Participation is voluntary and the group is run in an open format. This program is guided by an integrated theoretical orientation including: Solution-focused Brief Therapy (SFBT), Structural Family Therapy, as well as an interactional and mutual aid approach. SFBT (Berg & de Shazer, 1991; de Shazer, 1985; Selekman, 1997) is a strengths-based approach to family therapy that helps clients focus on what is working and future oriented goal setting. Structural family therapy (Minuchin, 1974) conceptualizes families as a system complete with recommended boundaries and hierarchical structure, which typically places the parents at the head of the family. The interpersonal approach (Shulman, 1992; Yalom, 1995) designates each MFGT as “a
social microcosm” and stresses how “group members can learn how they affect or are perceived by others, get feedback about their behavior, learn from one another, and practice new skills” (Springer & Orsbon, 2002). The mutual aid approach (Gitterman & Shulman, 1994; Schwartz, 1961) provides the facilitator with direction when determining where to go as events unfold; the facilitator is to help strengthen the mutual aid system between families. Springer & Orsbon (2002) write that by combining the interactional and mutual aid approaches facilitators have a systemic (von Bertalanffy, 1968) way of conceptualizing group process as here-and-now in a positive way.

While this program does not offer outcome research yet, it is promising in that it is led by clinical social workers who innovatively integrate SFBT, a postmodern family therapy approach, with other systemic approaches in order to keep the focus strength-based. The mutual aid approach is also a vehicle for strengthening relationships both within and among families. Intriguingly, the structural family emphasis on hierarchy and parent-led interventions may not be realistic with low-income families, which are predominantly single-parent households. It is not always possible, nor advisable, for a single parent to maintain the same types of boundaries and role responsibilities as two parent subsystems. Also, although the program includes families in the adolescents’ treatment, the adolescent and their progress is still the main focus of group conversation, rather than the actual families progress (Springer & Orsbon, 2002). Having an identified patient, in this case the adolescent, versus the family prevents the family from being able to really benefit fully from an ecological, family resilience focused multi-family group process.
MFGT & Socioeconomic Mobility

We can benefit from lessons learned and recommendations from afore mentioned comprehensive housing programs and MFGT best practices when determining what to include in the BFF groups conceptual framework. As CFTs we are trained in systemic, strengths-based, evidenced based modalities that embody the spirit of family resilience and collaborative approaches. From McFarlane’s PMFG model (2002) we see the value in establishing an empathic collaboration with family members as well as how helping expand the patient's and family's social network could support families in moving forward socioeconomically (Jewell, Downing, & McFarlane, 2009). In addition, while FSS services tend to be more individually oriented, and many participants leave their children at home, it would be helpful to initiate an initial meeting with the entire family that is psychoeducational before they attend group in order to help answer questions about their role in the MFGT process. Therefore a pre-session would be in order for a new MFGT program.

Asen and Scholz’s (2010) MFT model offers guidance as to how to engage the various systems a family interacts with day to day. Empowering families to go beyond their own perspectives, learning from one another in the MFGT context, decreases isolation and provides them with opportunities to “contribute to other families growth by observing and identifying common themes as well as solutions” as well as to be able to access “the many resources that exist in a group setting” related to socioeconomic mobility (Asen & Scholz, 2010, p.1). Seeing as how families enter the BFF groups with very different backgrounds and goals, the solution-focused stance demonstrated in the MFGT group for adolescents (Springer & Orsbon, 2002) can be expanded upon to help foster a strengths-based approach and to create clarity as to where to begin. It also provides clarity on the therapist’s role being that of a consultant. In essence,
although effectiveness research is not always consistent, professionally delivered MFGT by design increases social support, skill building, problem solving, access to clinical resources in times of transition, and is flexible enough to address a wide variety of topics (Lucksted, McFarlane, Downing, & Dixon, 2012).

The purpose of this literature review was to lay the groundwork for the proposed study in the next chapter. Current research on the effectiveness of government and non-profit programs dedicated to increasing socioeconomic mobility for low-income families through the use of housing and support services show that while financial support is helpful, more comprehensive services are needed. The literature also reveals a need for program developers and policy makers to shift from a more individual to an integrated familial and community level focus, as well as a strengths-based, ecological, and solution-focused emphasis of family resilience. The methodology outlined in the next chapter will evaluate the effectiveness of the BFF groups in assisting low-income families achieve socioeconomic mobility, as well as increase family resilience.
CHAPTER FOUR

METHOD

Effectiveness Study for Pilot MFGT Program

Now that a conceptual framework (See chapter 2) and curriculum for the Bouncing forward Family groups (See appendix F) were established, our LLU family science research team turned our attention to an effectiveness and outcomes study. It is one thing to run groups in the community collecting anecdotal data that it works, and entirely another to conduct community-based effectiveness research. While it would have been ideal to test the groups in a more contained environment for efficacy testing before introducing it to the FSS families, time constraints and the nature of our university-government consulting relationship led us to jump straight to an effectiveness study. In an effort to highlight ways in which family therapists can contribute to low-income families struggling to overcome poverty, we agreed to proceed and therefore encountered a variety of real-time challenges in conducting research that will be discussed at greater length later in this dissertation (See chapter 7).

This chapter presents a proposed outcomes study examining the effectiveness of the BFF groups in helping low-income families achieve social mobility by completing their 8-week Individualized Treatment Plan (ITSP) proximal goal, as well as family resilience outcomes. Results from this study will be presented in publishable paper two (See chapter 6 and 7).
Method

This dissertation is proposing a quasi-experimental within subject design, including a treatment as usual (TAU) and treatment group, to examine the potential benefits of the BFF groups. Within this study we explore family resilience characteristics such as; self-esteem, spirituality, family adaptability and cohesion as benchmarks. The BFF integrates theories of ecology, family resilience solution-focused brief therapy (SFBT) (de Shazer et al., 2007) to achieve economic mobility. Our central hypothesis is that the BFF groups would encourage socioeconomic mobility and increase family resilience. The study methodology was reviewed and approved by the Loma Linda University Institutional Review Board (certificate #5140035; See Appendices D & E).

Participants

The families participating in this study are enrolled in the Housing Authority of the County of San Bernardino (HACSB) Family Self-Sufficiency (FSS) programs, and include the home choice voucher (subsidized rent support for regular communities) and public housing programs (subsidized rent support for a HACSB owned community). The study includes heads of households, who attended the first FSS Keys to Success workshop and met the following requirements: 1) Able to speak, write and read in English, 2) Have legal citizenship within the U.S., 3) Currently receiving HACSB support, 4) Agree to participant in all eight sessions of the BFF groups, 5) Is the head of household in regards to services received from the Housing Authority, 6) 18 years of age or older. While the BFF groups involve the entire family system, this study only asks the "heads of household" to complete the pre and post surveys. Exclusion criteria includes
families where the head of household is retired (receiving Supplemental Security Income), or disabled (receiving Social Security Disability Insurance).

Although randomized clinical trials (RCTs) are the gold standard for effectiveness research design, these designs are often complicated by difficult dilemmas of whether it is ethically appropriate to withhold treatment for some, and made almost impossible when working with agencies, like HACSB, where treatment is required by law to be given to all who participate in the program (Denton, 2014). Due to this, our treatment as usual (TAU) group consists of HACSB FSS participants that meet the above criteria, want to participate in the study, yet opt not to participate in the BFF Groups. It is important to note that this raises an important limitation for the study regarding self-selection bias that will be addressed in the limitations section of publishable paper two (See chapter 6).

**Sample**

It is estimated that during the proposed study timeline over 300 families are eligible for the study, as they are engaged in the program and meet the inclusion criteria. Using a priori plan analysis for repeated measures ANCOVA based on an assumed effect of $\eta^2 > 0.25$, and a correlation between dependent variables of $r = 0.5$, would have a power $(1 - \beta) = 0.80$ with $n = 66$, for the within/between interaction effect. This translates into a goal of enrolling at least 66 families total who complete the entire study. Details regarding the sample demographics will be outlined in publishable paper two (See chapter 6).
Study Design

FSS Program: Treatment as Usual

As HACSB FSS housing beneficiaries, current TAU includes an introductory Keys to Success Orientation (as of 2015) when enrolling in the FSS program where heads of households complete an Individualized Training and Services Plan (ITSP). The ITSP is a five-year goal plan, and legal contract, geared towards self-sufficiency including a two-month, proximal, socioeconomic goal to help them get started. Families then follow up with a CDI staff annually for support regarding their ITSP goals and receive in-house referrals to Workforce Development support staff if they are seeking employment.

Recruitment

The majority of participants will be approached to participate in the BFF groups at the first orientation or via cold calling if enrolled before 2015 by the LLU family science researchers on the IRB. At the end of the Keys to Success orientation LLU researchers have five minutes up in front to provide details regarding the BFF groups, this study, and the ways participants could be involved to approximately 10-20 FSS participants at a time. FSS Participants are to be acknowledged first for having done whatever it takes to enroll in the FSS five-year lease program, as this is a special program where they must already be earning a specific amount to qualify. It also implies that these families may be more motivated than those in a traditional FSS program where one need not put forth money towards rent (This issue will be addressed later in chapter 8). They are to be asked if the group process they just completed was valuable, and what types of goals they heard themselves talking about needing to start right away? Then
participants are to be asked if they would be interested in joining other families that want to move ahead more quickly in a similar group setting, only this time with their entire family. At this point the BFF groups are briefly described, including pertinent logistical details. All are invited to join the groups. Questions are fielded, and then the facilitator lets everyone know that as a new program we are conducting an evaluation of the groups and therefore also need a group of people who will not participate in the groups, yet are willing to fill out the same pre and post survey as the families (TAU).

**Procedure**

All FSS participants who remain, having enrolled into our study, are to complete the informed consent and pre-survey. LLU researchers are to read through the informed consent document out loud with the FSS participants and provide opportunities for participants to ask questions about their participation in the study, receiving consent from all participants over age 18. Participants in the BFF program are to complete the research measures prior to the start of treatment (t1), either in person at the Keys to Success Orientation or BFF pre-session, and at the conclusion of the eight-week program (t2) at the last BFF session. All TAU participants are advised that a researcher will follow up with them via mail or phone within eight-weeks so they can complete the post-test. They are to be asked to mail the pre-paid post-test back once complete, as well as a brief questionnaire that asks about their short-term goal status. A researcher will also conduct a follow up call to those participating in the TAU group to assess whether they have any other questions. Participants are to be advised that missing more than two sessions would disqualify them from the study. The study will enroll participants over 24 months.
Prior to beginning the BFF groups at the pre-session, participants receive a binder with the informed consent information, as well as contact information and instructions for each phase of treatment. The binders include the informational materials about the groups and the group process. This effort to monitor and intervene with their progress early on is anticipated to reduce the failure to meet compliance goals at the end of year one. Families would then be encouraged to continue working towards their 5 year goals with the support of their FSS or Community Development Initiative (CDI) caseworker upon completion of the BFF program.

**Treatment**

The BFF groups consist of eight weekly 1 ½ hour sessions, including a pre-session before the first session (lasting 45 minutes). (For detailed description of the program and conceptual framework please see Borieux et al., (2014) or chapter 5 of this dissertation). Families were assigned into one of five open BFF groups. All members of the family were strongly encouraged to attend the groups. Each group admitted new families weekly and groups were facilitated by graduate level mental health professionals under the supervision of a field specific, licensed and certified supervisor (provided by Loma Linda University).

Each group is to be facilitated by two or three facilitators. These facilitators need to be certified in the curriculum of the program (Borieux et al., 2014) and receiving supervision from a licensed mental health professional. We decided early on to use a co-facilitator model in order to promote diversity of perspectives, social support and safety for all involved. It is common in MFGT to use co-therapists (McFarlane, 2002; Asen &
Scholz, 2010), and given the diversity of our sample, we want to not only make sure there are at least two therapists in the room, we will do our best to pair co-therapists to represent some sort of diversity in regards to gender, race, SES background, religion, age, etc. The co-therapists will also participate as consultants responsible for providing safety and structure to the sessions.

The program curriculum will focus on socioeconomic mobility and family resilience concepts for the content of eight sessions, and also use group processes to generate inter-familial relationships and enhance support networks (Borieux et al., 2014). Each of the eight sessions will have a particular treatment aim highlighting one of the ten BFF principles (See chapter 5 for detailed description of principles); for example, deconstructing poverty and expanding the way they perceive their situation, focusing on being positive, collaborative problem solving, etc. Co-therapists will use a variety of techniques to achieve these aims, including group discussion, informal reflecting teams, structured activities, team building activities, fish bowls and family sculpting. Also, a weekly goal-check-in will be used specifically to celebrate progress made towards their eight-week socioeconomic goal, as well as to engage the group in working together collaboratively to resolve any potential roadblocks. Families will be encouraged early on to raise issues salient to their situation, as well as to act as consultants to other families.

**Measurements**

As afore mentioned, in order to assess whether families were able to take significant ground through participation in the BFF groups, our research team identified a variety of measurements and uses demographic information provided by the HACSB FSS
program. For Aim one, all participants were asked to identify an 8-week short-term or milestone Individualized Training and Services Plan (ITSP) goal based on their longer HACSB ITSP Plan. The goal accomplishment measures, borrowed directly from the HACSB FSS program, allowed us to track both our TAU and treatment groups goal progress in a consistent way (See appendices A & B). For Aim two, we administered pre and post surveys assessing family resilience factors in order to evaluate effectiveness of select family resilience measures across the groups. The family resilience measures were selected with the awareness that in eight-weeks we would be more likely to see change at the individual and family level of resilience. Appendix C includes a copy of our pre and post surveys, complete with questions asked.

**Goal Accomplishment Measures**

*Individual Training and Services Plan (ITSP)*

This measure is a treatment goal plan utilized by the FSS case management staff nationally (FSS, n.d.; HUD, 2011), yet tailored to meet the specific FSS program needs. This goal planner exercise is done initially at the HACSB FSS Keys to Success Workshop and then reviewed and revised annually by Community Development Initiative (CDI) staff and FSS participants for socioeconomic progress via goal accomplishment. This can be done in person or over a phone appointment. The Keys for success workshop happens when the family has been approved to receive housing support but has not yet begun receiving the support. The support is conditional upon their completion of the workshop. Specific to the ITSP measure, during the workshop families are guided through a group process to help them determine what they would need to
accomplish in order to successfully transition off the FSS program within the next five years. Families are coached to help them develop clear, specific and tangible goals for their ITSP and in small groups, families work together to map out a step by step goal plan for how they will be economically self-sufficiency within the next five years. Within the ITSP, each step is considered a goal and the family meets with the FSS staff annually to help them stay on track with their goals (See appendix A). The most common annual goals identified by families include: obtaining employment or high school diploma (GED), entering a vocational program/college, and/or increasing annual income.

Family Resilience Measurements

A copy of the pre and post-test surveys used in this dissertation can be found in appendix C. Below are the three family resilience measurements used to evaluate Aim two which hypothesized that family resilience factors would be enhanced via MFGT.

Rosenberg’s Self-Esteem Scale

The Rosenberg’s Self-Esteem Scale (RSE) (Rosenberg, 1979) is a 10-item Guttman scale. One of its greatest strengths is its wide range of use among diverse populations, particularly that of low-income, ethnic minority families (Eshbaugh, 2010). The original standardization of this tool reports inter-item reliability of $\alpha = .92$ and test retest consistency of $\alpha = .88$. 

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**Spiritual Perspective Scale**

The Spiritual Perspective Scale (SPS; Reed, 1986) seeks to examine both the frequency of spiritual practices and varied aspects of one’s spirituality. This 10-item scale examines individual spirituality, and has been adapted to examine family and/or shared spirituality. In its initial test with over 400 adults, the scale measured a high internal consistency of $\alpha = .90$. Additionally, the average inter-item correlations range from $\alpha=.54$ to $.60$.

**Family Adaptability and Cohesion Evaluation Scale- IV**

The Family Adaptability and Cohesion Evaluation Scale (FACES-IV; Olson, 2011) is a 42-item instrument designed to measure an individual’s perception of their family cohesion and adaptability (Olson, 1986). This updated version uses revised balanced/unbalanced scales and offers six subscales. For the total instrument, the reliability is $\alpha = .73$, and the test-retest reliability is between $\alpha=.83$ and $\alpha=.93$. The two scales that were of particular interest, flexibility and cohesion, have respective reliabilities of $\alpha=.84$ and $\alpha=.89$.

**Analysis**

Two sets of analyses are to be conducted using SPSS Version 23. In the first analysis for Aim one, a chi-square test is used to examine the relationship between the Treatment and TAU groups and whether participants reached their eight-week goal on their ITSP plan.
The second analyses for Aim two focuses on whether BFF groups offer a significant change in family resilience assessment scores, pre and post the program. Repeated measures analysis of covariance (ANCOVA) will be used to access each of the 9 outcomes noted from above (Spiritual Perspective Scale, Rosenberg’s Self-Esteem Scale, and the FACES scales of Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, and Chaotic). In addition we will include controls (covariates) for family size, income, and the number of days between the pre- and post-tests.

**Data Storage**

Paper surveys will be collected by members of the research team and carried back to the Principle Investigator’s (PI) office immediately after collection. The PI will maintain the paper surveys in a locked file cabinet in his office (kept locked at all times). Once the target sample size of n=66 families is achieved, members of the research team will record the paper surveys into a dataset (SPSS 21.0). During the creation of this dataset, the research team will recode any identifying information into a number system. The key to this number system is to be maintained only by the PI. The key will be destroyed after the analysis of the dataset had been completed. The de-identified dataset is to be kept by the PI and no identifying information stored. It is intended that members of the research team will have access to the de-identified dataset for professional presentations, publication and general academic activities.
Publishable Paper Format

This dissertation uses a publishable paper dissertation format and will produce two papers. The first will be a conceptual and practice-oriented paper clarifying the link between family resilience and poverty (See chapter 5). This paper introduces an innovative conceptual framework for MFGT that can be used to address socioeconomic mobility with FSS programs. Key principles for the Bouncing Forward Family (BFF) groups, their application, and recommendations for maximizing the role of CFTs working with low-income families are also discussed. The second paper is an outcomes paper examining the pilot study data to assess the effectiveness of the BFF program (See chapter 6).
CHAPTER FIVE

BECOMING AN ALLY: HOW FAMILY THERAPISTS CAN UTILIZE
MULTI-FAMILY THERAPY GROUPS FOR SOCIOECONOMIC MOBILITY
WITH LOW-INCOME FAMILIES

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ABSTRACT
The increasing demand for couple and family therapists (CFT) in integrated health care settings requires CFTs to learn to effectively serve low-income families. Resilience literature suggests that building families’ resilience and social support directly impacts a family’s chances for socioeconomic mobility. Multi-family group therapy (MFGT) offers an effective vehicle for increasing resilience and social support. This first publishable paper examines the link between family resilience and poverty and presents an ecological, solution-focused, family resilience lens applied through a pilot MFGT program, Bouncing Forward Family (BFF) Groups, for low-income families. This article focuses on: the BFF program inclusive of key principles, their application and recommendations for maximizing the role of CFTs in their work with low-income families.

Keywords: low-income, multi-family group therapy, socioeconomic mobility, couple and family therapy.
Poverty Calls for Innovative Solutions

“I’m tired of bouncing back, only to get knocked down again by life’s challenges. I want to figure out how my family could finally bounce forward like other families we see”.
–Housing client in San Bernardino, CA

While all families deal with stressors over a lifetime, the stress amplifies significantly when the family faces the vicious effects of poverty. Pressing public mental health needs, integration of mental and primary healthcare, and changing economic times highlight the need for more comprehensive services for multi-stressed families in the United States (US), particularly low-income families (Sperry, 2015). As of 2014, 49.1 million American people (15.4% of the nation) were considered to be living below the poverty line (Census, n.d.). Over 5 million of these families currently receive some sort of support from the United States Department of Housing and Urban Development (HUD; Housing of Urban Development, 2011). Recent changes to HUD policies are poised to encourage low-income families to use housing assistance to leverage their family’s socioeconomic mobility (Popkin et al., 2004). This new emphasis on leveraging a family’s socioeconomic mobility is causing housing program leaders and researchers everywhere to look to innovative and cross-disciplinary approaches to better understand how to address the issue of helping so many families achieve socioeconomic mobility.

Whole family approaches, inclusive of mental health services, are gaining recognition as innovative responses to the unhealthiest effects of poverty are capable of assisting families in achieving self-sufficiency (Mosley et al., 2012).
Couple and Family Therapists Response to Supporting Low-Income Families

In an effort to leverage low-income families’ resilience and social support to increase socioeconomic mobility, a team of Couple and Family Therapists (CFTs) developed a Multi-family Group Therapy (MFGT) treatment model called the Bouncing Forward Family Groups (Borieux, Distelberg, & Estrella, 2014) in partnership with the Housing Authority County of San Bernardino (HACSB), CA. A facilitator and participant manual were created to support mental health professionals train, implement and maintain fidelity of the BFF program (See appendix F). This article first examines the effectiveness of comprehensive family services, the link between family resilience and poverty and presents an ecological, family resilience, solution-focused lens applied through a pilot MFGT program, Bouncing Forward Family (BFF) Groups, for low-income families. The BFF groups’ conceptual framework’s key principles and how to apply them in practice are illustrated via case examples. Finally, lessons learned in maximizing the role of the therapist when using MFGT with low-income families are discussed.

Comprehensive Family Services Proving Effective

Effectiveness research shows that low-income families thrive when they have access to all-inclusive family services such as the Harlem Children’s Zone (Austin et al., 2005), the Targeted Assessment Program (Ellerbe et al., 2011) and the Housing Opportunity and Services Together (HOST) model from the Urban Institute (Popkin et al., 2012). Each of these non-profit programs addresses poverty as a multidimensional construct requiring intervention at the family, neighborhood, as well as broader
community and macrosystem levels. While recent outcomes research of the TAP program reports significant increases in the percent of participants employed at least part time (Staton-Tindall et al., 2010) all three programs recommend some version of: 1) family strengthening activities, 2) community organizing and strengthening (Austin, Lemon, & Leer, 2005), and 3) shifting the focus of intervention from the individual to the entire family and community (Popkin et al., 2012).

These programs also highlight that while employment may be a good first step towards socioeconomic mobility, it is not enough. For example, the HOST model (Popkin et al., 2012) advocates to use public housing as a “platform to improve the life chances of vulnerable children, youth, and adults” (p.1). Therefore, a more holistic approach integrates one’s employment, income, health, spirituality, relational needs, etc. and factors that increase family resilience (i.e. social support, self-esteem, etc.). To this end, Stiel and colleagues (2014) found that two family resilience factors (social support and family problem solving skills), specifically predicted full-time employment. All together these studies suggest that comprehensive programs like Harlem Children’s Zone and HOST are effective in helping low-income families achieve socioeconomic mobility by leveraging their larger systems. Therefore this study explores the value of integrating multi-family group therapy (MFGT) into existing low-income supportive programs to see whether the inclusion of these interventions might help bolster the socioeconomic mobility of these families.
Multi-Family Group Therapy

MFGT offers a unique and flexible response to increasing socioeconomic mobility, and it helps build individual, family, and community resilience. While MFGT initially focused on treating families of chronic mentally ill clients (McFarlane, 2002), mental health practitioners have successfully offered MFGT for other mental health issues like mood disorders among veterans (Sherman et al., 2015) as well as school-based problems, parenting issues, and attachment disorders (Asen et al., 2010). More specific to the goals of this study, McFarlane’s (2002) Psychoeducation Multiple Family Group (PMFG) has demonstrated that MFGT can support clients in finding employment (McFarlane et al., 2000). A recent exploratory, randomized clinical trial (RCT) study comparing MFGT and individual family treatment as a supplement to inpatient care also found that MFGT can be both as effective as working with individual families and more cost-effective (Whitney et al., 2012). This is advantageous for housing related government programs as they are often inundated with high volumes of program participants and tasked with being good stewards of public tax dollars. Outcomes like these are possible for other vulnerable populations in addition to families living with severe mental illness of which many are considered low-income or living in poverty.

Bouncing Forward Family Groups (BFF) Theoretical Overview

Family Resilience and Poverty

The concept of “family resilience” or a “family’s ability to bounce back from adversity” (Walsh, 2003, p.8), is a much-needed area of study, and a progressive way to understand family systems from a strengths-based focus. Family resilience theories that
have shaped the way family researchers look at what it means for low-income or low-income families to be resilient, such as the Family Stress Model (FSM) (Conger & Elder, 1994), Resiliency Model of Family Stress (RMFS) (McCubbin & McCubbin, 1996) and the Family Resilience Model (Walsh, 2003) suggest that social connectedness and family resilience moderate social mobility, or a person’s ability to become economically self-sufficient. These three Family Resilience models identify key processes within the family, as well as the surrounding community, that engender resilience in the family and ultimately aide the families in accessing the support and resources they require to achieve their first order goals.

Theories of family resilience are increasingly ecological in nature and suggest that a family’s level of resilience is dependent on the mutual interaction between individual traits, family processes, and community level characteristics (Ungar, 2011; Walsh, 2003). Poverty is framed as an ecological intersection of “… individual factors (e.g., personality, developmental experiences, health-mental health, race, and ethnicity) and social factors, such as resource availability, policies, culture, discrimination, and social situations” (Nooe & Patterson, 2013, p. 106). Most importantly, low-income families are seen as “challenged”, not damaged, thereby “affirming their potential for repair and growth” (Walsh, 2006, p. 8). Seeing themselves in a new way—capable of great things—is a significant detour from how many low-income families have grown accustomed to identifying themselves.
Interim Milestones: Critical Measures of Socioeconomic Mobility

By law the HACSB is required to use an Individualized Training and Services Plan (ITSP) with participants, complete with short and long-term goals geared to being gable to transition off government services within a certain limit (FSS, n.d.). While each housing authority has the freedom to adapt their ITSP to fit program needs, all are expected to establish and provide the case management necessary to assist participants in accomplishing their interim and long-term goals (HUD, 2011). In a longitudinal evaluation of Family Self-Sufficiency (FSS) programs across the nation only 24% successfully transitioned off housing services within four years (HUD, 2011). These researchers found that families who were able to complete their short-term ITSP goals were more likely to eventually complete the FSS requirements and therefore no longer need housing services. Of the 24%, almost 90% had managed to complete their interim milestones by their final year in the FSS program. This is in contrast to the majority of participants who exited the program early reporting either not having or unable to achieve their interim milestones (HUD, 2011). This points to the critical need for families to not only set shorter, proximal, interim ITSP goals, but also to be able to meet these in order to successfully meet their longer term goals.

Solution-Focused Brief Therapy (SFBT)

While we may have little knowledge as to how families can move from poverty to self-sufficiency, a process defined by HUD as socioeconomic mobility, family therapists do have therapeutic approaches and interventions that have been shown to help clients accomplish goals, such as solution-focused brief therapy (de Shazer and Dolan, 2007).
Collaborative approaches such as SFBT appear to work well in other family-based programs (Teixeira de Melo, Alarcão, & Pimentel, 2012) and offer a strengths-based theory of change that is easily adapted to MFGT. From this perspective, change is inevitable and seen as something that promotes low-income families’ sense of efficacy to resolve their issues. Small changes lead to bigger changes. This is key when working with low-income families as they tend to present with overwhelming barriers, and by honing in on what is working, no matter how small, clients will often create solutions that may not seem directly related to the problem at the time and can lead to greater change down the road (de Shazer & Dolan, 2007). Each MFGT session provides an opportunity for CFTs to amplify these small changes or exceptions by deliberately shifting the conversation from problem-saturated to more solution-oriented talk. By focusing on even the smallest exceptions to a problem and using more positive, hopeful, and future-oriented language, SBFT supports families to achieve the desired changes they seek to accomplish and not only bounce back from adversity, rather to take new ground and bounce forward (de Shazer & Dolan, 2007).

**Multi-Family Group Therapy**

Although many therapeutic approaches incorporate MFGT into their programs, few use it as a primary intervention, and even fewer can claim evidenced-based status. McFarlane’s (2002) Psychoeducational Multiple Family Groups (PMFG) model is an evidenced-based recovery-oriented practice that integrates education about mental illness, family support, crisis intervention, effective communication strategies, and problem-solving training (McFarlane, 2002). PMFG, known initially for its effectiveness with
schizophrenia, demonstrates effective adaptation for veterans dealing with mood disorders or Post Traumatic Stress Disorder (Sherman, Fischer, Owen, & Lu, Han, 2015). The entire family is mobilized and engaged demonstrating that change can occur at the family level versus solely the individual level. This shows promise for practitioners interested in expanding the use of MFGT past its current normed populations.

While PMFG was gaining momentum in the United States, a group of mental health providers in London, England introduced a systemic and psychodynamic approach to MFGT called the Multi-family Therapy (MFT) model. Asen, Dawson, and McHugh (2001) highlight how MFT is a vehicle for families to experience “a context [where] people can choose to behave differently with each other and can find different ways of seeing, thinking about, and reacting to each other in the various life situations in which previously conflict had seemed inevitable” (p. xxii). Both of these evidenced-based MFGT models offer guidance in how to engage multi-problem families living with mental illness, yet do not directly address how to provide MFGT when the entire family who do or do not struggle with mental illness to seek a higher quality of life. Therefore, a new MFGT model is needed.

**Linking Theory to Clinical Practice**

**Bouncing Forward Family (BFF) Groups**

Drawing upon the ecological, family resilience lens, Solution-Focused Brief Therapy (SFBT), and the afore mentioned MFGT models, a research team piloted an eight-week manualized MFGT program (See appendix F) for low-income families receiving assistance from the Housing Authority of the County of San Bernardino
(HACSB). The program focuses on families who receive housing assistance from HACSB with specific focus on any family living at or below the poverty level that also has a desire to increase their socioeconomic status (Borieux, Distelberg, & Estrella, 2014).

Expanding the “Socio” in Socioeconomic Goals

The Bouncing Forward Family (BFF) groups help low-income families identify their personal and family goals while building intrafamily resilience and intercommunity resilience. The BFF group acknowledges and intervenes on individual, family, and community system levels to increase resilience within the families and encourage social support between families. Socioeconomic status is seen as more than one’s employment and instead an, “intersection of class, race, ethnicity, sexual orientation, abilities, nation of origin and language that places some at significant social and economic disadvantage” (Garcia & McDowell, 2010, p.96). Each week the families meet and check-in, celebrate any good news, offer suggestions and support, set new short-term goals, and participate in experiential activities.

This intervention contains both first order and second order goals. Given that the program works in collaboration with the FSS programs, the BFF groups focus on the first order goal of economic mobility and measures this change by tracking participants’ successful completion of their ITSP eight-week proximal goal. Within the BFF program, families are encouraged to define socioeconomic mobility through their own unique goals for their family. In general some common goals that are noted include: 1) obtaining full time employment, 2) increasing one’s current educational background (going back to
college or finishing a high school degree), 3) moving from housing assistance into either a home that they purchase or a market based rental apartment. To achieve this first order goal, BFF framework introduces 10 principles, as designed by Borieux and colleagues (2014) and further elaborated in the BFF group manual (See appendix F), drawn from ecological, family resilience and solution-focused theory to evoke second order change (See Table 1 next page).

**BFF Principles**

**Goal Setting**

*Start with the End in Mind*

From the first point of contact, we actively support families to create clarity in their plan to achieve socioeconomic mobility. We do this by starting with the end in mind. In this case, we ask clients to write their final goal, or definition of self-sufficiency, and then work backwards from there, as in, “What would you need to accomplish week seven in order to make your week eight goal happen?” and so forth. Many of our families are seeking employment or want to return to school. It is important to note that in this phase many families are quick to mention their perceived barriers in pursuing their goals. Because of this, a family’s ability to “rebound from adversity” (Walsh, 2006, p.8), is addressed in the first session by developing clarity around weekly proximal goals that would lead up to an eight week final goal as well as acknowledging any prior achievements related to their goal. Many clients express feeling less stress as well as moving more quickly through the goal setting process.
Table 1. Bouncing Forward Family Group Premises and Principles

<table>
<thead>
<tr>
<th>Premise</th>
<th>Principle/s</th>
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<tbody>
<tr>
<td>1) Goal Setting—Use setting and meeting achievable goals as strategy for success.</td>
<td>• Start with the end in mind • Celebrate small and big victories</td>
</tr>
<tr>
<td>2) Context—Address belief systems and meaning assigned across multiple systems to gain perspective about families’ current situation.</td>
<td>• Highlight current social location, challenges, as well as family strengths/resources that could support in overcoming barriers.</td>
</tr>
<tr>
<td>3) Capability—Evoke families’ strengths and responsibility for what is working to achieve growth and adaptation.</td>
<td>• Build one another up by highlighting individual, family and group strengths. • Engage all family members to contribute towards family goal.</td>
</tr>
<tr>
<td>4) Clarity—Creating permission to express openly &amp; honestly assists in developing emotional and cognitive clarity.</td>
<td>• Promote emotional clarity to address clarity of goal setting and planning for families’ futures.</td>
</tr>
<tr>
<td>5) Communication—Support families in developing positivity and collaborative problem solving.</td>
<td>• Define and reframe problems collaboratively to help families resolve problems. • Focus on the bright side of what is working.</td>
</tr>
<tr>
<td>6) Connection—Mobilize families to support one another through attention to social support, family values and spiritual growth.</td>
<td>• Encourage connection inside and outside of group regularly. • Engage religious and spiritual networks as social support.</td>
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**Celebrate Small and Big Victories**

It also crucial to begin each BFF session by celebrating the good news or achievements made by family members over the last week. This process is focused on building a sense of agency and strength within each family. Often times families feel stuck, or do not have ‘good news’ to report. In this case we spend time validating their
experience but quickly transition to ask, “What would you like to do that you can’t do at the moment?” or “How do you want to feel at the end of the session?” Questions like this help redirect the families to focus on where it is they want to be, versus what may seem impossible in the moment. It also gives those who have accomplished something similar the chance to share how they overcame barriers and managed to achieve the desired outcomes.

**Context**

*Highlight Current Social Location, Challenges, as well as Family Strengths or Resources that Could Support in Overcoming Barriers*

Garcia and McDowell (2010) point out that there are multiple systems that inform low-income families and influence their many intersecting identities, affecting power imbalances, and how their access to resources are obtained or lost “across contexts or systems” (p. 97). It is imperative that CFTs assist low-income families in identifying the strengths-based roles larger macro systems like government programs, education, race, and socioeconomic status play in developing resilience at the family level. The majority of low-income families on HACSB programs come from diverse backgrounds and are predominantly single-parent households. As CFTs trained to attune to issues of power and privilege, we are interested in opening conversations around how our families make sense of the stressors they face. We often encourage the family to talk about how they got to where they are today, how their beliefs influence their current situation, and how their families’ beliefs affect moving forward together. A common response is that their ethnic background and gender tells them they “should be” able to manage any situation by
themselves and that asking for help has a deeper meaning, i.e., they would be admitting failure as a person and parent. It is important to check-in with the families as to where they first heard these messages of failure, as well as if ever they ever experienced an exception to these messages? By shining a light on the ways in which their unique social location has provided them with certain strengths that many people will never have, families are reminded of potential resources they could rely on to face current obstacles. We also recommend reflecting their experience to the group, by asking if anyone else can relate, and then transitioning into the contextual messages that they want to pass on to their own families. For example, a therapist may ask, “If you were to leave a new legacy regarding being a single parent, one that is empowering for the generations to come, how might it look”? By engaging the larger group, families can contribute to other family’s growth by observing and identifying common themes, as well as solutions (Asen & Scholz, 2010).

**Capability**

*Build One Another Up by Highlighting Individual, Family and Group Strengths*

In order to strengthen family resilience, or adaptability, families need to develop unique strengths and capacities (McCubbin & Patterson, 1983). The idea is that these strengths will help them deal with day-to-day as well as unexpected stressors. Researchers have identified the following strengths as critical to being able to thrive in the face of stressors: 1) individual level—internal locus of control and self-efficacy (Benzies & Mychasiuk, 2009), 2) family level—presence of flexibility, connectedness, and social and economic resources (Walsh, 2003), and 3) community level—involvement
and peer networks (Benzies & Mychasiuk, 2009). Therefore the BFF program focuses on capacity building on all three levels especially cross family relationships and community building.

During group processes, we strive to open dialogue among and between families, and do this through both intra- and inter-family activities. We often joke that our job is not to be an oracle, rather to make sure that the group members feel safe enough to share and find solutions together by asking each other lots of questions. We intentionally look for opportunities to highlight what they have been doing and also reflect to other families what they witness is working. Low-income families often report greater feelings of hope when encouraged by someone who identifies with their experience such as fellow participants in a multi-family group (Asen & Scholz, 2010). McCubbin and Patterson’s (1983) model of family resilience was the first to highlight that a family’s ability to reciprocally contribute to their networks evokes its own resilience. Within the groups, therapists must encourage families to share their expertise with one another. In one group, there was a participant who had a wealth of knowledge around resources available for young children. When other participants were having difficulty with childcare, the participant was able to give names and numbers of facilities that could be of service. In turn the other group members were able to assist this participant to find a home by providing different types of leads.

**Engage All Family Members to Contribute Towards Family Goal**

It is also important to intentionally check in with families on a regular basis as to how each member is contributing towards accomplishing the final goal both in and
outside of group. By law HACSB FSS services are typically intended only for the adult enrolled in their program, called the head of household, and yet as a comprehensive family service the BFF groups focus on whole family growth. It is important to stress to the head of household from the first point of contact that all members are expected to attend and contribute. We recommend visiting with the family ahead of time, or at least speaking on the phone with any members that may not seem invested in attending. In this initial contact it is helpful to identify how they may benefit from participation in the BFF group. Also, regardless of the type of goal, be sure to include all members into the eight-week goal plan and weekly check-ins. For example, one twelve year old boy, when asked how he is supporting mom to get a job, proudly shared that he is responsible for making everyone’s daily lunches to “lighten her load”. Whenever someone misses a group, let them know that their presence is not only missed by their family, but also by the entire group.

Clarity

Promote Emotional Clarity to Address Clarity of Goal Setting and Planning for Families’ Futures

BFF therapists focus on promoting clarity by assisting families’ in establishing emotional ground rules for communication, goal setting and planning for their futures. An important part of being able to provide feedback involves clarity of communication (Walsh, 2003). This means family members feel safe to share authentically with others in order to meet their goals. In order to help families speak openly and honestly about what it is really going on, we work to create emotional safety through family ground rules and
experiential enactments like family sculpting or fishbowl therapy techniques. Other participants are then able to give feedback and provide a safe space for a family to process. After processing emotional clarity, we can then move into a group discussion regarding cognitive clarity by exploring rules, roles, and planning necessary in order to achieve each families’ next steps.

Communication

*Define and Reframe Problems Collaboratively to Help Families Resolve Problems*

Asen and Scholz (2010) described the role of families as “consultants” to other families in MFGT; therefore the BFF framework expects families to coach one another. New meaning is constructed within the interactions between and among families and language is key. A common occurrence is that a family will report numerous reasons for why they did not meet their weekly short-term goal or task at hand. We always give them a few minutes to work as a family first to see if they can come to an agreement on what worked and what needs to change for next time. If they get stuck, we encourage them to partner with a family that is already done checking in with internal family members about their weekly goal progress. This way, family members can get support where they feel heard as well as help them find resolutions within the first five to ten minutes of group. If they are unable to work something out by then, the therapist will ask the family if there are two or three participants that they would like to follow up with after group for additional support. This approach also reinforces community building and evokes self-efficacy in those who are selected as a resource (Walsh, 2006).
**Focus on the Bright Side of What is Working**

We emphasize any movement forward, no matter how small, each week, as well as highlighting when someone finds a resolution throughout a session (de Shazer & Dolan, 2007). Just as in Solution focused therapy, the BFF therapist will allow room to share challenges, yet will quickly redirect towards possible exceptions whereby they have already experienced some measure of success. By focusing on what is working, therapists provide families an alternative experience of communicating with one another. Most express that it helps them remain positive and connected to one another’s strengths.

**Connection**

**Encourage Connection Inside and Outside of Group Regularly**

Human beings are hard wired to connect (Fishbane, 2013). MFGT is designed to help families develop social support that help provide assistance with overcoming regular obstacles (Asen & Scholz, 2010). Lin, Thompson, and Kaslow (2009) also highlight that social support helps families: 1) Leverage how they access information, financial resources, and sources that may help improve their socio-economic status and 2) Cope with stressors by giving the family access to monetary assistance, emotional support and information that can help them turn their situation around. We encourage families to exchange contact information at the first meetings in order to maintain connection outside of group. If for some reason someone is uncomfortable with doing this, we do not force it, although we do check-in weekly to provide families additional opportunities to engage with group families as a support. We also encourage families to stay in touch once they graduate.
Engage Religious and Spiritual Networks as Social Support

Religious and spiritual networks also offer strong support for families and are included as a community resource for social support (Walsh, 2003). These networks offer not only the social resources associated with being a part of a religious community, but also a belief system that provides some sort of resilient buffer while living in poverty (Walsh, 2003). Integration of a spiritual belief system, whether religious in nature or not, can help families reframe their experience in poverty and create new meaning that is empowering for their family (Walsh, 2003). Families process new meaning by observing and interacting with one another in the search of shared solutions and CFTs can support this process by emphasizing the need to develop their positive outlook and spiritual beliefs (Walsh, 2003). Therefore, we intentionally include spirituality as a session topic and integrate family values into the discussion. This provides families that may not ascribe to a spiritual belief system the chance to engage in a meaningful conversation with their own families about what support networks they may be able to plug into for social support.

Role of the Couple and Family Therapist

As CFTs we are trained in systemic, strengths-based, evidenced-based modalities that embody the spirit of family resilience and collaborative approaches (Garcia & McDowell, 2010). Even still, very few CFTs have the opportunity to work with low-income families, and even fewer receive extensive training in MFGT. Here are a few lessons that we learned from the families in the BFF groups about our role as a facilitator using MFGT with low-income families.
**Co-Facilitators**

We determined early on to use a co-facilitator model in order to promote diversity of perspectives, social support and safety for all involved. Each BFF group is to be facilitated by two or three facilitators. These facilitators need to be certified in the curriculum of the program (Borieux et al., 2014). It is common in MFGT to use co-therapists (McFarlane, 2002; Asen & Scholz, 2010), and given the diversity of our participants, we decided to not only make sure there were at least two therapists in the room, we paired co-therapists to represent some sort of diversity in regards to gender, race, SES background, religion, age, etc. Many participants reported that they appreciated the different ways in which the co-therapists would talk, reflect or share personal experiences with one another and participants. The average family size of our sample included 2 or more children, and at one point five families included 25 children ages 2-17 and 5 adults. It became clear in this early group that even the most experienced group therapist would need support helping the families stay on track.

**Training Facilitators from Varying Mental Health Backgrounds**

In partnering with the Housing Authority of the County of San Bernardino (HACSB), our facilitator pool expanded to include both CFT and Social Work interns. Knowing that our graduate level co-facilitators would a) not necessarily be familiar with systemic and solution-focused approaches to group work, and b) were needed to help run groups fairly quickly we established a facilitator training protocol and manual before they joined a BFF group. The manual includes facilitator tips throughout each chapter to support with fidelity of program training and implementation (See appendix F). All new
facilitators attended a three-hour orientation where an experienced BFF facilitator covered the BFF program manual, principles, and group process as well as observed and co-led over the course of 24 weeks before considered an experienced facilitator (This process is described in greater detail in Chapter 8).

*Take a Back Seat*

It is important for CFTs to note that low-income families have already overcome a variety of barriers in order to enroll in housing assistance (Mullin & Arce, 2008) and our role in group is best described as consultants rather than experts (de Shazer & Dolan, 2007; Asen & Scholz, 2010). We learned that CFTs cannot create resilience, but can help families see what they are doing that is evoking resilience by highlighting exceptions or moments of success. During our group, families will initially defer to the therapist. We have found it helpful to defer to the group rather than give an immediate answer or resource. In allowing the families to struggle together to find their own solution, the therapist is able to create a space for them to experience themselves as well as others in similar situations as competent and capable of directing their own growth. While families were encouraged to support one another in accomplishing group tasks, or by providing suggestions for goal progress, it did seem to help having at least two therapists in the room, and if possible more than two. One therapist would lead the process and the others would then move from family to family to reflect back strengths, ask open-ended questions or help engage the quieter members.

Co-facilitators would also use one another throughout group time to bounce ideas back and forth, and ultimately expand the conversation. For example, if a participant
expressed feeling discouraged about not getting a job and asked the therapist what she should do, the therapist may bring it out to the group via the co-facilitator by sharing, “It seems like it is getting discouraging not finding a job, and she wondered what she could do next? To which a co-facilitator might respond, “I am noticing how no matter what she hears, she never gives up. What about anyone else? What words of support might you have for her in this situation?” in order to bring in additional voices, especially those of other family members. Having a co-facilitator also mirrors how to bounce ideas off and helps reflect something back to the group for discussion while “taking a backseat” and helps ensure families create answers for themselves (Asen & Scholz, 2010).

**Flexibility**

The ability to maintain a sense of flexibility is paramount to work with this population. For many clinicians treatment is typically contained to the 50-minute sessions or one may want to assert certain goals as more appropriate towards achieving socioeconomic mobility, i.e., employment, education, etc. In our experience, low-income families’ lives are in high flux and they may identify the need to address issues that may not seem directly related to socioeconomic mobility. To engage in a process of transformation, the therapist must first partner with them in an open dialogue grounded in trust and acceptance in order to aide them in turning their focus towards issues that are relevant in their lives. The therapist is encouraged to support clients to find their own answers and be open to unexpected resolutions. In terms of group organization, there must be room for impromptu salient issues to be discussed as they can create meaningful dialogue, which tends to promote connection much more quickly than focusing solely on
psychoeducation. Being able to create enough structure that the families feel safe, but also allowing the group to move in directions not easily planned for, is a useful skill. This combination of structure and flexibility has been shown to foster resilience for both the family and community (Mullin & Arce, 2008).

**Attune to Privilege**

As therapists it is important to tune into our own socio-cultural lenses and biases when we walk into the therapy room or enter our low-income clients’ neighborhoods, particularly if we have not experienced being on low-income (Almeida, Hernández-Wolfe, & Tubbs, 2011). In working with low-income families we need to be aware of the dynamics that often come up between our families and therapists around issues of race, gender, socioeconomic status, etc. These dynamics could mean that well-intentioned ideas around what clinicians view as professionalism could be perceived as unhelpful or dismissive, or families may not feel safe to be fully expressive because of whatever societal privileges given to the therapist. We learned that we get to be responsible for acknowledging that we do hold unearned relational power solely based on things like the color of our skin or educational background if we want to foster authentic connection. Boyd-Franklin and Karger (2012) emphasize it is critical for the therapist to be transparent about coming from a position of privilege early on in sessions in order to begin building trust. Sometimes we will socially locate ourselves as facilitators and ask if anyone has a different or similar experience, or we may ask families to please alert us if at any point they are uncomfortable with the process.
**Engage around the Client’s Ideals**

The majority of HACSB FSS families are led by single mothers and they often present as exhausted, disorganized, and overwhelmed. As the therapist, it is critical to appreciate their situations for what they are, overwhelming, and Boyd-Franklin and Karger (2012) caution about pathologizing individual women too quickly, especially if she’s of color. It is important to socio-culturally attune with the client in order to engage around their ideals as well as felt experience (Pandit, Young, ChenFeng, Knudson-Martin, & Huenergardt, 2014). Boyd-Franklin and Karger (2012) also suggested that therapists must assess for how connected or disconnected they are from their informal and formal social networks. Many adults expressed feeling not only isolated, but also insecure about engaging one another and the HACSB support network. We found that while it is important to mentor parents to praise and focus on what is working with their children, parents themselves are often hungry for affirmation that their ideals and experiences are valid. It is helpful for the therapists to constantly be on the lookout for everyone’s strengths and to make a big deal of amplifying ideals or actions taken families express that creates movement forward.

**Engage Other Advocates**

Lastly, although once split from clinical practice, we have witnessed first hand that advocacy or activism is still very much part of the therapist’s role and responsibility (Almeida, Hernández-Wolfe & Tubbs, 2011). Garcia and McDowell (2010) go as far as to say that as therapists it is our relational responsibility to integrate ourselves into our clients’ systems. CFTs can create space for low-income families to be heard by engaging
in the development of a therapeutic resource network among community service providers (McNeil, Herschberger, & Nedela, 2013). Going forward in our work with low-income families, we intend to “lend them capital and/or make space in the social fabric for them to increase their own capital” (Garcia & McDowell, 2010, p. 105). This can be done by visiting their schools, meeting with their HACSB agent, or perhaps even writing a letter on their behalf. Most importantly, we plan to engage in this type of advocacy with them, and not just for them (Borieux et al., 2014). Our goal is that our low-income families will have a new model for how to interact with oppressive systems, and an ally in the process. Ultimately, it is important that clients experience freedom to choose their identities, as something more than “low-income” and learn how to relate to those around them in an empowered way that positions them as leaders in their respective spheres (Austin et al., 2005).

**Conclusion**

We recommend that CFTs consider the integration of MFGT from an ecological, family resilience, solution-focused lens as a crucial part of mental health services for low-income families. Specifically, the BFF groups in combination with a solid body of empirical research (Distelberg & Taylor, 2012; Johnson, Honnold, & Threlfall, 2011) highlight the explicit need of integrating whole family, comprehensive, mental health services into social services such as public housing. When partnered with the BFF framework, MFGT offers a promising vehicle for addressing these needs and producing the intended outcomes increased family resilience can foster for low-income families.
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CHAPTER SIX
FAMILIES COACHING FAMILIES FORWARD: EVALUATION OF
MULTI-FAMILY GROUP THERAPY PILOT PROGRAM
FOR SOCIOECONOMIC MOBILITY WITH
LOW-INCOME FAMILIES

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Abstract

Purpose: Changes to American housing policy are allowing both government and nonprofit agencies to expand services and focus efforts on economic mobility. This article highlights an innovative use of Multi-family Group Therapy (MFGT) with low-income families consulting one another with support of mental health practitioners.

Methods: Using a Treatment As Usual (TAU)-treatment, within subjects design, we examined the benefits of using a pilot MFGT to help low-income families achieve socioeconomic goals. Results: Families that participated in the MFGT were more likely to complete their socioeconomic goal and showed positive improvements in self-esteem and family cohesion. Conclusion: The results of this study are promising and suggest that the inclusion of MFGT may be an effective addition to comprehensive programs geared towards increasing family socioeconomic mobility.

KEYWORDS: multi-family therapy, low-income, family resilience, socioeconomic mobility, community-based, mental health care.
Comprehensive Family Services Needed for Low-Income Families in American Public Housing Programs

Recent economic pressures to implement term limits on governmental public housing is reshaping the way the U.S. Department of Housing and Urban Development (HUD) provides services nationwide (HUD, 2011). Recent changes to HUD policies are poised to encourage low-income families to use housing assistance to leverage their family’s socioeconomic mobility (Popkin et al., 2004). Services are expected to foster a family’s socioeconomic mobility, or their ability to become economically self-sufficient (House Committee on Ways and Means, 2000, sections 7-4), and yet many overlook the integration of mental health services which increase family resilience and social support. Whole family approaches are capable of assisting families in achieving self-sufficiency and are gaining recognition as innovative responses to the unhealthiest effects of poverty (Mosley et al., 2012). It is important to understand that a new perspective promoting alternative possibilities for these families is essential to expand the way we not only conceptualize socioeconomic mobility, but also to highlight ways in which family therapists can contribute to families alleviating poverty.

Multi-Family Group Therapy Pilot Program Effectiveness Study

Multi-family group therapy (MFGT) has been shown to produce positive evidenced-based outcomes for multi-stressed families, specifically in regards to increasing employment rates (Cook et al., 2005; McFarlane et al., 2000). The purpose of this paper to is to test the effectiveness of a pilot MFGT program, called the Bouncing Forward Family (BFF) groups (Borieux, Distelberg & Estrella, 2014). It is aimed at
leveraging family resilience to support socio-economic resilience and was developed by family science researchers from Loma Linda University, in collaboration with the Housing Authority of the county of San Bernardino (HACSB), CA (Distelberg & Estrella, 2013; Borieux, Distelberg & Estrella, 2014). First we will look at the effectiveness literature regarding comprehensive family services and MFGT, the link between poverty and family resilience and then present the BFF groups conceptual framework. Finally, the outcomes study methods and results are discussed, including study limitations and implications for practice.

**Comprehensive Family Services Proving Effective**

Effectiveness research shows that low-income families thrive when they have access to all-inclusive family services such as the Harlem Children’s Zone (Austin et al., 2005), the Targeted Assessment Program (Ellerbe et al., 2011) and the Housing Opportunity and Services Together (HOST) model from the Urban Institute (Popkin et al., 2012). Each of these non-profit programs addresses poverty as a multidimensional construct requiring intervention at the family, neighborhood, as well as broader community and macrosystem levels. While recent outcomes research of the TAP program reports significant increases in the percent of participants employed at least part time (Staton-Tindall et al, 2010) all three programs recommend some version of; 1) family strengthening activities, 2) community organizing and strengthening (Austin, Lemon, & Leer, 2005) and 3) shifting the focus of intervention from the individual to the entire family and community (Popkin et al., 2012).
These programs also remind us that while employment may be a good first step towards socioeconomic mobility it is not enough. For example, the HOST model (Popkin et al., 2012) advocates to use public housing as a “platform to improve the life chances of vulnerable children, youth, and adults” (p.1). Therefore, a more holistic approach integrates one’s employment, income, health, spirituality, relational needs, etc. and factors that increase family resilience (i.e. social support, self-esteem, etc.). To this end, Stiel and colleagues (2014) found that two family resilience factors (social support and family problem solving skills), specifically predicted full-time employment. All together these studies suggest that comprehensive programs like Harlem Children’s Zone and HOST are effective in helping low-income families achieve socioeconomic mobility by leveraging their larger systems. Therefore this study explores the value of integrating multi-family group therapy (MFGT) into existing low-income supportive programs to see whether the inclusion of these interventions might help bolster the socioeconomic mobility of these families.

**Multi-Family Group Therapy**

MFGT offers a unique and flexible response to increasing socioeconomic mobility, and it helps build individual, family, and community resilience. While MFGT initially focused on treating families of chronic mentally ill clients (Mcfarlane, 2002), mental health practitioners have successfully offered MFGT for other mental health issues like mood disorders among veterans (Sherman et al., 2015) as well as school-based problems, parenting issues, and attachment disorders (Asen et al., 2010). More specific to the goals of this study, McFarlane’s (2002) Psychoeducation Multiple Family Group
(PMFG) has demonstrated that MFGT can support clients in finding employment (McFarlane et al., 2000). A recent exploratory, randomized clinical trial (RCT) study comparing MFGT and individual family treatment as a supplement to inpatient care also found that MFGT can be both as effective as working with individual families and more cost-effective (Whitney et al., 2012). This is advantageous for housing related government programs as they are often inundated with high volumes of program participants and tasked with being good stewards of public tax dollars. Overall the MFGT literature provides valuable guidance and support for helping low-income families achieve socioeconomic mobility. This is especially true if we integrate the MFGT literature and practice with relevant conceptual models for change, such as resilience.

**Family Resilience and Socioeconomic Mobility**

The concept of “family resilience” is a much-needed area of study, and a progressive way to understand family systems from a strengths-based focus. Family resilience theories about low-income families such as the Family Stress Model (FSM) (Conger & Elder, 1994), Resiliency Model of Family Stress (RMFS) (McCubbin & McCubbin, 1996) and the Family Resilience Model (Walsh, 2003) suggest that social connectedness and family resilience moderate social mobility, or a person’s ability to become economically self-sufficient. Findings in resilience literature also suggest that building family resilience, and access to social support, can directly impact a family’s chances for socioeconomic mobility (Distelberg & Taylor, 2013; Johnson, Honnold, & Threlfall, 2011; Keene & Geronimus, 2011; Tester et al., 2011). In these cases it can been seen that as a family’s level of social support increases, it directly aids the family in: 1) maintaining stable employment, 2) receiving adequate housing, 3) increasing
education, 4) increasing job skills training, and 5) buffering against physical and mental health limitations (Corcoran, 1995; Dominguez & Watkins, 2003; Jackson, Brooks-Gunn, Huang, & Glassman, 2000; Lin, Thompson, & Kaslow, 2009; Paranjape & Kaslow, 2010).

Common Factors of Family Resilience

Originating from an individual concept, family resilience has evolved into a relational and multidimensional construct (Masten et al., 1998). Family scientists have expanded the scope of interactions between and among families and the systems to which they belong. Theories of family resilience can often be ecological in nature and view a family’s level of resilience as an interdependent interaction between individual traits, family processes and community level characteristics. At the individual level, characteristics such as self-esteem, internal locus of control, and coping skills are often noted as characteristics of resilience (Benzies et al., 2009). At the family level, processes that support belief systems, communication, spirituality (Walsh, 2003), as well as the existence of cohesion within the family, are seen as characteristics that yield resilience (Benzies et al., 2009). At the community level, issues of peer networks, safe neighborhoods (Benzies et al., 2009), and fostering growth through shared meaning making and lessons learned, are considered necessary components to a community’s resilience (Ungar, 2011). Together, these factors identify key processes within the family, as well as the surrounding community that engender resilience in the family and ultimately aid the families in accessing the support and resources they require to achieve
their goals. These factors also provide a theoretical starting point for the development of a MFGT program aimed at increasing socioeconomic mobility.

Current Study: Families Coaching Families Out of Poverty

Treatment as Usual

Although the definition of socioeconomic status (SES) has expanded to incorporate much more than income, in this dissertation socioeconomic mobility is defined in relation to the existing governmental programs that support low-income families (e.g. HUD, 2011; HUD, 2008; Nooe and Patterson, 2013), with the addition of a family resilience lens. Therefore, the first step towards mobility is obtaining full-time employment (Hays, 2003; HID, 2011). The Moving to Work (MTW) program, designed to provide public housing authorities with the chance to pilot innovative and locally-driven strategies, is supporting HUD programs such as the Family Self-sufficiency (FSS) program (Family Self-sufficiency program [FSS], n.d.) to explore creative ways of addressing poverty outside of matching the head of households earned savings. It is because of this emphasis from the MTW status on being responsive to the local communities felt needs that the Housing Authority of San Bernardino County, CA (HACSB) incorporated the Community Development Initiatives (CDI), a department focused on case management services, within the FSS program.

As housing beneficiaries, current HACSB FSS treatment as usual (TAU) includes attending a Keys to Success group orientation, upon being admitted into the FSS program where they complete a written Individualized Training and Services Plan (ITSP). Through a group process the head of household is coached in establishing goals focused on obtaining or finding better employment. The ITSP form is a five-year goal plan with
space to write out larger annual goals, as well as a two-month, proximal, socioeconomic goal to help them get started on their pathway to self-sufficiency. Common goals nationwide include completion of education, obtaining employment, achieving home ownership, reducing debt, etc. (HUD, 2011). Families then follow up with a CDI staff annually for support regarding their ITSP goals and receive in-house referrals to Workforce Development support staff if they are seeking employment.

**Interim Milestones: Critical Measures of Socioeconomic Mobility**

While each housing authority has the freedom to adapt their ITSP to fit program needs, all are expected to establish and provide the case management necessary to assist participants in accomplishing their interim and long-term goals (HUD, 2011). In the same evaluation (HUD, 211) that revealed only 24% successfully transitioned off housing services within four years, researchers found that when those who were able to complete their short-term ITSP goals were more likely to eventually complete the FSS requirements and therefore no longer need housing services. Of the 24%, almost 90% had managed to complete their interim milestones by their final year in the FSS program. This is in contrast to the majority of participants who exited the program early reporting either not having or unable to achieve their interim milestones (HUD, 2011). This points to the critical need for families to not only set shorter, proximal, interim ITSP goals, but also to be able to meet these in order to successfully meet their longer term goals.
MFGT Innovation: Bouncing Forward Family Groups

To enhance FSS services and to support families in increasing their ability to achieve these milestone goals found to enhance self-sufficiency, the HACSB CDI team partnered with a team of couple and family therapists (CFTs) from Loma Linda University (LLU) to develop, pilot, and evaluate a MFGT treatment model, called the Bouncing Forward Family (BFF) Groups (Borieux, Distelberg, & Estrella, 2014). The BFF’s theoretical lens integrates ecological, and family resilience frameworks with assumptions from solution-focused brief therapy (de Shazer et al., 2007) providing a strengths-based focus to working with low-income families.

Expanding the “Socio” in Socioeconomic Goals

The BFF group acknowledges and intervenes on individual, family, and community system levels to increase resilience within the families and encourage social support between families. Socioeconomic status is seen as more than one’s employment and instead an, “intersection of class, race, ethnicity, sexual orientation, abilities, nation of origin and language that places some at significant social and economic disadvantage” (Garcia & McDowell, 2010, p.96). This intervention contains both first order and second order goals. Given that the program works in collaboration with the FSS programs, the BFF groups focus on the first order goal of economic mobility and measures this change by tracking participants’ successful completion of their ITSP eight-week proximal goal.

Within the BFF program, families are encouraged to define their socioeconomic mobility. In this case families defined their pathway through their own unique goals for their family. In general some common goals that are noted include: 1) obtaining full time
employment, 2) increasing one’s current educational background (going back to college or finishing a high school degree), 3) moving from housing assistance into either a home that they purchase or a market based rental apartment. To achieve this first order goal, BFF assumes an ecological, family resilience, solution focused conceptual framework, called the BFF framework. The BFF framework is based on six overarching premises and ten principles (See Table 1 next page), as designed by Borieux et al. (2014) and further elaborated in Chapter 5 of this dissertation and program manual (See appendix F).

**Objectives**

This study examines the effectiveness of the BFF groups in helping low-income families achieve socioeconomic mobility by completing their eight-week Individualized Treatment Plan (ITSP) proximal goal. The mechanism by which this first order change is achieved is through the bolstering of family resilience constructs within the families. Within this pilot study we used a quasi-experimental within subject design, including a treatment as usual (TAU) and treatment group, to examine the potential benefits of the BFF groups. Within this study we explored family resilience characteristics such as; self-esteem, spirituality, family adaptation and cohesion. Our central hypothesis was that the BFF groups would encourage socioeconomic mobility and increase family resilience.
Table 1. *Bouncing Forward Family Group Premises and Principles*

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<th>Premise</th>
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| 1) Goal Setting—Use setting and meeting achievable goals as strategy for success. | • Start with the end in mind  
• Celebrate small and big victories |
| 2) Context—Address belief systems and meaning assigned across multiple systems to gain perspective about families’ current situation. | • Highlight current social location, challenges, as well as family strengths/resources that could support in overcoming barriers. |
| 3) Capability—Evoke families’ strengths and responsibility for what is working to achieve growth and adaptation. | • Build one another up by highlighting individual, family and group strengths.  
• Engage all family members to contribute towards family goal. |
| 4) Clarity—Creating permission to express openly & honestly assists in developing emotional and cognitive clarity. | • Promote emotional clarity to address clarity of goal setting and planning for families’ futures. |
| 5) Communication—Support families in developing positivity and collaborative problem solving. | • Define and reframe problems collaboratively to help families resolve problems.  
• Focus on the bright side of what is working. |
| 6) Connection—Mobilize families to support one another through attention to social support, family values and spiritual growth. | • Encourage connection inside and outside of group regularly.  
• Engage religious and spiritual networks as social support. |

**Method**

The study methodology was reviewed and approved by the Loma Linda University Institutional Review Board (certificate #5140035; See Appendices D & E).
Participants

The families participating in this study are enrolled in the Housing Authority of the County of San Bernardino (HACSB) Family Self-Sufficiency (FSS) programs, and include the home choice voucher (subsidized rent support for regular communities) and public housing programs (subsidized rent support for a HACSB owned community). The study included heads of households, who attended the first FSS Keys to Success workshop and met the following requirements: 1) Able to speak, write and read in English, 2) Have legal citizenship within the U.S., 3) Currently receiving HACSB support, 4) Agree to participant in all eight sessions of the BFF groups, 5) Is the head of household in regards to services received from the Housing Authority, 6) 18 years of age or older. While the BFF groups involve the entire family system, this study only asked the "heads of household" to complete the pre and post surveys. Exclusion criteria included families where the head of household is retired (receiving Supplemental Security Income), or disabled (receiving Social Security Disability Insurance).

Although randomized clinical trials (RCTs) are the gold standard for effectiveness research design, these designs are often complicated by difficult dilemmas of whether it is ethically appropriate to withhold treatment for some, and made almost impossible when working with agencies, like HACSB, where treatment is required by law to be given to all who participate in the program (Denton, 2014). Due to this, our treatment as usual (TAU) group consisted of HACSB FSS participants that met the above criteria, wanted to participate in study, yet opted not to participate in the BFF Groups.
Sample

It is estimated that during the proposed study timeline over 300 families will be eligible for the study, as they are engaged in the program and meet the inclusion criteria. Using a priori plan analysis for repeated measures ANCOVA based on an assumed effect of $\eta^2 > 0.25$, and a correlation between dependent variables of $r = 0.5$, would have a power $(1 - \beta) = 0.80$ with $n = 66$, for the within/between interaction effect.

Study Design

The study used a quasi-experimental within subject design, inclusive of a treatment as usual (TAU) and treatment group.

Family Self-Sufficiency Program: Treatment as Usual

The majority of participants were approached to participate in the BFF groups at the first orientation, Keys to Success Workshop, by study personnel. Ten participants were enrolled in the study prior to 2015 via phone calls placed by researchers. These ten were enrolled prior to the implementation of the Keys to Success Workshop, and while on the phone, researchers covered similar content on the phone as in the orientation. During the orientation researchers had five minutes to provide details regarding the BFF groups, this study, and the ways participants could be involved. If a participant elected to participate in the study, yet not the BFF groups, they were assigned to the TAU group. They completed the informed consent and pre-survey at that initial meeting and were advised that a researcher would follow up with them via mail or phone within eight weeks so they could complete the post test. They were asked to mail the pre-paid post-
test back once complete, as well as a brief questionnaire that asked about their short-term goal status. A researcher also conducted a follow up call to those participating in the TAU group to assess whether they had any other questions.

**Procedure**

Once participants agreed to join the study, study personnel read through the informed consent document and provided an opportunity for families to ask questions about their participation in the study, receiving consent from all participants over age 18. Participants in the treatment group completed the research measures prior to the start of treatment (t1), either in person at the Keys to Success Orientation or BFF pre-session, and at the conclusion of the eight-week program (t2) at the last BFF session. Participants were advised that missing more than two sessions would disqualify them from the study. Heads of household that volunteered to be in the TAU group also completed the same pre-survey (t1), either at the Keys to Success Orientation or on the phone, and the post-survey (t2) approximately two-three months later via a mailed survey packet. The study enrolled participants over 24 months.

Prior to beginning the BFF groups at the pre-session, participants received a binder with the informed consent information as well as contact information and instructions for each phase of treatment. The binders included the informational materials about the groups and the group process. If at the end of the eight-week program they had not accomplished their ITSP goal, they would be invited to re-join and repeat the BFF program one more time. This effort to monitor and intervene with their progress early on was anticipated to reduce the failure to meet compliance goals at the end of year one. Families would then be
encouraged to continue working towards their five-year goals with the support of their FSS or Community Development Initiative (CDI) caseworker upon completion of the program.

**Treatment**

The treatment groups consist of eight weekly 1 ½ hour sessions, including a pre-session before the first session (lasting 45 minutes). (For detailed description of the program and conceptual framework please see Borieux et al., (2014) or Estrella et al., working paper, Chapter 5). Families were assigned into one of five open BFF groups. All members of the family were strongly encouraged to attend the groups. Each group admitted new families weekly and groups were facilitated by graduate level mental health professionals under the supervision of a field specific, licensed and certified supervisor (provided by Loma Linda University). Each group was facilitated by two or three facilitators. These facilitators were also certified in the curriculum of the program (Borieux et al., 2014).

The program curriculum focuses on socioeconomic mobility and family resilience concepts for the content of eight sessions, but also uses group processes to generate inter-familial relationships and enhance support networks (Borieux et al., 2014). Each of the eight sessions has a particular treatment aim; for example, deconstructing poverty and expanding the way they perceive their situation, focusing on being positive, collaborative problem solving, etc. Co-therapists use a variety of techniques to achieve these aims, including group discussion, informal reflecting teams, structured activities, team building activities, fish bowls and family sculpting. Also, a weekly goal-check-in is used specifically to celebrate progress made towards their eight-week socioeconomic goal, as
well as to engage the group in working together collaboratively to resolve any potential roadblocks. Families are encouraged early on to raise issues salient to their situation, as well as to act as consultants to other families. The co-therapists also participate as consultants responsible for providing safety and structure to the sessions.

**Bouncing Forward Family Group Model Adaptations**

As a pilot program, the Bouncing Forward Family (BFF) Groups underwent a variety of adaptations that are important to mention in regards to how we maintained fidelity of training facilitators and implementing groups. This model was initially developed by a team of LLU family science graduate level researchers familiar with issues of poverty and group work. All BFF groups were led by one of two original model developers. As an exploratory framework we determined early on that regardless of programmatic or model changes we would maintain three core components: 1) Families were encouraged to engage with other families, 2) facilitators took a strengths-based perspective, and 3) each group focused on moving forward socioeconomically. The purpose of the groups was made transparent to facilitators and participants and held consistent throughout the study:

Purpose—Help families build community and support each other in the achievement of their housing and employment goals. The program is based on an ecological theory of family resilience with a solution-focused lens.
**Group Adaptations**

Some adaptations to the model were needed due to difficulty recruiting FSS families into the groups and initial feedback from program participants indicating it was too long. Originally conceptualized as a closed group model that would cover 8-10 principles within 12 weeks, we shifted to an open group format after 6 months. While the core principles remained the same, changes were made to the way we recruited and ended the program. The primary shift in recruiting entailed having new families entering the program on an on-going basis. In order to accommodate this, an experienced co-facilitator would provide the pre-session with clients ahead of session one, and then once complete they would join the larger group. This also meant that groups would finish every few weeks, and therefore we reserved 5-10 minutes at the end of group to celebrate and acknowledge their achievements and contribution to the group as they graduated. The open format also made it possible for informal mentoring to take place as newer families were encouraged to sit with or engage with families further along in the program.

**Measurements**

This study used demographic information along from HACSB FSS participants, the FSS *Individual Treatment Service Plan* (ITSP; FSS, n.d.; HUD, 2011; See Appendix A) and selected family resilience measures. Participants were given the same pre post surveys assessing family resilience factors and identified an eight-week socioeconomic goal based on their HACSB Individualized Training and Services Plan (ITSP).
Goal Accomplishment Measures

*Individual Treatment Service Plan (ITSP)*

This measure is a treatment goal plan utilized by the FSS CDI case management staff nationally (FSS, n.d.; HUD, 2011), yet tailored to meet the specific FSS program needs (See Appendix A). This goal planner exercise is done initially at the HACSB FSS Keys to Success Workshop and then reviewed and revised annually by CDI staff and FSS participants for socioeconomic progress via goal accomplishment. The KEYS for success workshop happens when the family has been approved to receive housing support but has not yet begun receiving the support. The support is conditional upon their completion of the workshop. Specific to the ITSP measure, during the workshop families are guided through a group process to help them determine what they would need to accomplish in order to successfully transition off the FSS program within the next five-years. Families are coached to help them develop clear, specific and tangible goals for their ITSP and in small groups, families work together to map out a step by step goal plan for how they will be economically self-sufficiency within the next five years. Within the ITSP, each step is considered a goal and the family meets with the FSS staff annually to help them stay on track with their goals (See Appendix A). The most common annual goals identified by families include: obtaining employment or high school diploma (GED), entering a vocational program/college, and/or increasing annual income.

While each housing authority has the freedom to adapt their ITSP to fit program needs, all are expected to establish and provide the case management necessary to assist participants in accomplishing their interim and long-term goals (HUD, 2011). In the same evaluation (HUD, 211) that revealed only 24% successfully transitioned off housing
services within four years, researchers found that when those who were able to complete their short-term ITSP goals were more likely to eventually complete the FSS requirements and therefore no longer need housing services. Of the 24%, almost 90% had managed to complete their interim milestones by their final year in the FSS program. This is in contrast to the majority of participants who exited the program early reporting either not having or unable to achieve their interim milestones (HUD, 2011). This points to the critical need for families to not only set shorter, proximal, interim ITSP goals, but also to be able to meet these in order to successfully meet their longer term goals.

For the purpose of the BFF, and this study, an eight-week short-term goal or milestone is used to measure the effectiveness of the BFF groups. The successful completion of the eight-week goal was tracked for the BFF and TAU participants (See appendix B).

**Family Resilience Measurements**

**Rosenberg’s Self-Esteem Scale**

The Rosenberg’s Self-Esteem Scale (RSE) (Rosenberg, 1979) is a 10-item Guttman scale. One of its greatest strengths is its wide range of use among diverse populations, particularly that of low-income, ethnic minority families (Eshbaugh, 2010). The original standardization of this tool reports inter-item reliability of $\alpha = .92$ and test retest consistency of $\alpha = .88$. 
**Spiritual Perspective Scale**

The Spiritual Perspective Scale (SPS; Reed, 1986) seeks to examine both the frequency of spiritual practices and varied aspects of one’s spirituality. This 10-itme scale examines individual spirituality, and has been adapted to examine family and/or shared spirituality. In its initial test with over 400 adults, the scale measured a high internal consistency of $\alpha = .90$. Additionally, the average inter-item correlations range from $\alpha=.54$ to 0.60.

**Family Adaptability and Cohesion Evaluation Scale- IV**

The Family Adaptability and Cohesion Evaluation Scale (FACES-IV; Olson, 2011) is a 42-item instrument designed to measure an individual’s perception of their family cohesion and adaptability (Olson, 1986). This updated version uses revised balanced/unbalanced scales and offers six subscales. For the total instrument, the reliability is $\alpha = .73$, and the test-retest reliability is between $\alpha=.83$ and $\alpha=.93$. The two scales that were of particular interest, flexibility and cohesion, have respective reliabilities of $\alpha=.84$ and $\alpha=.89$.

**Analysis**

Prior to analysis we evaluated the data for issues of missing data and made sure all univariate assumptions were met (Tabachnick & Fidell, 2013). The rate of missing data for most scales were low both in the pre and post survey data (%): Self-esteem (pre = 4.7%, post = 2.3%), Spiritual perspectives (pre = 7.0%, post = 4.7%), Faces IV chaotic (pre = 9.3%, post = 9.3%), Faces IV cohesion (pre= 14.0%, post = 9.3%), Faces IV rigid
(pre = 16.3%, post = 4.7%), Faces IV enmeshed (pre = 16.3%, post = 4.7%), and Faces IV disengaged (pre = 18.6%, post = 14%). Results from Faces IV flexibility (pre = 20.9%, post = 11.6%) were excluded due to such a high rate of missing data (Tabachnick & Fidell, 2013). After reviewing the data the missing pattern appeared to be random and Expectation-Maximization (EM) imputation was conducted for the missing values using EQS Structural Equation Modeling Software Version 6.1.

Two sets of analyses were conducted using SPSS Version 23. In the first analysis, a chi-square test was used to examine the relationship between the Treatment and TAU groups and whether participants reached their eight-week goal. The second analyses focused on whether BFF groups offered a significant change in family resilience assessment scores, pre and post the program. Repeated measures analysis of covariance (ANCOVA) was used to access each of the 9 outcomes noted from above (Spiritual Perspective Scale, Rosenberg’s Self-Esteem Scale, and the FACES scales of Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, and Chaotic). In addition we included controls (covariates) for family size, income, and the number of days between the pre- and post-tests. Finally we also included whether the outcome measures varied by the status of family’s goal achievement). In other words, are families with higher self-esteem more likely to achieve their 8-week goal, regardless of whether they were in the treatment or TAU groups.
Results

Subjects

Between January 2014 and September 2015, 86 heads of households signed an informed consent for the study; totaling 47 BFF families, and 39 control families. 20 (43%) families completed treatment in one of five BFF groups, three (6%) completed treatment but not the post-test, 24 (51%) dropped out of treatment after at least one session or never attended the first session. For those that dropped out of the treatment group their stated reasons were: 1) Obtaining full time employment work after starting and no longer having time to participate (38%), 2) Not enough time in their weekly schedule to participate at this time (38%), 3) A lack of transportation to or from the group locations (12.5%), and 4) Dropping out of the housing program (and therefore out of the study) (12.5%). 23 (59%) of the control group completed both their pre and post tests, and 16 (41%) dropped out or did not respond when contacted for follow up post measurement phase. We were unable to ascertain what the predominant issues were for TAU group dropout, but 40% of the missed post test measures were due to the participant family changing their contact information (e.g. telephone number was no longer in service) without providing the research team or the housing provider their new forwarding information.

Demographics for the study participants are presented in Table 2 (See next page), and show no significant differences in any demographic variables between groups.
Table 2. Demographic Characteristics of the Sample by Treatment Group

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>Treatment $n = 20$</th>
<th>Control $n = 23$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>10 (50.0)</td>
<td>9 (39.1)</td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>1 (5.0)</td>
<td>2 (8.7)</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>8 (40.0)</td>
<td>5 (21.7)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1 (5.0)</td>
<td>7 (30.4)</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single or divorced</td>
<td>15 (75.0)</td>
<td>22 (95.7)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>5 (25.0)</td>
<td>1 (4.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Family Size, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>6 (30.0)</td>
<td>7 (30.4)</td>
<td></td>
</tr>
<tr>
<td>3-4</td>
<td>7 (35.0)</td>
<td>8 (34.8)</td>
<td></td>
</tr>
<tr>
<td>5 or more</td>
<td>7 (35.0)</td>
<td>8 (34.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Education, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete HS</td>
<td>5 (25.0)</td>
<td>3 (13.0)</td>
<td></td>
</tr>
<tr>
<td>HS graduate / GED</td>
<td>11 (55.0)</td>
<td>12 (52.2)</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>2 (10.0)</td>
<td>5 (21.7)</td>
<td></td>
</tr>
<tr>
<td>BA</td>
<td>1 (5.0)</td>
<td>1 (4.3)</td>
<td></td>
</tr>
<tr>
<td>Other $^a$</td>
<td>1 (5.0)</td>
<td>2 (8.7)</td>
<td></td>
</tr>
<tr>
<td><strong>Employment, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td>7 (35.0)</td>
<td>5 (21.7)</td>
<td></td>
</tr>
<tr>
<td>Employed part-time (1 or more jobs)</td>
<td>5 (25.0)</td>
<td>5 (21.7)</td>
<td></td>
</tr>
<tr>
<td>Employed full-time</td>
<td>7 (35.0)</td>
<td>12 (52.2)</td>
<td></td>
</tr>
<tr>
<td>Student and employed part-time</td>
<td>1 (5.0)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>0</td>
<td>1 (4.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Income, mean (SD)</strong></td>
<td></td>
<td>$23,317.55 (13,367.18)$</td>
<td>$24,433.04 (11,678.39)$ $^b$</td>
</tr>
</tbody>
</table>

*Note: HS = high school.*

$^a$ Includes vocational training and missing data

$^b$ Results of t-test not significant, $t(41) = -.292$, $p = .772$
Table 3 shows that t-tests between pre-test means (SD) of all treatment and control variables were not significant.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Test Treatment (n=20) Mean (SD)</th>
<th>Control (n=23) Mean (SD)</th>
<th>Post-Test Treatment (n=20) Mean (SD)</th>
<th>Control (n=23) Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Perspectives</td>
<td>4.35 (0.73)</td>
<td>4.11 (0.77)</td>
<td>4.23 (0.84)</td>
<td>4.10 (0.89)</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>23.18 (6.54)</td>
<td>23.85 (5.55)</td>
<td>25.23 (3.88)</td>
<td>24.00 (4.83)</td>
</tr>
<tr>
<td>Balanced Cohesion</td>
<td>28.90 (3.56)</td>
<td>28.13 (5.26)</td>
<td>29.93 (3.13)</td>
<td>27.52 (5.46)</td>
</tr>
<tr>
<td>Balanced Flexibility</td>
<td>28.66 (3.49)</td>
<td>26.76 (4.74)</td>
<td>28.42 (3.68)</td>
<td>25.42 (5.91)</td>
</tr>
<tr>
<td>Disengaged</td>
<td>15.14 (4.34)</td>
<td>16.00 (4.54)</td>
<td>13.92 (3.01)</td>
<td>16.10 (5.88)</td>
</tr>
<tr>
<td>Enmeshed</td>
<td>17.08 (4.53)</td>
<td>16.47 (5.50)</td>
<td>16.79 (4.01)</td>
<td>16.96 (5.69)</td>
</tr>
<tr>
<td>Rigid</td>
<td>23.88 (2.94)</td>
<td>22.02 (3.68)</td>
<td>22.17 (3.73)</td>
<td>21.25 (3.53)</td>
</tr>
<tr>
<td>Chaotic</td>
<td>15.00 (4.78)</td>
<td>15.00 (4.57)</td>
<td>13.80 (3.33)</td>
<td>15.04 (6.57)</td>
</tr>
</tbody>
</table>

Note: T-tests between pre-test means (SD) of all treatment and control variables were not significant.

Socioeconomic Goal Accomplishment

Participants in the BFF groups were more likely to complete their eight-week socioeconomic goal ($\chi^2 (1) = 10.143, p = .001, \varphi = .486, p = .001$) (See Table 4 and Figure 1 next page). Sixty-five percent (n=13) of families in the BFF group successfully completed their eight-week socioeconomic goals, versus only 17.4 percent (n=4) of those in the TAU group.
Table 4. Frequency of Families Who Achieved Their Eight-Week Goal

<table>
<thead>
<tr>
<th>Goal Status, n (%)</th>
<th>Treatment n = 20</th>
<th>Control n = 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful completion</td>
<td>13 (65.0)</td>
<td>4 (17.4)</td>
</tr>
<tr>
<td>Incomplete goal</td>
<td>7 (35.0)</td>
<td>19 (82.6)</td>
</tr>
</tbody>
</table>

***p ≤ .001

Figure 1. Goal Status Results
Figure 2 highlights the types of eight-week ITSP goals of the participants in both the treatment and TAU group. This figure also visually shows a comparison of goal type by goal completion.

![Figure 2. Differences in Goal Type by Goal Status](chart)

*Note*: Other includes Health, Relational, and Housing goals.

The majority of participants in both groups chose employment-related goals (Treatment = 30.0%; TAU = 39.10%). More specifically, these included goals for obtaining full or part-time employment or getting better job. As such, employment was the most noted goal by both the treatment (30%) and TAU (39.13%) groups. An important note here is that even though the BFF program is focused on socioeconomic mobility and the FSS program heavily promotes obtaining work as the first step towards success, the BFF families self-selected almost with the same frequency.
into employment (30.0%), education (25.0%) and financial stability (25.0%) for their eight-week goal. Also, both treatment and TAU groups self-selected almost identically into the other three types of goals; 1) Education (Treatment = 25.0%; TAU = 21.71%) i.e. GED or returning to college, 3) Financial (Treatment = 25.0%; TAU = 26.10%) i.e. saving money or paying off debt, and 4) Other (Treatment = 20.0%; TAU = 13.04%). The ‘other’ goal category (seven people) included goals such as recovering from major surgery (TAU=two families), spending more time with one’s children weekly (Treatment =two families; TAU=one family), and successfully completing the FSS housing requirements in order to lease up due to a small group having been recruited at a pre-leasing workshop early on in the study (Treatment =2 families).

In summary the treatment group experienced higher success rates, particularly in meeting Education, Financial and Other goals. The percentage of treatment families versus TAU families’ success rate for completing each goal is as follows: Employment (Treatment = 33.33%; TAU = 11%), Education (Treatment = 80%; TAU = 20%), Financial (Treatment = 80%; TAU = 33.33%), Other (Treatment = 75%; TAU = 0%). While the treatment families chose employment, education and financial goals with the same frequency, the TAU families tended to pick employment more frequently (39.10%) and results indicate that apart from the Other category which had a zero% success rate, only 11% of TAU families successfully completed their employment goal. Of those who did not complete their goal in the eight-week time frame, four (66.0%) BFF families and eight (34.78%) families in the TAU group, most reported making significant progress towards this end.
**Family Resilience Variables**

Repeated measures ANCOVA results are summarized in Table 5. For the overall effect of the treatment the interaction between Group Membership and Balanced Cohesion scores was found to be trending toward statistical significance with a small effect size, $F(1,38) = 3.05, p = .089$, partial $\eta^2 = .074$. This indicates that the estimated marginal mean for Cohesion for the treatment group increased from 28.63 (1.08) to 30.03 (1.07), while there was no significant change in cohesion scores for the TAU group. Therefore, the BFF groups did show a small but notable increase in cohesion during the program.

Next we evaluated the interaction between the goal status and the outcome variables. Overall, completion of a family’s eight-week goal, regardless of the group, revealed significant interaction effects for Self-esteem and Family Cohesion. More specifically, Self-Esteem increased from 21.35 (se = 1.40) to 25.30 (se = 1.06) among those who completed their goals, while it decreased among those who did not complete their goals from 24.97 (se = 1.13) to 24.10 (se = .85) (Self Esteem: $F(1,38) = 7.31, p = .010$, partial $\eta^2 = .161$). In addition, the interaction between Goal Status and Balanced Cohesion scores was also significant ($F(1,38) = 7.56, p = .009$, partial $\eta^2 = .166$). Specifically, among participants who completed their goals, Cohesion increased from 28.23 (se = 1.14) to 30.41 (se = 1.12), while among those who did not complete their goals, Cohesion scores decreased from 28.65 (se = .92) to 27.48 (se = .90).

The three-way interaction shown in Table 5 and Figure 3 (See page 115) highlights the significant interaction between Self-Esteem scores, Goal Status, and Group Membership. Within the treatment group, Self-Esteem increased for both those that
Table 5. Repeated Measures ANCOVA Summary Table

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Perspectives x Group</td>
<td>0.105</td>
<td>1.000</td>
<td>0.105</td>
<td>0.341</td>
<td>0.563</td>
<td>0.009</td>
</tr>
<tr>
<td>Self-Esteem x Group</td>
<td>16.766</td>
<td>1.000</td>
<td>16.766</td>
<td>0.925</td>
<td>0.342</td>
<td>0.024</td>
</tr>
<tr>
<td>Balanced Cohesion x Group</td>
<td>24.745</td>
<td>1.000</td>
<td>24.745</td>
<td>3.052</td>
<td>0.089*</td>
<td>0.074</td>
</tr>
<tr>
<td>Balanced Flexibility x Group</td>
<td>11.804</td>
<td>1.000</td>
<td>11.804</td>
<td>0.947</td>
<td>0.337</td>
<td>0.024</td>
</tr>
<tr>
<td>Disengaged x Group</td>
<td>5.505</td>
<td>1.000</td>
<td>5.505</td>
<td>0.390</td>
<td>0.536</td>
<td>0.010</td>
</tr>
<tr>
<td>Enmeshed x Group</td>
<td>0.022</td>
<td>1.000</td>
<td>0.022</td>
<td>0.002</td>
<td>0.965</td>
<td>0.000</td>
</tr>
<tr>
<td>Rigid x Group</td>
<td>0.748</td>
<td>1.000</td>
<td>0.748</td>
<td>0.115</td>
<td>0.737</td>
<td>0.003</td>
</tr>
<tr>
<td>Chaotic x Group</td>
<td>3.554</td>
<td>1.000</td>
<td>3.554</td>
<td>0.167</td>
<td>0.685</td>
<td>0.004</td>
</tr>
<tr>
<td>Spiritual Perspectives x Goal Status</td>
<td>0.132</td>
<td>1.000</td>
<td>0.132</td>
<td>0.431</td>
<td>0.516</td>
<td>0.011</td>
</tr>
<tr>
<td>Self-Esteem x Goal Status</td>
<td>114.805</td>
<td>1.000</td>
<td>113.805</td>
<td>7.307</td>
<td>0.010**</td>
<td>0.161</td>
</tr>
<tr>
<td>Balanced Cohesion x Goal Status</td>
<td>55.229</td>
<td>1.000</td>
<td>55.229</td>
<td>7.561</td>
<td>0.009**</td>
<td>0.166</td>
</tr>
<tr>
<td>Balanced Flexibility x Goal Status</td>
<td>28.216</td>
<td>1.000</td>
<td>28.216</td>
<td>2.344</td>
<td>0.134</td>
<td>0.058</td>
</tr>
<tr>
<td>Disengaged x Goal Status</td>
<td>15.267</td>
<td>1.000</td>
<td>15.267</td>
<td>1.103</td>
<td>0.300</td>
<td>0.028</td>
</tr>
<tr>
<td>Enmeshed x Goal Status</td>
<td>5.833</td>
<td>1.000</td>
<td>5.833</td>
<td>0.522</td>
<td>0.474</td>
<td>0.014</td>
</tr>
<tr>
<td>Rigid x Goal Status</td>
<td>2.203</td>
<td>1.000</td>
<td>2.203</td>
<td>0.340</td>
<td>0.563</td>
<td>0.009</td>
</tr>
<tr>
<td>Chaotic x Goal Status</td>
<td>8.752</td>
<td>1.000</td>
<td>8.752</td>
<td>0.414</td>
<td>0.524</td>
<td>0.011</td>
</tr>
<tr>
<td>Spiritual Perspectives x Goal Status x Group</td>
<td>0.014</td>
<td>1.000</td>
<td>0.014</td>
<td>0.045</td>
<td>0.833</td>
<td>0.001</td>
</tr>
<tr>
<td>Self-Esteem x Goal Status x Group</td>
<td>49.486</td>
<td>1.000</td>
<td>49.486</td>
<td>3.305</td>
<td>0.077*</td>
<td>0.084</td>
</tr>
<tr>
<td>Balanced Cohesion x Goal Status x Group</td>
<td>2.280</td>
<td>1.000</td>
<td>2.280</td>
<td>0.300</td>
<td>0.587</td>
<td>0.008</td>
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<tr>
<td>Balanced Flexibility x Goal Status x Group</td>
<td>2.947</td>
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<td>2.947</td>
<td>0.234</td>
<td>0.632</td>
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<tr>
<td>Disengaged x Goal Status x Group</td>
<td>6.871</td>
<td>1.000</td>
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<td>0.476</td>
<td>0.494</td>
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<tr>
<td>Enmeshed x Goal Status x Group</td>
<td>1.349</td>
<td>1.000</td>
<td>1.349</td>
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<td>0.736</td>
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<tr>
<td>Rigid x Goal Status x Group</td>
<td>8.161</td>
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<td>1.233</td>
<td>0.274</td>
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<tr>
<td>Chaotic x Goal Status x Group</td>
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<td>1.000</td>
<td>15.205</td>
<td>0.694</td>
<td>0.410</td>
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</table>

Note: Covariates in the model include income, family size, and number of days between testing

*p < .10

**p ≤ .01

completed their eight-week goals (Mean for time 1 = 22.32, se = 1.63; Mean for time 2 = 24.91, se = 1.24), as well as for those who did not complete their goal (Mean for time 1 = 24.97, se = 2.44; mean time 2 = 25.79, se = 1.85). Similarly for the TAU group there was an increase in self-esteem for those that completed their eight-week goal (mean for time 1 = 18.34(se = 2.92) to 26.33(se = 2.21), but a decrease in self-esteem for those in the TAU
that did not complete their eight-week goal ($F(1,36) = 3.31, p = .077$, partial $\eta^2 = .084$). It is interesting to note that although there are families in both the treatment and TAU group that did not complete their goal, the treatment group participants still reported feeling an increase in self-esteem. On the other hand the TAU participants that did not compete their goal reported a decrease in self-esteem. Researchers were able to connect with approximately 40% of these TAU participants on the post-study follow up call and while they reported having made some sort of progress towards their short-term milestone goal, the majority reported feeling overwhelmed by a variety of barriers.

Figure 3. Line Plot of Interaction Between Self-Esteem, Goal Status, and Group
Note: Covariates appearing in the model are evaluated at the following values: Income=23914.2093, Family Size = 3.8140, and Number of days between testing = 70.21
**Discussion**

Poverty is a complex and multifaceted issue. The present study suggests that MFGT may be a helpful integration into low-income family programs such as Family Self-sufficiency (FSS) program. Our initial hypothesis was that MFGT would help HACSB FSS families achieve socioeconomic mobility, and evoke an increase in family resilience variables like self-esteem, spirituality and family cohesion. To accomplish this goal, aim one sought to assess whether families in the BFF groups were more likely to achieve their eight-week socioeconomic goal in comparison to the TAU group. Within this study we found that there was a significant difference between the two groups with participants in the BFF groups more apt to achieve their stated goal.

This study’s findings add to a growing body of literature that suggests a more comprehensive and multi-dimensional approach to government and community sponsored socioeconomic mobility programs. For example, the BFF groups followed the example of other comprehensive programs like HOST (Popkin et al., 2012) and Harlem’s Children Zone (Austin et al., 2005), attempting to address the more complex nature of poverty by targeting the whole family. Also, the BFF groups engaged mental health professionals to leverage the cross family social support resources within each group and therefore fostered individual, family and community resilience. The beneficial results of this study add to the family resilience literature highlighting the value in building family resilience, and accessing social support to directly impact a family’s chances for socioeconomic mobility (Distelberg et al., 2013; Johnson et al., 2011). These findings suggest a beneficial expansion of MFGT as a systemic intervention not only for families...
with severe mental illness (McFarlane, 2002; Asen et al., 2010), but to also consider MFGT for low-income families struggling to overcome poverty.

This study also explored the mechanisms by which the families achieved their eight-week goal. Aim two, found that families in the BFF groups were more likely to feel cohesive as a family unit than those in the control group, as well as experience increases in self-esteem regardless of whether or not they accomplished their goal, signifying MFGT’s ability to increase resilience at both the individual and family levels (Benzies et al., 2009). In addition, it appeared that only those in the TAU group who did not complete their goal (82.61%) had a decrease in self-esteem. Our hypothesis for the upward trend in self-esteem across the board, excluding those TAU families who did not accomplish their goal (82.61%), is that TAU group members self-elected into the TAU group most likely because they did not think they needed additional support to meet their eight-week socioeconomic goal. As time passed and numerous barriers presented themselves, the majority of TAU group families (82.61%) were unable to complete and experienced a drop in self-esteem due to lack of social support and resources provided in BFF groups. Additional research would be needed to determine the accurateness of our hypothesis.

The findings from this study suggest that MFGT is a valuable service to include in housing programs. It not only encourages low-income families to step into the role of consultant (Asen et al., 2010) and focus on solutions (de Shazer et al., 2007), it sets up supportive networks whereby, no matter what challenges families faces, these families can build self-esteem and family cohesion as well as increase social supports needed to achieve socioeconomic mobility.
Lastly, the BFF program proves helpful information that CFTs can use to expand their practice. Garcia & McDowell, (2010) assert as therapists, advocacy or activism is part of our relational responsibility. Through the use of MFGT, CFTs can “lend them [families] social capital and/or make space in the social fabric for them to increase their own capital” (p. 105). This could entail home, school or work visits, writing letters, or coaching families on job interviews, etc. Ultimately, CFTs practicing MFGT such as the BFF groups, provides low-income families with a new model for how to interact with oppressive systems and an ally in the process.

Limitations

Although the findings of this study offer a great deal of promise, they should be considered in the light of some notable limitations. One limitation of this pilot study is that of power and type II error. For the current study, while the study was able to achieve the targeted a priori planned target sample size, some of the analyses reported were only trending towards a p < 0.05 and therefore may benefit from a larger sample size. Also, due to the nature of the questions and general limitations that are faced by those living in poverty, there were difficulties in recruiting and maintaining our participant pool (ie transportation issues, time constraints, etc.). Low-income families are not always able to complete long-term programs, thereby potentially biasing studies towards worse results even if families meet with success. For example, two families in our treatment group “dropped out” because they obtained full time employment and could not afford to postpone or miss working in order to finish the groups. Unfortunately they could not be included as having completed the program since we never obtained
their post-test results. Additionally, as noted above, the level of missing data in this study required an EM imputation. This specific imputation is excellent in estimating missing values, but it is limited in that it typically underestimates standard errors (Musil et al., 2002). Also, while it would have been ideal to randomly assign families into the treatment or TAU group, self-selection bias could not be entirely avoided based on governmental policies regarding research for the HACSB. Ideally future research would use RCTs.

The format of the group did change over time from a 12 week to an 8 week program, based on the feedback from the program participants, but as afore mentioned, the core components remained consistent: 1) Families were encouraged to engage with other families, 2) facilitators took a strengths-based perspective, and 3) each group focused on moving forward socioeconomically. The purpose of the groups was made transparent to facilitators and participants and held consistent throughout the study. In order to maintain fidelity of training and implementation for this pilot MFGT program, all BFF groups were led by one of two original model developers.

Another limitation is our results may not be generalizable to other low-income families in other geographic areas. While this is the first study to explore or formulate a MFGT framework focused specifically on achieving socioeconomic mobility by increasing family resilience for low-income families, the findings from this study focus on family resilience and socioeconomic mobility among those enrolled in the HACSB programs of San Bernardino County, CA. Research with additional populations is recommended.
Implications for Future Research

There has been a wide-array of research conducted on families living in poverty. Our study seeks to build on the shoulders of other evidenced-based MFGT models (McFarlane, 2002; Asen et al., 2010; Sherman et al., 2015), specifically regarding how to use MFGT to help multi-stressed families achieve employment (McFarlane et al., 2000; Cook et al., 2005). As such, a future direction would include researching various aspects of social support as a way low-income families can buoy or boost themselves forward while living in poverty. Additional research teasing out resilience factors, such as spirituality (Walsh, 2003) and family-problem solving (Stiel et al., 2014), would add considerably to this work and help families learn how to maximize their limited resources to achieve socioeconomic mobility.

Conclusion

Families possess an innate resilience, enhanced by their access to resources and support, that they use to help propel them through poverty. The BFF program contributes to the field of family therapy by introducing ways CFTs can evoke family resilience through MFGT to capitalize on the benefits of social support. This in turn allows families to gain the confidence that they need to help achieve their goals towards economic self-sufficiency. The BFF groups also merge the fields of mental and public housing in a powerful, innovative way empowering low-income families to come together and help one another bounce forward, breaking the cycle of poverty and overcoming adversity.
References


CHAPTER SEVEN
DISCUSSION OF CHANGES MADE FROM ORIGINAL PROPOSAL

Barriers to Research

As with most community-based research, even the very best laid plans end up needing modifications. A variety of unanticipated changes were made to the proposal and discussed in this chapter. It is important to note that the pragmatics of community-based research specifically focused in recruiting low-income families, often is influenced by contextual barriers. Research shows that low-income families are inundated with stressors (ie financial, needing transportation, lack of food and safety, moving frequently, stigma) that can get in the way of their participating in research like ours (Cashman, Savageau, Lemay, & Ferguson, 2004; Fabrega, Moore, & Strawn, 1969; Scarinci, Ames, & Brantley, 1999). Anecdotal data collected via interviews and phone calls with this study’s participants echoed these findings. The majority of the families who did not complete the study experienced significant challenges that prevented them from returning to the BFF groups, or completing the TAU group commitment. Only two treatment families reported the program not being a good fit for them, whereas most shared that if they could postpone their start date they would be more likely to participate and not drop out.

Changes in Bouncing Forward Family (BFF) Groups Target Audience

The Loma Linda University (LLU) doctoral research team, under the leadership of Dr. Distelberg, initially developed the BFF groups for the HACSB public housing
communities of San Bernardino County, CA. Researchers shifted the initial target population from public housing families to FSS families in San Bernardino, CA, as well as the general community at the end of year one to access a significantly larger number of families for the current study.

**Self-Selection Bias**

An interesting dynamic of self-selection that needs to be addressed occurred once we decided to shift our target population. Whereas we initially began with families living in concentrated public housing communities, by opening up our parameters to include Family Self-Sufficiency (FSS) families we also acknowledge an additional study limitation of self-selection bias. The HACSB FSS program is a five-year lease assistance program that requires all participants must already be earning a specific amount to qualify. It also implies that these families may be more motivated than those in a traditional FSS programs or public housing communities where one need not put forth money towards rent. This is important to note for future research and program development with these programs, as our results are not generalizable across the board. It may be that by being in the FSS program our sample already had self-selected among other low-income families, and then from there self-selected a second time when entering the current study. Ideally future research would find ways to partner with community/government agencies like the HACSB and conduct RCTs.

**Changes in BFF Protocol**

Preliminary needs assessments conducted by Distelberg & Taylor (2010) helped
identify the need for increased family resilience, particularly social support and the exploratory factor analysis conducted by Stiel and colleagues (2014) revealed that social support and family problem skills (both family resilience assessments) predicted employment, the first sign of socioeconomic mobility.

As a pilot program, the Bouncing Forward Family (BFF) Groups underwent a variety of adaptations that are important to mention in regards to how we maintained fidelity of training facilitators and implementing groups. This model was initially developed by a team of LLU family science graduate level researchers familiar with issues of poverty and group work. All BFF groups were led by one of two original model developers. As an exploratory framework we determined early on that regardless of programmatic or model changes we would maintain three core components: 1) Families were encouraged to engage with other families, 2) facilitators took a strengths-based perspective, and 3) each group focused on moving forward socioeconomically. The purpose of the groups was made transparent to facilitators and participants and held consistent throughout the study:

Purpose—Help families build community and support each other in the achievement of their Housing and Employment Goals. The program is based on an ecological theory of family resilience with a Solution Focused lens.

Training Facilitators from Varying Mental Health Backgrounds

In partnering with the Housing Authority of the County of San Bernardino (HACSB), our facilitator pool expanded to include both CFT and Social Work interns. Knowing that our graduate level co-facilitators would a) not necessarily be familiar with
systemic and solution-focused approaches to group work, and b) were needed to help run
groups fairly quickly we established a facilitator training protocol before they joined a
group. Over the first six months we asked all facilitators to take brief notes following


group in order to capture what was working versus missing? We also met weekly as a
team to debrief what was occurring in each of the BFF groups. In these sessions we
reviewed the facilitator notes, as well as explored what would be needed to train not only
CFTs, but also other mental health professionals such as social workers. From this work
we complied a facilitator training that included a three-hour in person orientation and a
manual inclusive of program and facilitator tips. The manual includes facilitator tips
throughout each chapter to support with fidelity of program training and implementation
(See appendix F).

All new facilitators attended a three-hour orientation where an experienced BFF
facilitator covered the BFF program manual, principles, and group process. Experiential
training post-orientation included: 1) Observing 8 weeks of an open BFF group, 2) Co-
leading an additional 8 weeks of an open BFF group with an experienced facilitator, and
3) finally leading 8 weeks of an open group with experienced facilitator observing and
providing feedback. While additional debriefing is occasionally useful, facilitators were
considered experienced once they completed these three requirements post-orientation.

It is important to note as well that while the program’s core components remained
the same, a tenth principle developed based on feedback from participants in group. As
participants would describe their obstacles or challenges during the weekly check-ins, our
therapists noticed that they often were describing issues of power or privilege. The
principle of expanding one’s perspective grew out of an intentional reframe of these
social justice issues, i.e. addressing contextual issues related to power and privilege in groups and therapists advocating with families for services (See chapter 5).

**Changes in Recruitment**

The LLU researchers intended to recruit enough FSS families in twelve months in order to conduct at least six cycles (two months each) and meet the original estimate of 66 families who met the inclusion criteria. The initial recruitment strategy involved referrals from HACSB FSS and BFF facilitators cold-calling FSS heads of household to invite them to join the study or treatment group. This was to keep the scope of the study focused on families already on a term-limited contract for public housing. Within twelve months of recruitment it became clear that we were not on track for meeting this goal, having only enrolled 14 families in the treatment group and none in the control group.

Our research team met to review the recruitment process and eligibility criteria with our HACSB partners and concluded: 1) All currently eligible families had been called or sent a letter to participate in groups; 2) Some eligible families were opting not to join the BFF groups or control group; 3) Many families were unreachable due to phones no longer being in service; 4) HACSB would be opening up enrollment to their programs within the next two months thereby providing an additional source of participants and the need for a better intake process into the BFF groups.

To raise our recruitment totals and guarantee a representative sample of low-income families in the study, we expanded our inclusion criteria: 1) We waived the requirement families must be enrolled in the 5LAP program, and included all HACSB families, i.e. section 8 and public housing programs; 2) We waived the requirement that
families must be enrolled in HACSB, and included two families from the community into our treatment group who fit the demographic requirements of being low-income, single parent households, and looking to move forward socioeconomically.

We also conducted a brief needs and organizational intake assessment for the HACSB Community Development Initiatives Department, in order to propose recommendations for how to manage the upcoming influx of approximately 1000 new families enrolling into their programs. These recommendations included a new intake process whereby the FSS CDI team host a Keys to Success group workshop for all newly leased up heads of households, rather than meeting with them prior to leasing up or one-on-one upon enrolling. At this workshop a new five-year Individualized Training and Services Plan (ITSP; See appendix A) was created to assist the team in streamlining the transition from intake to the BFF groups. We also included a two-month goal in the plan in order to support them in beginning to think through shorter proximal goals and establish a common measurement for the current study (See appendix B).

These changes provided our research team a central place to meet and recruit participants with very little additional start up work. A research member would promote the BFF groups at the end of the workshop (to approximately 10-25 new FSS heads of household) after everyone had already created a five-year plan and two-month goal. Families were informed about the current study and invited to stay afterwards to cover the informed consent if interested in: 1) Enrolling into the BFF treatment groups; or 2) Enrolling into the TAU group. Through this revision to recruitment our team was able to enroll at least 43 families. Therefore, from January 2015 to September 2015, 61 additional heads of households signed an informed consent for the study, encompassing
47 BFF treatment families and 39 control families. It is important to note that the high drop out rate in the BFF groups, per participant reports, was attributed predominantly to 1) Obtaining work after starting (38%), 2) Not being a good fit at this time (38%), 3) Lack of transportation (12.5%), and 4) Deciding not to pursue housing program (12.5%). We were unable to ascertain what the predominant issues were for control group dropout, although over 40% of the members phone numbers were no longer in service by the end of the study.

The total sample for this paper (n=43) included 20 families in the treatment group and 23 in the control group. While this ended up being a smaller than anticipated sample size, and brings with it certain limitations, results are still beneficial and suggestions for future research are made in direct response to this issue.

**Changes in Study Design**

Due to the afore mentioned recruitment issues the current study was changed from being as a mixed methods study to a quantitative study using only the eight-week goal plans and pre/post surveys to evaluate the effectiveness of the program. Not enough qualitative surveys were completed and kept to provide saturation or value in coding. Therefore although this was a significant loss of data for the researchers, analyses continued and results were written up indicating the need for additional qualitative research.

**Changes in Publishable Papers**

The original proposal included the write up of two publishable papers: 1) A
conceptual paper introducing the BFF group theoretical framework, and 2) An outcomes paper evaluating the effectiveness of the current study. While the second paper’s focus proceeded as planned (See chapter 6), the first paper underwent a major makeover due to input from committee members at the proposal defense who struggled to understand how the BFF theoretical framework was linked to the BFF groups curriculum and challenges faced by the researchers training BFF group facilitators. After searching high and low in the literature on how to best train mental health practitioners (CFTs and Social Workers) in running MFGT groups like ours, it became clear that what might be more applicable to practitioners is how to bring the BFF principles to life in group, practically speaking. Also, due to lack of literature around using MFGT with low-income families, BFF facilitators lessons learned regarding the role of the therapist were included (See chapter 5).

Changes in Analysis

The second paper, focused on evaluating the effectiveness of the BFF groups, did undergo two changes in analysis, mostly to avoid reader confusion in the publishable paper. Researchers used a wider battery of family resilience assessments in the pre and post surveys than were reported in this study’s write up, including the Levenson’s abbreviated Internal, Powerful Others and Chance Scale (IPC Scale; Levenson, 1972) and a pilot Multi-family Assessment (MFA; Distelberg, et al., 2013). Unfortunately, the IPC Scale resulted in excessive missing data (over 31%). Families were instructed to leave blank any questions that they did not understand. It is possible that the language of the IPC was too confusing for this population, as researchers reported this being the most
commonly asked about survey assessment by participants. The MFA results, initially designed to categorize the reasons families entered HACSB public housing programs based on earlier qualitative research, were left out due to all families except two testing into the same category of independence seeking. Our research team had been curious about whether certain types, i.e. independence seeking, fleeing danger or experiencing family structure changes were more likely to join the BFF groups or control group. Seeing as almost the entire study participants were categorized as independent seeking, the results were left out of the publishable paper, and yet included here to highlight that more research is needed to validate this measure and that both groups seemed to be homogenous.

Lastly, while numerous covariate variables did significantly co-vary with our outcome variables (i.e. income, family size, and number of days between testing), a few did not meet the assumptions needed for in this study and therefore were not mentioned in the publishable paper (i.e. education, employment, race/ethnicity, and marital status). This was done in order to provide parsimonious results.
CHAPTER EIGHT

IMPLIEDATIONS FOR PRACTICE AND FUTURE RESEARCH

Moving Forward

Findings from this study should be considered in light of recent policy changes to governmental programs that are designed to build self-efficacy among low-income populations. As pointed out in previous studies of social support and resilience in FSS programs (Distelberg & Taylor, 2012; Fauth, Leventhal & Brooks-Gunn, 2008; Leventhal & Brooks-Gunn, 2003), there is more to socioeconomic mobility than just the tangible resources of education, finances, and vocational training alone. Rather, as noted by Nooe and Patterson (2013), intangible resources aligned with individual, family, and community resilience can either support or hinder the success of families pursuing socioeconomic mobility. MFGT is shown once again to be an effective vehicle for creating change for multi-stressed families and merits further research. This study’s data suggests that while factors such as high school diploma, full time employment, etc. are important—family resilience factors—which are currently being overlooked, do impact families’ socioeconomic mobility (Stiel, Estrella, Wang, & Distelberg, 2014; HUD, 2011).

Implications for Practice

The results from this study forward CFTs’ understanding of how to use our professional strengths to address a nationwide issue like poverty. We recommend that CFTs consider the integration of MFGT from an ecological, family resilience, solution-focused lens as a crucial part of mental health services for low-income families. As CFTs
we are trained in systemic, strengths-based, evidenced-based modalities that embody the spirit of family resilience and collaborative approaches (Garcia & McDowell, 2010). Even still, very few CFTs have the opportunity to work with low-income families, and even fewer receive extensive training in MFGT. Training programs and clinicians committed to serving low-income families can benefit from the lessons learned by our research team.

**Co-Facilitators**

We determined early on to use a co-facilitator model in order to promote diversity of perspectives, social support and safety for all involved. Each BFF group is to be facilitated by two or three facilitators. These facilitators need to be certified in the curriculum of the program (Borieux et al., 2014). It is common in MFGT to use co-therapists (McFarlane, 2002; Asen & Scholz, 2010), and given the diversity of our participants, we decided to not only make sure there were at least two therapists in the room, we paired co-therapists to represent some sort of diversity in regards to gender, race, SES background, religion, age, etc. Many participants reported that they appreciated the different ways in which the co-therapists would talk, reflect or share personal experiences with one another and participants. The average family size of our sample included 2 or more children, and at one point five families included 25 children ages 2-17 and 5 adults. It became clear in this early group that even the most experienced group therapist would need support helping the families stay on track. It also became clear that as a pilot program in order to assure fidelity to the evolving model, at least one of each BFF group’s co-facilitators was a developer of the original model.
**Take a Back Seat**

First, not to underestimate our clients’ resilience as most low-income families have already overcome a variety of barriers in order to enroll in housing assistance (Mullin & Arce, 2008). Borrowing from postmodern assumptions, it is important to position the therapist’s role in group as a consultant rather than expert (de Shazer & Dolan, 2007; Asen & Scholz, 2010). Having a co-facilitator also mirrors how to bounce ideas off and helps reflect something back to the group for discussion while “taking a backseat” and helps ensure families create answers for themselves (Asen & Scholz, 2010).

**Attune to Privilege**

As therapists it is important to tune into our own socio-cultural lenses and biases when we walk into the therapy room or enter our low-income clients’ neighborhoods, particularly if we have not experienced being on low-income. In working with low-income families we need to be aware of the dynamics that often come up between our families and therapists around issues of race, gender, socioeconomic status, etc. We get to be responsible for acknowledging that we do hold unearned relational power solely based on things like the color of our skin or educational background if we want to foster authentic connection.

**Engage around the Client’s Ideals**

Thirdly, many low-income families headed by single mothers often present as exhausted, disorganized, and overwhelmed. As the therapist, it is critical to appreciate
their situations for what they are, overwhelming, and Boyd-Franklin and Karger (2012) caution about pathologizing the individual woman too quickly, especially if she’s of color. It is important to socio-culturally attune with the client in order to engage around their ideals as well as felt experience. Boyd-Franklin and Karger (2012) also suggested that as therapists we must assess for how connected or disconnected they are from their informal and formal social networks.

Engage Other Advocates

Lastly, although once split from clinical practice, we have witnessed first hand that advocacy or activism is still very much part of the therapist’s role and responsibility (Almeida, Hernández-Wolfe & Tubbs, 2011). Garcia and McDowell (2010) go as far as to say that as therapists it is our relational responsibility to integrate ourselves into our clients’ systems. CFTs can create space for low-income families to be heard by engaging in the development of a therapeutic resource network among community service providers (McNeil, Herschberger, & Nedela, 2013). As MFGT therapists, we can “lend them capital and/or make space in the social fabric for them to increase their own capital” (Garcia & McDowell, 2010, p. 105). This can be done by visiting their schools, meeting with their HACSB agent, or perhaps even writing a letter on their behalf. Most importantly, remembering to engage in this type of advocacy with them, and not just for them.

Implications for Future Research

There has been a wide-array of research conducted on families living in poverty.
The current study seeks to build on the shoulders of other evidenced-based MFGT models (McFarlane, 2002; Asen et al., 2010; Sherman et al., 2015), specifically regarding how to use MFGT to help low-income families on public housing achieve employment (McFarlane et al., 2000) through an ecological, integrated family resilience, and solution-focused lens (de Shazer et al., 2007). As such, a future direction would include researching various aspects of social support as a way low-income families can buoy or boost themselves forward while living in poverty. Additional research teasing out resilience factors, such as spirituality (Walsh, 2003) and family-problem solving (Stiel et al., 2014), in order to learn how to maximize these with larger samples and diverse populations is also needed.

**Limitations: Reality of Research**

While randomized clinical trials (RCTs) are the gold standard for evaluating the efficacy and effectiveness of any intervention and are helpful when conceptualizing a program of research for MFGT, they do not lend themselves as well to the transferability of research methodologies taking place in the “real-world” or community at ground zero (Asen & Scholz, 2010). Due to the nature of the questions and general limitations that are faced by those living in poverty, there were difficulties in recruiting and maintaining our participant pool (ie transportation issues, time constraints, etc.). Low-income families are not always able to complete long-term programs, thereby potentially biasing the results due to missingness. As previously stated, the level of missingness in this study required an EM imputation. This specific imputation is excellent in estimating missing values, but it is limited in that it typically underestimates standard errors (Musil et al.,
Ideally future research would find ways to partner with community/government agencies like the HACSB and conduct RCTs.

In addition, while it would have been ideal to randomly assign families into the treatment or control group, self-selection bias could not be entirely avoided based on governmental policies regarding research for the HACSB. Secondly, the current studies findings focus on family resilience and socioeconomic mobility among those enrolled in the HUD’s Five Year Lease Assistance Program (5LAP) and therefore are not generalizable initially to all of those living in low-income housing arrangements. Follow up studies with additional populations will be needed.

While these results do offer insight into program and policy development, a disadvantage of using a two-way repeat measures research design is the issue of carryover effects. It is possible that by taking the baseline assessment, families felt more confident about pulling together to overcome adversities, since the questions hinted at the value of family resilience. While we would ideally incorporate a counterbalance design, it was not possible in this case as there is only one method of treatment. To address this, we intended to use a qualitative BFF program questionnaire at the last session looking more closely at what factors did or did not benefit the families by participating in the BFF program. Unfortunately, due to lack of response from participants and miscommunication among researchers, this data was not collected. Future qualitative research would greatly enhance the field of MFGT.

**Tell Their Stories: Qualitative Research Needed**

Asen & Scholz (2010) argue that while numerous RCTs are available regarding
whether MFGT works with for example with schizophrenia (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Dixon, Adams, & Lucksted, 2000; Dixon & Lehman, 1995; Falloon, Held, Coverdale, Roncone, & Laidlaw, 1999), we do not fully understand how it works, as there have been a deficit of qualitative or mixed methods studies. It would be helpful to capture critical details such as: 1) Why some families continued versus dropped out; 2) What is it that families benefiting from housing really see as socioeconomic mobility or family resilience themselves; 3) What family resilience factors are really being impacted by MFGT; 4) What BFF group principles and activities really make the greatest difference for families, etc.? The researchers advocate for inclusion of the “stepchildren” of research, naturalistic or single case studies, in more mixed methods. Asen & Scholz (2010) also recommend a form of research called ‘user-led research’ whereby both current and past clients are invited to service as ‘experts by design’, much like community-participatory research, and help chart the aims of research.

**Mixed Method RCT with Other Populations**

The gap in the family therapy literature regarding helping low-income families bounce forward also highlights the need for additional effectiveness testing by replicating the current study one with additional HUD programs around the nation. Although initially designed for low-income families receiving housing assistance, it would also be advantageous to pilot the BFF groups model with other multi-stressed families eager to move forward socioeconomically, i.e., families undergoing major transitions such as returning from military service, or adapting to family members acquiring a disability.
Postmodern Lens Needed in MFGT Research

Part of the challenge to growing the MFGT literature lies in capturing the common elements of practice that would be helpful across all theoretical approaches including the postmodern lenses. It is time to update Edwards’s (2001) Delphi Study to assess for common elements of MFGT, in order to benefit from evidenced-based research in the last 15 years (Asen & Scholz, 2010; Borieux et al., 2014; Mcfarlane, 2002; Sherman et al., 2015). It would be interesting to replicate his initial study and include postmodern (i.e. solution-focused) oriented MFGT practitioners. This is a unique and important aspect of the BFF Framework and a theoretical voice that was missing from Edwards’s (2001) initial study.

Postmodern researchers like Madsen (2007) point out that regardless of the popularity of evidenced-based practice, due to funding streams and our nations love of scientific evidence, we must be more careful about we frame our research. He suggests guidelines for integrating a “collaborative spirit” into our research programs by asking ourselves, “how do we ensure that client voices are included in outcome measurement efforts to ensure continued accountability to the people we serve,” and “how do we think carefully about our intentions, purposes, and values in this work to ensure that we are measuring what is valuable rather than simply valuing what is measureable” (p. 346)? This is particularly relevant to the development of the BFF Framework program of research, as we intend to embody a strengths-based, postmodern perspective of family resilience.
Task Analysis

Lastly, to move past theory development it will be important to also conduct task analysis’ for MFGT groups like the one presented here. Ideally in our case, resources would be secured to finance the continuation of the BFF groups and filming of the facilitators running groups for about a year. Researchers would review footage and look for the following four classes of therapists behaviors introduced by Waltz, Addis, Koerner, & Jacobson (1993): 1) Behaviors unique to the model and essential to it, 2) Behaviors that are essential to the model but not unique to it, 3) Behaviors that are compatible with the model and therefore not prohibited, but neither necessary nor unique, and 4) Behaviors that are prohibited. From this data Denton (2014) suggests that we could help those who will facilitate the BFF framework in the future identify common factors of MFGT (Blow & Sprenkle, 2001).

Bouncing Forward Personally

In conclusion, the results of the current study are leading me to seek out new direction in my development as a therapist. By working with the HACSB FSS population and participating in organizational assessments with their CDI department, I have found myself drawn to developing models and conducting research engaging the community as an ally, i.e. community-participatory research. I am interested in adapting the BFF groups and conducting research with other populations, including faith-based, families living with disabilities and blended families. These groups involve numerous multi-stressed families that could benefit greatly from the social support and family resilience lens applied in the BFF group framework.
The findings merit sharing, therefore I intend to publish the two papers from this dissertation, as well as find arenas in which to share the results, i.e. attending conferences related to this issue. This study also reinforced my commitment to social justice, passion for working clinically with the underserved and teaching mental health practitioners about contextual issues like power and privilege. I look forward to getting my LMFT license within the next year, and then becoming a clinical supervisor so as to be able to continuously shine a light on the unique needs of families on low-income when training other CFTs. Once licensed I would also like to use these findings and lessons learned to develop a groups therapy practice dedicated to providing high-quality, yet low-cost counseling to families everywhere—especially if on low-income. Ultimately, I intend to continue challenging myself as a therapist to breath life into the role of advocate in a way that allows others to benefit from my power and influence and create the life of their choosing.
Consolidated References


Distelberg, B., & Taylor, S. (2012). Demystifying the roles of social support and family resilience in accessing healthcare and employment resources among families living in traditional public housing communities. Found online at LLU Digital Archives http://archives.llu.edu/cdm/compoundobject/collection/lludis/id/17596/rec/1


APPENDIX A

INDIVIDUALIZED TREATMENT SERVICE PLAN

Signature: ___________________________ NAME: ___________________________ DATE: __________

5 Home ownership or market rental

MAJOR ___________________________ YEAR FIVE GOAL ___________________________

4 ___________________________ YEAR FOUR GOAL ___________________________

MAJOR GOAL ___________________________ YEAR THREE GOAL ___________________________

3 ___________________________ YEAR TWO GOAL ___________________________

MAJOR GOAL ___________________________ YEAR ONE GOAL ___________________________

2 ___________________________ SIX MONTHS GOAL ___________________________

MAJOR GOAL ___________________________ TWO MONTHS GOAL ___________________________

Your path of support
APPENDIX B

BOUNCING FORWARD FAMILY GROUPS EIGHT-WEEK GOAL PLAN

A. Family Members

B. Family Strengths

C. Roadblocks

Write in whatever actions to be done by the weeks above. Try to include the whole family!

START DATE

ULTIMATE GOAL
Home ownership or market rental

FINAL EIGHT WEEK FAMILY GOAL—DATE:

WEEK SEVEN—DATE:

WEEK SIX—DATE:

WEEK FIVE—DATE:

WEEK FOUR—DATE:

WEEK THREE—DATE:

WEEK TWO—DATE:

WEEK ONE—TODAY’S DATE:
APPENDIX C

OUTCOMES STUDY PRE- AND POST-TEST

NAME (First and Last): _________________________

SELF ESTEEM RATING SCALE

Please circle the best response for each of the statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that I am a person of worth, at least on an equal basis with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel like I have a number of good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. *All in all, I am inclined to feel that I am a failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. *I feel I do not have much to be proud of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I take a positive attitude toward myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. On the whole, I am satisfied with myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. *I wish I could have more respect for myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. *I certainly feel useless at times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. *At times I think I am no good at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

LOCUS OF CONTROL QUESTIONNAIRE (Excluded in final write up)

Please circle A or B for each question below.

1. A Many of the unhappy things in people's lives are partly due to bad luck
   B People's misfortunes result from the mistakes they make.

2. A One of the major reasons why we have wars is because people don't take enough interest in politics.
   B People's misfortunes result from the mistakes they make.
B There will always be wars, no matter how hard people try to prevent them.

3. A In the long run, people get the respect they deserve in this world.
   B Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

4. A The idea that teachers are unfair to students is nonsense.
   B Most students don't realize the extent to which their grades are influenced by accidental happenings.

5. A Without the right breaks, one cannot be an effective leader.
   B Capable people who fail to become leaders have not taken advantage of their opportunities.

6. A No matter how hard you try, some people just don't like you.
   B People who can't get others to like them don't understand how to get along with others.

7. A I have often found that what is going to happen will happen.
   B Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

8. A In the case of the well prepared student, there is rarely, if ever, such a thing as an unfair test.
   B Many times exam questions tend to be so unrelated to course work that studying is really useless.

9. A Becoming a success is a matter of hard work; luck has little or nothing to do with it.
   B Getting a good job depends mainly on being in the right place at the right time.

10. A The average citizen can have an influence in government decisions.
    B This world is run by the few people in power, and there is not much the little guy can do about it.

11. A When I make plans, I am almost certain that I can make them work.
    B It is not always wise to plan too far ahead because many things turn out to be a matter of luck anyway.

12. A In my case, getting what I want has little or nothing to do with luck
    B Many times we might just as well decide what to do by flipping a coin.
A What happens to me is my own doing.

B Sometimes I feel that I don't have enough control over the direction my life is taking.

**Multi-Family Group Assessment** (Excluded in final write up)

*Please circle the number that best fits your answer to each question*

<table>
<thead>
<tr>
<th>Question</th>
<th>Mostly Agree</th>
<th>Undecided</th>
<th>Mostly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Before we moved here, we lived in a very dangerous area.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>2 I moved into HUD housing because I didn’t feel safe in our old neighborhood.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>3 I got out of my old place because there were people I couldn’t let myself be around anymore.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>4 Where I lived before was not a safe environment for my family.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>5 We left to protect our kids from gang violence and other dangers in our old neighborhood.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>6 I moved because I was in an abusive relationship.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>7 Before I moved here, I was being emotionally and/or physically abused.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>8 I moved to get out of a difficult relationship.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>9 I moved to protect my children from a dangerous situation at home.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>0 I moved because my children and I were no longer safe at home</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>1 The place where we were living before wasn’t so bad.</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>1 We moved here to help improve our family’s situation?</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>2 Before I moved here, I was in an unhappy marriage?</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>3 I hope to leave HUD in less than ten years</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>4 I hope to leave HUD in less than five years</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
</tbody>
</table>

157
I applied for housing because I knew it would allow me to back to school, get a job, and buy my own house someday.

Getting into HUD is really going to allow me to better my family.

I really believe that there’s a light at the end of the tunnel for me and my family.

I would be really interested to hear others’ stories about how the HUD was able to help them eventually buy their own home.

Hearing people talk about how they bought their own place inspires me to do the same.

I never really expected to come live in HUD, but my husband/wife lost his/her job and we had nowhere else to go.

*We decided to move into the HUD program because it was convenient we have friends and family that live there.

I was laid off and I could not find another job that could help to support my family in my previous living situation.

We moved into HUD housing because we lost our house to foreclosure. We could not make our payments.

Due to financial strains, our family was living with a friend/family member. We needed to find a place we could afford.

A significant event in the past 1-2 years resulted in health issues/death in the family which eventually led to our move into HUD housing.

My household number has increased due to birth, adoption or becoming a foster parent.

*There was no increase in my household number due to additions to our family in births, adoption or becoming a foster parent.

At least two people from our household have left within the last couple years.

A child or parent in our family has been diagnosed with a physical, psychological or learning disability.

Nothing has really changed in our family situation lately. This is how things have been for a long time now.

Now that I’ve been approved to move in, I think I’d like to settle in this community. I can’t imagine moving anywhere else.

I’m not interested in going back to school, right now I’m just happy I have a place to live.
3. I have a disability that makes it difficult for me to find regular work/job.

4. I rely on the support of my family members to help me to manage day-to-day.
   *I have a hard time trusting anyone so I rely on myself to get by each day.

3. I am close to retirement age and I look forward to slowing down in the next 1-5 years.

3. I like to talk to the neighbors in the community
   *I do not trust my neighbors in this community so I stay to myself

4. My religion/spirituality is the one thing that keeps me going and brings me hope for the future

Please circle the number that best fits your answer to each item

<table>
<thead>
<tr>
<th>First Set of Questions</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiveness is an important part of my spirituality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I seek spiritual guidance in making decisions in my everyday life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My spirituality is a significant part of my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I frequently feel very close to God or a “higher power” in prayer, during public worship or at important moments in my daily life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My spiritual views have had an influence upon my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My spirituality is especially important to me because it answers many questions about the meaning of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Score: Add each number you circled together and write the total score here

**Second Set of Questions**

In talking with family and friends, how often do you mention spiritual matters?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Once a year</th>
<th>Once a month</th>
<th>Once a week</th>
<th>Once a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How often do you share with others the problems and joys of living according to your spiritual beliefs?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Once a year</th>
<th>Once a month</th>
<th>Once a week</th>
<th>Once a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How often do you read spiritually-related materials

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Once a year</th>
<th>Once a month</th>
<th>Once a week</th>
<th>Once a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How often do you engage in private prayer or meditation?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Once a year</th>
<th>Once a month</th>
<th>Once a week</th>
<th>Once a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

---

**Family Adaptability and Cohesion Evaluation Scales (FACES) IV Questionnaire Directions to Family Members:**

*Circle the number next to each question to indicate whether you 1= Strongly Disagree, 2= Generally = Disagree, # = you are Undecided, 4 = Generally Agree or 5 = Strongly Agree*


1. Family members are involved in each other’s lives.
2. Our family tries new ways of dealing with problems.
3. We get along better with people outside our family than inside.
4. We spend too much time together
5. There are strict consequences for breaking the rules in our family.
6. We never seem to get organized in our family.
7. Family members feel very close to each other.
8. Parents equally share leadership in our family.
9. Family members seem to avoid contact with each other when at home.
10. Family members feel pressured to spend most free time together
11. There are clear consequences when a family member does something wrong.
12. It is hard to know who the leader is in our family.
13. Family members are supportive of each other during difficult times
14. Discipline is fair in our family.
15. Family members know very little about the friends of other family members.
16. Family members are too dependent on each other
17. Our family has a rule for almost every possible situation.
18. Things do not get done in our family.
19. Family members consult other family members on important decisions.
20. My family is able to adjust to change when necessary
21. Family members are on their own when there is a problem to be solved.
22. Family members have little need for friends outside the family.  
23. Our family is highly organized.  
24. It is unclear who is responsible for things (chores, activities) in our family  
25. Family members like to spend some of their free time with each other.  
26. We shift household responsibilities from person to person.  
27. Our family seldom does things together  
28. We feel too connected to each other.  


29. Our family becomes frustrated when there is a change in our plans or routines.  
30. There is no leadership in our family.  
31. Although family members have individual interests, they still participate in family activities.  
32. We have clear rules and roles in our family.  
33. Family members seldom depend on each other.  
34. We resent family members doing things outside the family.  
35. It is important to follow the rules in our family.  
36. Our family has a hard time keeping track of who does various household tasks.  
37. Our family has a good balance of separateness and closeness.  
38. When problems arise, we compromise.  
39. Family members mainly operate independently.  
40. Family members feel guilty if they want to spend time away from the family.  
41. Once a decision is made, it is very difficult to modify that decision.  
42. Our family feels hectic and disorganized  
43. Family members are satisfied with how they communicate with each other.  
44. Family members are very good listeners.  
45. Family members express affection to each other.  
46. Family members are able to ask each other for what they want.  
47. Family members can calmly discuss problems with each other.  
48. Family members discuss their ideas and beliefs with each other.  
49. When family members ask questions of each other, they get honest answers.  
50. Family members try to understand each other’s feelings  
51. When angry, family members seldom say negative things about each other.  
52. Family members express their true feelings to each other.

How satisfied are you with:

53. The degree of closeness between family members.  
54. Your family’s ability to cope with stress.  
55. Your family’s ability to be flexible.  
56. Your family’s ability to share positive experiences.  
57. The quality of communication between family members.  
58. Your family’s ability to resolve conflicts.  
59. The amount of time you spend together as a family.  
60. The way problems are discussed.  
61. The fairness of criticism in your family.  
62. Family members concern for each other.
APPENDIX D
INFORMED CONSENT

Principle Investigator: Brian Distelberg PhD
Department of Counseling and Family Sciences
Loma Linda University
113 Griggs Hall
(909)558-4547
bdistelberg@llu.edu
School of Behavioral Health

CONSENT TO PARTICIPATE IN RESEARCH

STUDY TITLE: KEYS MULTI-FAMILY Socio-ECONOMIC Mobility program Evaluation Study

The purpose of this study is to test the effectiveness of KEYS multi-family group program for socio-economic mobility. This study is led by Dr. Brian Distelberg, Associate Professor at Loma Linda University School of Behavioral Health in collaboration with the Housing Authority of San Bernardino County, and KEYS Program personnel.

WHY IS THIS STUDY BEING DONE?

KEYS, in collaboration with Dr. Distelberg and the Department of Counseling and Family Sciences at Loma Linda University, have created and developed the program you were referred to by your KEYS casework. This program has been in place for two years. Currently we would like to ask for your participation to help us understand how you experience the program. Specifically if it helped you and your family achieve the goals you have for your housing assistance. Your help and feedback will help KEYS improve the program for future KEYS families.

If you meet the following criteria you may participate in this study:
  • Speak, write and read in English,
  • Have legal citizenship within the U.S.
  • Are currently receiving KEYS and HACSB support
  • Have been referred to the KEYS multifamily group program
  • Agree to participant in all 8 weeks of the multifamily group program
  • You are the head of household in regards to services received from the Housing Authority and KEYS.
  • You are 18 years of age or older.
HOW WILL I BE INVOLVED?

To participate in this study you will be asked to follow the guideline of the KEYS multi-family group program. Specifically for this study we will ask that your family’s head of household fill out a brief survey before starting the program, as well as at the end of the program and about 12 months after completing the program. The survey asks questions about your educational, vocational and financial goals for you and family, as well as questions about self-esteem, family relationships, communication and neighborhood characteristics.

Each survey will take you about 30-40 minutes to complete. The first two times you take the survey it will be on the first and last days of the program, and can be completed onsite prior to the start of that days group session. For the last time you take the survey, (12 months after the program), you will be asked to complete the survey during your annual meeting with your KEYS case worker.

We will also ask that you either bring a copy of your ITSP plan that you developed with your KEYS caseworker, for each of the three times you take a survey. If you do not bring a copy, we will provide you with a blank copy ITSP for you to fill out.

WHAT RISKS CAN I EXPECT FROM BEING IN THIS STUDY?

The potential risks posed to you by participating in this study are minimal. Some individuals may find that some questions in the surveys can be uncomfortable. If you do not wish to answer a question, you can skip it and go to the next question. If you do not wish to participate you can stop at any time.

WILL THERE BE ANY BENEFIT TO ME OR OTHERS?

There will be no direct benefit to you from participating in the study, beyond any benefit you would otherwise receive from completing the multi-family program. However, the information that you provide may help us to expand the program and provide care to a wider range of families in order to improve the quality of life of other families.

WHAT ARE MY RIGHTS AS A SUBJECT?

Participation in this study is voluntary. Your decision whether or not to participate or withdraw at any time from the study will not affect your ongoing services through KEYS or the Housing Authority. If you decide not to participate in the study you will still be able to participate in the Multifamily group program.
WHAT HAPPENS IF I WANT TO STOP TAKING PART IN THIS STUDY?

You are free to withdraw from this study at any time. If you decide to withdraw from this study you should notify the research team immediately. The research team may also end your and your family’s participation in this study for any reason. In either case all survey data collected prior to this point will be destroyed and not included in the study.

HOW WILL INFORMATION ABOUT ME BE KEPT CONFIDENTIAL?

Efforts will be made to keep your personal information confidential. Only the researchers from Loma Linda University will see the answers you provide on your survey. The Housing Authority and KEYS caseworkers will not have access to your survey. Keeping your information confidential is important to us and as such we will take the following steps to protect your privacy:

- You will complete the survey in the presence of a trained and certified graduate student researcher from Loma Linda University. Housing Authority and KEYS staff will not be present and will not see your answers on your survey.
- You will hand your completed survey directly to the Loma Linda graduate student researcher who will place it in a sealed envelope and bring these immediately to Loma Linda University where they will be stored in a locked office, which only the research team from Loma Linda have access.
- Once your survey is brought to Loma Linda we will replace your name with a random number. Only Dr. Distelberg will have access to a key which links your name to this number.
- Once you have completed all three time point surveys, we will destroy the key that links your name to the random ID number, as well as your paper survey. From this point on no information will exist which links any identifying information about you to the study. Rather your survey answers will be stored in an electronic dataset which only has the ID number given to you at the beginning of the study.

WHAT COSTS ARE INVOLVED?

There are no costs to participating in the study. Although, there are costs to the KEYS multi-family group, such as travel to and from the family groups location and KEYS offices.

WHO DO I CALL IF I HAVE QUESTIONS?

If you have any questions, concerns or complaints about this study you can contact the study researchers. Please feel free to contact the Principal Investigator, Dr. Brian Distelberg, by phone at (909) 558-4547 ext. 47019 or by email at bdistelberg@llu.edu.

If you wish to contact an impartial third party not associated with this study regarding any questions about your rights or to report a complaint you may have about the study,
you may contact the Office of Patient Relations, Loma Linda University Medical Center, Loma Linda, CA 92354, phone (909) 558-4647, e-mail patientrelations@llu.edu for information and assistance.

SUBJECT’S STATEMENT OF CONSENT

I have read the contents of the consent form and have listened to the verbal explanation given by the investigator. I have been given a copy of this consent form to keep. My questions concerning this study have been answered to my satisfaction. Signing this consent document does not waive my rights nor does it release the investigators, institution or sponsors from their responsibilities.

I hereby give voluntary consent for my child to participate in this study.

___________________________________  ____________________________
Head of Household Participating in the Study  Printed Name of Participant

___________________________________  ____________________________
Date  Date

INVESTIGATOR’S STATEMENT

I attest that the requirements for informed consent for the research project described in this form have been satisfied, that I have discussed the research project with the subject and explained to him or her in non-technical terms all of the information contained in this informed consent form, including any risks that may reasonably be expected to occur. I further certify that I encouraged the subject to ask questions and that all questions asked were answered. I will provide the child and parental guardian with a signed and dated copy of this consent form.

___________________________________  ____________________________
Signature of Investigator  Printed Name of Investigator

___________________________________  ____________________________
Date  Date
APPENDIX E
IRB APPLICATION

Institutional Review Board
Application Form

RESEARCH PROTECTION PROGRAMS
LOMA LINDA UNIVERSITY | Office of the Vice President of Research Affairs
24887 Taylor Street, Suite 202 Loma Linda, CA 92350
(909) 558-4531 (voice) / (909) 558-0131 (fax)

**Instructions:** Your application includes a **typed** printout of this form and the checklist, together with your proposed consent form, protocol, questionnaires, and any appendices that might be helpful to the IRB’s consideration. **Failure to properly complete this application will delay final review of your protocol.** Refer to LLU Guidelines for Protection of Human Subjects in Research for directions in completing this form and submitting your application to the IRB. Note that links to guidance available are in color and are underlined in blue. Links to LLU guidance can only be accessed on-campus.

**NOTE:** If individuals listed below have not been listed on a prior IRB, IACUC, or grant application, then click here to submit information for their Genius profile.

<table>
<thead>
<tr>
<th>Ia. Principal Investigator (name, degrees)</th>
<th>Obtaininng consent?</th>
<th>Dept./Section</th>
<th>Ext.</th>
<th>E-Mail</th>
<th>HSE Expiration</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Brian Distelberg</td>
<td>Yes</td>
<td>Counseling and Family Sciences</td>
<td><a href="mailto:bdistelberg@llu.edu">bdistelberg@llu.edu</a></td>
<td>1/11/2016</td>
<td>Full Time Faculty</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ib. All persons conducting Human Subjects Research (names, degrees)</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Julie Estrella</td>
<td>Yes</td>
<td>Counseling and Family Sciences</td>
<td></td>
<td></td>
<td>Doctoral Student</td>
<td></td>
</tr>
<tr>
<td>Lauren Foster</td>
<td>Yes</td>
<td>Counseling and Family Sciences</td>
<td></td>
<td></td>
<td>Doctoral Student</td>
<td></td>
</tr>
</tbody>
</table>


Ic. Other personnel involved in the design, conduct, or reporting of the research study

Id. Preferred contact person:
Brian Distelberg

Building - Room #
Griggs Hall
Ext.  FAX
E-mail

TITLE OF PROTOCOL
Evaluation of a Multi-Family Group program for socio-economic mobility

PROJECT PERIOD: From June 2014 to December 2015

IV. FUNDING SOURCE(S) (response required):
If intramural, what department or fund?
If extramural, what is the name of the sponsor?

Is the study federally funded? ☑ No ☑ Yes

FOR SUPPORTING SIGNATURES SEE SECTION X (ON THE LAST PAGE)

V. REQUIRED INFORMATION:
Is this study initiated by:
☑ Local investigator
☐ Local investigator as sponsor-investigator (for FDA-regulated studies)
☐ Cooperative group
☐ External sponsor/manufacturer
☐ Other, specify:

Are drugs ☐, biologics ☐, or devices ☐ used in this study?
☑ No
☐ Yes: 1. Do FDA regulations for an Investigational New Drug or Investigational Device apply?
☐ Yes: Provide IND# ☐ IDE# ☐
☐ No: For confirmation whether an IND or IDE is necessary, request letter from FDA. For FDA Guidance, see "Off-Label" and Investigational Use of Marketed Drugs, Biologics and Medical Devices.
2. Check appropriately: Phase I ☐, Phase II ☐, Phase III ☐, Phase IV ☐, Emergency Use ☐, Other, specify:
3. Will any Schedule I or II drugs be investigated in this study?
☐ No
☐ Yes: This use must be approved by the California State Research Advisory Panel. Indicate whether you ☐ or the sponsor ☐ will obtain this approval.
4. If device is checked, complete the CTC Device Study Worksheet and submit three copies with the original IRB application.

C. Is this a student project? The term "student" includes fellows, residents, interns, as well as graduate and undergraduate students, from any department of the University or Medical Center or from another institution.
☑ No ☐ Yes

D. Will subjects be exposed to any ionizing radiation?
☑ No: Radiation Safety Committee (RSC) review not required.
☐ Yes: Will participants in this study receive direct medical benefits?

☐ No: RSC review REQUIRED.
☑ Yes: Is the proposed use and/or combination of uses of radiation/radioactive materials normally considered to be routine? (Examples: X-ray, nuclear medicine scan, conventional radiotherapy)
☐ No: RSC review REQUIRED.
☐ Yes: Will subjects participating in the study receive a greater radiation dose than patients undergoing routine treatment for the same medical condition?

☐ No: RSC review not required.
☐ Yes: RSC review REQUIRED.

E. Are hazardous materials (carcinogens, mutagens, toxic substances, etc.) used in this study?
☐ No ☐ Yes: Letter of approval from Institutional Biosafety Committee required.

F. Does the project involve the use of Human Stem Cells or Human Induced Pluripotent Stem Cells?
☐ No: Skip to question G. ☐ Yes: Answer the following three questions:
1. Does this project involve the creation or use of human embryonic stem cells? ☐ No ☐ Yes
2. Does this project involve the creation or use of human induced pluripotent stem (iPS) cells? ☐ No ☐ Yes
3. Does this project involve transplantation of Human Stem Cells or human neural progenitor cells into laboratory animals?
☐ No ☐ Yes: Indicate the number of cells, the route of injection or transplantation site, and the stage of development of the recipient and if the recipient animals will be allowed to breed.

G. Is the study being submitted to Public Health Service for sponsorship?
☐ No ☐ Yes: PHS policy requires assurance that the composition of the proposed study population benefits all persons at risk of the condition under study. The gender and racial/ethnic composition, together with a rationale for inclusion/exclusion, should be described in the funding proposal and in Section VI-C and D which follows.

VI. DESCRIPTION OF POPULATION:

A. Subjects

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Number at LLU</th>
<th>Number Study-wide</th>
<th>Age Range</th>
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</thead>
<tbody>
<tr>
<td>Healthy (normal) subjects</td>
<td></td>
<td>100</td>
<td>18-65</td>
</tr>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number</td>
<td></td>
<td>100</td>
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</table>

B. Classification of subjects (check all that apply)

Vulnerable populations       Special populations       Other populations
☐ Abortuses/Embryos           ☐ Elderly/aged          ☐ Employees
☐ Diminished decision-making ☐ Illiterate            ☐ Female (excludes ☐ Healthy (non-patient)
☐ Economically disadvantaged ☐ Institutionalized      males)          ☐ Male (excludes ☐ Minorities
☐ Educationally disadvantaged ☐ Patients:             ☐ Non-English      ☐ Physically speaking populations
☐ Fetuses                     ☐ Inpatients           ☐ speaking populations
☐ Minors/Children (under 18 years of ☐ Outpatients                    ☐ Physically ☐ Prisoners
age – see Special Conditions and ☐ Terminally ill patients   handicapped
Populations) Also see 45 CFR 46 Subpart
D
☐ Neonates
☐ Pregnant women
☐ Prisoners
C. Criteria for inclusion of subjects:
All families that are clients of the nonprofit Knowledge, Education for Your Success, Inc. (KEYS) and who have been referred to the KEYS Multi-Family Group for Socioeconomic Mobility Program.

Clients are referred as families. Only the head of household (designated by KEYS) will participate in the study.

D. Criteria for exclusion of subjects (other than those opposite the inclusion criteria):

Participants will be excluded if they have been identified as having a cognitive or emotional disability that precludes the individual from comprehending the survey packets. These issues will be evaluated by KEYS case workers before the family is referred to the program. In addition, if the family fails to complete the entire program, they will be excluded from the study. In this case all previous data collected will also be excluded. Similarly, if the family ceases to be a client of KEYS during their participation in the program, they will be excluded from the study.

Recruitment plan Note: In addition to providing details in the protocol, complete the questions below:
1. Source of subjects:
   a. ☒ PI/collaborators will recruit his/her/their own patients/clients/students/employees.
   b. □ PI will send an IRB-approved letter to colleagues asking for referrals. If patients, clinical personnel will make initial contact. If the patient is interested, the patient will contact the PI or (with permission of the patient) the treating physician will invite the PI to talk with the patient about enrollment.
   c. □ PI will send an IRB-approved letter to colleagues asking the physician to send out IRB approved general “Dear Patient” letters describing the research study. The PI may draft the letter with the treating physician’s signature but may not have access to the patient names or addresses for mailing. If the PI wants the letters to be personalized (Dear Mr. Doe), the personal information would have to be entered by the treating physician.
   d. Other, specify:

2. Will recruitment require use of flyers, posters, hand-outs, or other forms of advertising?
   ☒ No  □ Yes: Attach copy for IRB review/approval.

3. Will recruitment require verbal (including telephone) recruitment?
   ☒ No  □ Yes: Attach script; See Phone Script Elements

4. Will recruitment involve electronic (web or e-mail) recruiting?
   ☒ No  □ Yes, describe:

Describe your plan for obtaining consent:

During the initial orientation meeting with the family, an approved study personnel will read aloud the informed consent document. Participants will be given an opportunity to ask questions regarding their participation. Those that voluntarily participate in the study will be asked to sign the informed consent document.

What location will be used for the subject to sign the consent? KEYS office or Community site.
Relative to the performance of research interventions, is consent obtained in conjunction with or at a separate appointment from the performance of research interventions?

Informed consent will be received at a meeting prior to the start of the program and before any data is collected from the participants.

Which consent documents are required? Check all that apply:

- ☒ Informed Consent Document(s)
- ☐ Consent/Permission of Parent/Guardian
- ☐ Assent of Minor (13 – 17 yrs old; provide signature with parent on Consent Permission Form)
- ☐ Assent of Minor (7 – 12 yrs old; simplified text)
- ☐ Authorization for Use of Protected Health Information or Authorization for Use of Protected Health Information (for children) when using patient information for research

If a consent waiver is requested, select one of the following and respond to guidance:

- ☐ Waiver of consent (Waiver request form, Part A)
- ☐ Waiver of written consent (Provide text of verbal consent)
- ☐ Waiver of signed consent (Provide text for Information sheet)
- ☐ Waiver of HIPAA authorization (Waiver request form, Part B)

G. Amount of inducement being offered to the subjects, if any (include plan for pro-rated payment, if appropriate):

No monetary inducement will be given.

VII. SUBJECT-RELATED METHODS AND RISKS:

What venue (location) will subject-related procedures take place?

The study will collect data during regular program activities. These KEYS programs are held in the community in which the families reside. Specifically, the program is an 8 week closed group. This psycho-social/psycho-educational group format includes up to 10 families per group. The chosen location for meetings is based on the geographical location of the 10 families in the specific group. Therefore, some possible locations include places of worship, community centers, family resource centers as well as private residences within close proximity of all 10 families. The program is bound to San Bernardino County, and therefore will not collect data from outside of the county boundaries.

B. Check applicable study-related procedures (only items that exceed the standard of care):

**Usually Minimal Risk**

- ☐ Archived data
- ☐ Biopsy
- ☐ Blood drawing
- ☐ Data bank (existing data, not prospective)
- ☐ Date range: From to
- ☐ Data collection by non-invasive means (prospective)
- ☐ Diet alteration
- ☐ ECG
- ☐ Electrical stimulation
- ☐ Fetal tissue
- ☐ Focus groups
- ☐ Interviews
- ☐ Materials (data, documents, records, or specimens) to be collected solely for nonresearch purposes
- ☐ Medical records (existing data):
- ☐ Date range: From to
- ☐ Observation
- ☐ Physical exercise or activity

**Potentially Greater than Minimal Risk**

- ☒ Contrast agents
- ☒ Device - approved
- ☒ Device - approved, but non-approved use
- ☒ Device – Investigational
- ☐ Drug – FDA-approved
- ☐ Drug – FDA-approved, but non-approved use
- ☐ Drug – experimental
- ☐ Invasive procedures (possibly involving general anesthesia or sedation)
- ☐ Magnetic resonance imaging
- ☐ Placebo(s)
- ☐ Proton beam
- ☐ Questions relating to disclosure of legal vulnerability (illegal activities such as illicit drug use), sexual activity and preference, and domestic violence and/or questions resulting in risks of psychological, physical, legal, social, and economic harm
- ☐ Radiation
- ☐ Radioisotopes
- ☐ Randomization
Physical manipulation
Randomization

**Usually Minimal Risk**
- Specimens - anonymous
- Specimens – discard
- Specimens – prospective collection by non-invasive means
- Surgical or autopsy tissue
- Survey/questionnaire
- Test, pen/pencil/computerized
- Tissue bank (existing, not prospective)
- Treatment
- Underwater weighing
- Urine or fecal sample
- Voice, video, digital, or image recordings
- Other (describe):

**Potentially Greater than Minimal Risk**
- Stem cells (see question V-J)
- Treatment (investigational/experimental)
- Other (describe):

*Each study greater than minimal risk MUST have a detailed description of the data safety monitoring plan in the protocol.*

C. For more information on the categories of Administrative and Full Board review, see:
- Initial Full Board Review Primary Reviewer’s Worksheet
- Expedited Reviewer's Checklist
- Exempt Reviewer's Checklist

List the risks that might result from study-related procedures. When the subjects are patients, clearly identify the risks that would be in addition to routine therapy. Do NOT say “None”: consider breach of confidentiality or privacy as a risk for all study participants.

Breach of confidentiality is a minimal risk to study participants. The participants will be asked to answer questions on a survey that covers individual, family and community level resilience constructs. They will also be asked to report their goal plan, which was developed in collaboration with a KEYS case work, and reported to government affiliate agency (The Housing Authority County of San Bernardino, HACSB). These questions carry no risk to the participant’s services with KEYS or the HACSB. While there is no direct risk to the family’s services through KEYS or the HACSB, the family might find a breach of confidentially embarrassing or uncomfortable emotionally. For this reason the study takes great caution to prevent such a breach.

E. 1. For studies involving only adults, estimate the magnitude of risks the subject assumes by entering this study:
- Minimal risk
- Minimal additional risk*
- Moderate risk*
- High risk*

*Each study greater than minimal risk MUST have a detailed description of the data safety monitoring plan in the protocol.*

2. For studies involving children or both children and adults, estimate the magnitude of risks the subject assumes by entering this study:
- Minimal risk
- Greater than minimal risk, but holds prospect of direct benefit to subjects*
Greater than minimal risk, no prospect of direct benefit to subjects, but likely to yield generalizable knowledge about the subjects' disorder or condition*
Moderate risk*
High risk*
*Each study greater than minimal risk MUST have a detailed description of the data safety monitoring plan in the protocol.

F. 1. State plan for preventing or minimizing these risks.

Only the PI and members of the research team will receive access to the completed surveys. Additionally once the data has been collected, all identifying information will be re-coded into a number ID system. Only the PI will have access to the key that will be used to transform the ID information into the number system. The research team will not release individual level data in any form. Only aggregate level results will be disseminated to the HACSB or other professional outlets.

2. How are this study’s safety data monitored?
- By an independent Data and Safety Monitoring Board/Data Monitoring Committee
- Other sponsor provided plan for data monitoring
- Locally by the investigator and IRB

VIII. BENEFIT:
State the expected benefits to the subjects. (It is acceptable for subjects not to benefit individually in some studies.)
There will be no direct benefit for the participants from the study.

State the expected benefits to humanity.
The research team expects that participation will further strengthen the multifamily program, build a more effective programming for future families and be more accessible to future families. Upon any significant findings, the research team will disseminate the results in academic communities, as well as to the federal Housing and Urban Development Department.

IX. CONFIDENTIALITY AND DATA SECURITY:
Research data is considered proprietary and confidential. LLU/LLUMC requires that appropriate safeguards be in place for the protection of data.

Electronic data -- collection & storage. Will you collect and store research data (either with identifiers or without) electronically?
- No, Research data will not be collected or stored electronically (i.e., via desktop computer, laptop, PDA, USB flash drive, or other computing device).
- Yes. Research data will be collected and stored electronically. All the following required protections must be in place. Confirm each:
  - Password protection.
  - Data saved only to a secure storage location i.e., a LLU/LLUMC secured server or network.
  - If a portable device is used (e.g., laptop, PDA), data will be saved only if (1) the device is encrypted, (2) the storage is temporary, and (3) the portable device is in a physically secure location.
  - Devices and removable media no longer needed used at one point to collect/capture, or store PHI will be forwarded to IS for proper destruction.

If unable to secure the data as indicated above, briefly summarize the reason:
For guidance on creating a strong password and assistance with secure storage locations and proper encryption methods, contact the IS Help Desk. LLU (x48611), LLUMC (x48889).

Electronic data -- transmittal & transport. Will you transmit or transport electronic research data?
- No. Electronic research data will not be transmitted via Internet, email, or fax system applications, and will not be transported (i.e., the carrying of a USB flashdrive, disk, CD, or removable hard drive that contains research data).
- OR
Yes; Electronic research data will be transmitted and/or transported. Check proposed method and add the corresponding security measure to your IRB protocol:

- Email. **LLU/LLUMC email system will be used only (for on/off site use).**
- Web interface. Only as required/provided by the research sponsor or a contracted entity, and the research sponsor or contracted entity assumes full responsibility for the security of the data collected and maintained in its systems. Note: A secure web page will have https in the address line.
- Fax (through system application). The system application must be an IS approved application.
- Portable device and/or Removable media e.g., laptop, disk, CD, backup device. Data must be encrypted using IS approved methodology. Device or medium must not be unattended during transport and must be maintained in a physically secure area (e.g., locked file, cabinet.)
- Other, specify:

** Transmittal of unencrypted patient data via email sent outside of LLU/LLUMC’s Outlook System is prohibited. Instant Messaging is prohibited under any condition.

C. Hardcopy data -- storage. Will you store research data (either with identifiers or without) in hard copy format?

- No. Research data will not be stored in hard copy format.
- Yes; Research data will be stored in hard copy format. Check all security measures that will be taken and describe the details in your IRB protocol:
  - Locked suite
  - Locked office
  - Locked file cabinet
  - Data coded by PI or research team with a master list secured and kept separately
  - Data de-identified by PI or research team
- Other, specify:

Note: Record retention requirements: Research records shall be retained at least 3 years after study completion or longer if required by the sponsor.

D. Hardcopy data -- transmittal & transport. Will any hard copy research data be transmitted (e.g., via fax) or transported?

- No. Hard copy research data will not be transmitted or transported.
- Yes; Hard copy research data will be transmitted and/or transported. Check proposed method and describe in your IRB protocol.
  - Fax. **Cover sheet with confidentiality statement**
  - Courier. **Data in sealed envelope marked confidential**
  - Hand-delivery. **Data in sealed envelope marked confidential**
  - U.S. Mail.
  - Express Mail service (e.g., FedEx, DHL).
  - Vehicle. **Data must not be left in vehicle unattended**
  - Hardcopy data no longer needed will be shredded or placed in a confidential bin for shredding.
- Other, specify:

E. Are you collecting health information?

- No. Skip this section.
- Yes. Complete this section.
  1. Will Protected Health Information (PHI – see 19 HIPAA identifiers) be shared with individuals outside LLUAHSC [the OHCA (Organized Health Care Arrangement)] during the course of the research study?
☐ No, no PHI will be shared outside LLUAHSC (OHCA) during the course of the research study
OR
☐ Yes (requires Authorization or waiver); PHI will be shared with (check all that apply):

☐ Statistician ○ Consultant(s) or Contractor(s)*
☐ Other Research Laboratory(ies) ○ Data, Tissue, Specimen Registry(s)
☐ Publication(s) ○ Coordinating Center
☐ Data Monitoring Committee(s) ○ Subjects
☐ Sponsor(s) ○ Other

*To determine if a Business Associate Agreement is required, consult section “X” of the Researcher's Guide to HIPAA.

Disclosures will be tracked according to section “XV” of the Researcher's Guide to HIPAA when Waiver of Authorization has been obtained and/or information has been shared with an individual/entity outside LLUAHSC/OHCA.

2. If PHI will be shared (see #1 above):
☐ Recipient will be given PHI. Must be described in consent and PHI Authorization.
☐ Recipient will be given data with a linked code. Requires a Code Access Agreement-Outgoing.
☐ Recipient will be given a Limited Data Set. Requires a Data Use Agreement unless a contract with recipient is in place.
☐ No PHI will be shared.

X. SUPPORTING SIGNATURES:
XI. List all items included with IRB submission on attached sheet provided.
A. DECLARATION BY PRINCIPAL INVESTIGATOR:

I understand that as Principal Investigator, I have ultimate responsibility for the conduct of the study in accord with the Ethical Principles & Guidelines for Research Involving Human Subjects (the “Belmont Report”) including the following:

- The ethical performance of the project.
- The protection of the rights and welfare of human subjects.
- Strict adherence to any stipulations imposed by the IRB.

I agree to comply with all Loma Linda University policies and procedures, as well as with all applicable Federal, State, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

1. Performing the project according to the IRB-approved protocol.
2. Assuring that all personnel working on the project are qualified personnel who have received training in human subject protections.
3. Obtaining legally effective informed consent from human subjects (or their legally responsible representative, if IRB approved), and using only the current IRB-approved, stamped consent form (unless the IRB has specifically waived this requirement).
4. Implementing no changes in the approved human subject study without prior IRB review and approval (except where necessary to eliminate apparent immediate hazards to the subjects).
5. Reporting progress of approved research to the IRB, as often as and in the manner prescribed by the IRB on the basis of risks to subjects, but no less than once per year.
6. Complying with the Privacy Rule (Health Insurance Portability and Accountability Act) as it applies to the privacy of health information in research.

If I am the faculty sponsor of a student or guest investigator, I further certify that:

1. The student or guest investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol.
2. This project has been reviewed and approved by the thesis/dissertation committee.
3. I agree to meet with the student or guest investigator on a regular basis to monitor study progress. Should problems arise during the course of the study, I agree to be available, personally, to supervise the investigator in solving them.
4. If I will be unavailable, as when on sabbatical leave or vacation, I will arrange for an alternate faculty sponsor to assume responsibility during my absence, and I will advise the IRB by letter of such arrangements.

I certify that the information provided in this application is complete and accurate.

Signed: ______________________________________________      ______________________
          Principal Investigator                         Date

B. DECLARATION BY STUDENT INVESTIGATOR(S):

I accept my responsibilities in complying with Loma Linda University policies and procedures for protection of human subjects in research and supporting the responsibility of my faculty sponsor, described above.

Signed: ______________________________________________

C. SIGNATURE OF DEPARTMENT CHAIR:

This project has been reviewed for scientific merit and has the academic endorsement of the department.

Signed: ______________________________________________  ______________________
APPENDIX F
BOUNCING FORWARD FAMILY GROUPS MANUAL

FAMILIES COACHING FAMILIES

FACILITATOR MANUAL

Project Leader: Brian Distelberg PhD
Loma Linda University

Program Co-Directors: Julie Estrella MPH, MFTI, PhD(c)
Lauren Foster, MFTI
Loma Linda University

Program Sponsors:
Welcome to your workshop! (p.2)

Thank you for bringing your family and doing whatever you needed to do to be able to be here. You are about to begin what we call a multi-family group and some families have called an exciting adventure! This will be an interactive group and we look forward to sharing information with you, and learning from your experience as well. Please contact your facilitators directly if ever you have questions or concerns. We also encourage you to get connected to the other families in your group and have provided you a place to keep contact information below.

YOUR FAMILY’S 8-WEEK FINAL GOAL: 

Start Date: End Date: 

Facilitator Name & Number: 

Co-Facilitators Names: 

<table>
<thead>
<tr>
<th>Group Member Names</th>
<th>Phone Number</th>
<th>8 Week Family Goal</th>
<th>Done</th>
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<tbody>
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<td></td>
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BFF SESSIONS. Please write in which week (1-8) you complete each session below:

<table>
<thead>
<tr>
<th>WEEK</th>
<th>SESSION FOCUS</th>
<th>WEEK</th>
<th>SESSION FOCUS</th>
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<tbody>
<tr>
<td></td>
<td>Bright Side: What’s working?</td>
<td></td>
<td>Perspective: Expand the lens</td>
</tr>
<tr>
<td></td>
<td>Emotional Safety: Create permission to speak openly &amp; honestly</td>
<td></td>
<td>Collaborative Problem Solving: Agree on point of change</td>
</tr>
<tr>
<td></td>
<td>Responsibility: Everyone contributes</td>
<td></td>
<td>Flexibility: Promoting stability through rituals</td>
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ULTIMATE GOAL
Home ownership or market rental

START DATE______

8 WEEK GOAL PLAN (p.3)

FINAL EIGHT WEEK FAMILY GOAL—DATE:_____

WEEK SEVEN—DATE:_____

WEEK SIX—DATE:_____

WEEK FIVE—DATE:_____

WEEK FOUR—DATE:_____

WEEK THREE—DATE:_____

WEEK TWO—DATE:_____

WEEK ONE—TODAY’S DATE:_____

Write in whatever actions to be done by the weeks above.
Try to include the whole family!
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Families Coaching Families Towards Socioeconomic Mobility

PROGRAM OVERVIEW
Thank you for bringing your energy, enthusiasm and expertise to the BFF team. You are about to begin what we call a multi-family group and some families have called an exciting adventure! This will be an interactive group and we look forward to sharing information with you, as well as learning from the clients’ experience. This program is an exciting partnership between KEYS, HACSB, and Loma Linda University and as the co-program leaders, we welcome you!

PURPOSE: Help families build community and support each other in the achievement of their Housing and Employment Goals. The program is based on a recovery oriented, ecological theory of family resilience with a Solution Focused lens and utilizes current research on social mobility and housing assistance programs.

GOALS:
1. Increase families’ social support by building relationships across families
2. Increase families’ resilience and self-efficacy.
3. Achieve families’ 8 Week Goals, i.e. obtain fulltime employment, etc.

STRUCTURE: The program is an 8-week program run in an open group format. Each week you will assist families to work towards an 8 week goal which they declare on their ITSP Plan. Each week there is a pre-session (45 min) and session (1.5 hours) held at the KEYS office. While each week is different, there are common activities that will be done every week and we will cover these in the following trainings to prepare you for your involvement with the groups.

TRAINING TIMELINE
• Round One (8 weeks): Participate as observer, free to ask questions and help families.
• Round Two (4 weeks): Co-facilitate with experienced co-facilitator at least 50% of time.
• Round Three (4 weeks): Lead with experienced co-facilitator.

NOTE: Groups will run regularly on Tuesdays & Thursdays 3:30-6:30pm and you will need to plan to attend all sessions when possible.

CONTACT INFORMATION
If you have any questions, concerns or plan to miss something work related please contact us directly.
Theoretical Overview Of Groups

**Background**
- Pending changes in Housing Authority term limits created need for innovative services
- LLU-HACSB needs assessment → Strong need for social support & family problem-solving

**MFG Vision**
- Families coach families to access their strengths, resources and community in order to increase socioeconomic mobility.

**BFF PROCESS: Start to Finish**

Roadmap to Success Workshop → They create detailed ISTP → Pre-Session (60 min)

7 BFF Sessions (1.5 hours each) → Post Session (45 min) → 8th BFF Session & Graduate (1.5 hour)

**Theory Behind the Groups**

**Multi-family Group Theory**
- Families are consultants to other families and coach them towards socioeconomic mobility.
- Facilitator helps families discover their own power, identify what’s preventing them from using their strengths, and helps them define what kind of family they want to be.
- Bring structure, as needed for safety, and focus on the process while the families focus on the content.
- Predominantly psychoeducational in nature.
- Invite the family to look honestly at their behavior and life-style (hold up a mirror) and make decisions about the ways in which they want to change.
- Lead by following, as both therapist and families assume responsibility for the direction of the group.

**Integrated Ecological, Family Resilience Theory**
- Family resilience is seen to help families increase their capacity to bounce forward from adversity.
- Bouncing forward VS bouncing back.
- Naming strengths is critical and helping others name their strengths.

**Solution Focused Approach**
- Focus on strengths, resources & look for exceptions.
- Goal setting—Speak as if it already is
- Engaging Client by: 1) Use their language, 2) Being curious
- Client is the expert
A family with purpose knows who they are, what they stand for, and what they want from their individual lives and family as a whole. They have goals and dreams and the plans to make them happen. They are families who live their lives with intention.
Group Principles

The Bouncing Forward Family (BFF) groups are a unique program that emphasizes sharing the strengths and experience that families entering the Five Lap program already have with one another. The BFF groups focus on six key principles designed to help families gain the skills needed to bounce forward and meet your 8 week goal together:

**TAKEAWAYS**

* * *

1) **GOAL SETTING**—Setting & meeting achievable goals as strategy for success.
2) **CONTEXT**—Addressing belief systems & meaning assigned across multiple systems to gain perspective about families' current situation.
3) **CAPABILITY**—Evoking families' strengths & responsibility for what is working to achieve growth & resilience.
4) **CLARITY**—Learning how to create permission to express openly & honestly.
5) **COMMUNICATION**—Defining problems collaboratively & reframing to help families find solutions.
6) **CONNECTION**—Mobilize families to support one another through attention to spiritual growth & flexibility of family rituals.

* * *
Thank you for leading! Here are some general tips to support you and your partner. *Additional facilitator notes will be italicized throughout the manual.*

**Program Format**

The Bouncing Forward Family (BFF) groups are a unique program that emphasizes sharing the strengths and experience that families entering the Five Lap program already have with one another. This program centers around 6 main principles and includes a variety of ice breakers, discussion prompts, and activities in this manual that facilitators may use to design their group. It is important that at least one of the six principles is covered weekly and participants are reminded of the others on a regular basis. We will cover recommended schedules and tips for running groups based on facilitators experience and feedback.

**Typical Schedule**

As an open group, while the below schedule is recommended, it is up to the facilitators to determine it based on the groups progress.

**Typical Schedule for the Day (90 minutes)**

<table>
<thead>
<tr>
<th>Prep for Check In (5 Minutes)</th>
<th>Fill out worksheet, get snacks &amp; write affirmations</th>
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<td>Each family shares affirmations, good news &amp; progress</td>
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<td>Discussion (15 Minutes)</td>
<td>Spark a conversation about...TOPIC</td>
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<td>Varies</td>
</tr>
<tr>
<td>Wrap Up (10 Minutes)</td>
<td>Kids Highlight, reflecting &amp; house business</td>
</tr>
</tbody>
</table>

**Pre-Group Preparation**

**Tips for co-facilitators:**
- **Connect quickly:** Be sure to connect via phone or in person with your families at least one week ahead of group. This is a great time to explore what their ITSP goals are, who will be attending from the family, as well as what they hope to accomplish by being in the group. The clearer they are as a family about their 8 week goal, the better they tend to do in group
right from the beginning. It can also be a time to help them handle any obstacles that may come up last minute, i.e. a teenager not wanting to come, transportation, etc.

- **Make clear requests:** Let them know what to bring, location, times, dates, that all family members are strongly recommended to attend and attendance policy. Encourage them to work with their family to all attend at least the first night, at which point they can make a decision together whether it is a good fit. This will also give you a chance to leverage the group’s input to support everyone’s participation.
- **Reminder needed:** Provide reminder call & text the night before the first session.

### Attendance Policy

- Attendance policy is that they can only miss 1 session in order to earn the certificate. If they miss two or more sessions in a row, they must restart their 8 weeks and goal plan in order to earn certificate.
- The first session is usually a free grace period, and doesn’t count towards this one time. It is important all family members attend each week, so if anyone misses, it counts as the families one time. As an open group, if they miss a session, they can make it up by attending an extra week.
- If once group starts someone is late, have second facilitator call them to check in and encourage them to attend. You may have to remind them of attendance policy.
- It helps to call the night before a session where you skipped a week, i.e. after holidays.
- If someone is late once, raise this issue with the group and throw them the ball. How do they want to handle this, etc.? Encourage them to reach out and connect with the missing family and to also consider how they would want to be supported. It is their group experience ultimately, therefore, if they can come up with a creative solution together, great!

### Co-Facilitators

Connect with your co-facilitator ahead of time and discuss the following:
- Who will be the families point person, i.e call to enroll, help with obstacles, call them when late, etc.?
- Your preferred method of participation, i.e who’s leading, and what? How and when to give input?
- Who are the family members? What do they want to accomplish? Know their goals.
- How will you handle engaging the kids?
- Choose one facilitator to be responsible for the supplies, keeping time, & signing people in.
- Who will run the pre-sessions? Prepare the registration documents? Write weekly notes?

After session it’s recommended to discuss:
- How it went, specifically what worked? What would you like to do differently next time?
- Anything that was uncomfortable for you, or a red flag?
- Things you appreciated from the other.
- Anything you need for next time?
Supplies

Come prepared & don't forget the basics, i.e. pens/pencils & sign in sheets, or any special items.

NOTES:
Bouncing Forward Family Groups

HELPFUL HINTS FOR A SESSION

Below are helpful hints from former facilitators for each component of a session. Feel free to add your own!

Joining New Families

As an open group, you may have new families weekly. When this is the case, it is helpful to ask them to introduce themselves and then jump right into the check-in as soon as possible. Try to get the families up and interactive with one another when possible. This is a great time to highlight kids involvement and leadership. Check in with everyone at the end for a short debrief before moving on to discussion.

Possible debriefing questions (not necessary):
- What was that like for you and your family?
- What did you see seemed to work or help you as a family?
- Or what did you notice about another family that seemed to work?

Checking In

Have a poster, or board that you write the weekly schedule up on and have a place for Good News. As the first activity of the session, facilitators get to generate good energy and celebration! Ask families to write down an affirmation for their family (and possibly all individual members), complete the check-in worksheet, and share with one another their good news from the week, especially as it relates to their 8 week goal. Then have them report their affirmations, good news, & weekly goal progress to the group. This is also a time where they can request support from group.

Set the Stage:
- Always let them know how much time we have, i.e. alright everyone we will spend the next 20-25 minutes checking in on our goals. Try to set up a consistent way of requesting the information early on.
- Ask them to start their goal check-in sheet right away once they sit down at 5pm.
- Ask them where they keep their sheets? Recommend they put it somewhere visible, i.e. fridge (not trunk of car).

Small & Big Victories
- This is an excellent time to remind families about stages of success...one step at a time...acknowledge any progress however small, i.e. just showing up is good news!
Always check in with those with “no good news” near the end and see if anything opens up, or if not, what would they like to do differently the next week?
Ask those who’ve had success to support those have not with suggestions or encouragement. (Look for opportunities to facilitate group connectedness and support)

**Highlight Success & Encourage Members to Share Wisdom**
- Look for those who accomplished the weekly goal to share what it was they did or how they were being that helped complete goal?
- Check in about resources...try to evoke options from other families...remember, they are highly resourceful as a group, reinforce this by asking them questions rather than telling them an answer.
- Ask group what stands out to them about how the person or family is being that seems to be working?
- If someone has hard time with check in sheet, you could invite them to work together to finish it. Enlist another family who’s done to jump in and help them. This also works well with primarily Spanish speakers, where language may be a barrier. It’s okay to write in their preferred language.

**Strengths Focus**
- Try to highlight their strengths and connect to the topic for today.
- Go over the check-in sheet with as many people as possible, you want to make sure you hear EVERYONE’s goal for following week, yet may not have time to process everyone.
- Encourage people to add to their sheets if they hear good ideas from others.

**Keep it Relational**
- Always a good idea to ask other family members how they helped make it happen? Remember that some families will have multiple goals; don’t forget to check each goal’s progress and that the steps are specific. Try to connect their goals to something they can all participate in together on a week to week basis.

**KIDS HIGHLIGHT**
- Solution Game: Give any kids old enough to write, or interested in playing, paper to write down solutions they hear adults say that session, or that they come up with on their own. Every time they get to 100 solutions, there’s a prize. (Make sure you have prizes 😊). You’ll have them report their tally, and read their favorite 3 at the Wrap Up each night.

---

**Discussion**

Briefly review the previous lesson(s) learned with focus on introducing today’s topic and transitioning into today’s lesson.
- Ask them what they remember from the last week?

**SPARK A CONVERSATION AROUND...TOPIC**
- Hand out the “Spark” cards for this week.
- Encourage them to work together to answer these & choose one person to write and another to represent family in discussion. Give them 5-10 minutes in families before discussing it as a group.

*During the discussion focus in, and highlight the following areas:*

**Engage Group**
- What group members think about topic, and one another’s ideas, i.e. what did you notice about what so and so shared?
- Ask members to reflect what they are hearing? (especially strengths).
- Kids are great to hear from, especially when asked about their family, they love to share.

**Highlight Success & Encourage Members to Share Wisdom**
- Remember to direct their questions back to the group...this is not the facilitators show, and you are not an oracle, rather give chances for them to grapple with these topics together.
- Where possible, Reframe and Re-label the situations described in a relational context.
- Make strength-based statements (aggressively look for strengths) and don’t be shy to acknowledge families—kids AND adults, AND the family OR room as a whole.

**Keep It Simple**
- Highlight the lessons focus statement, i.e. Strengths: We build one another up, and Look for simple illustrations, ...Adults and children learn better when things are concise and if there is a visual or they connect movement to the idea, i.e. So when we think of strengths, we make muscle men arms and shake them with a big smile, saying “strengths” together.

**Tough to Engage**
- When someone expresses “I don’t know” or “what should I do?” redirect them to seek council from at least one or three other members in the room. Then ask them what they are hearing? And is anything landing for them? Yes, or no? What steps would they want to take now? Be specific and help them set up a tangible plan before moving on...Evoke support from their family and other members.
- If someone is reserved or not participating, you can ask others what they notice about the person, or perhaps what would the silence say if it could talk?
- If this persists, you may want to talk with the person after group to offer support or see if there is something that they need support addressing in the group.

### Activity

This activity is typically designed to give them a chance to try on what the lesson was talking about as a family and community. Try to find ways to engage the kids, i.e. coloring, acting, sculpting, speaking up, etc. Specific directions are included in the weekly section.

### Wrap Up

**MOVING FORWARD**
Ask family members to share how today’s experience can support them in achieving their goals.

**KIDS HIGHLIGHT**
Ask Kids to come up to share the top 3 solutions they heard in group that day & report their solution tally for the day (a facilitator needs to keep track of the total week to week & have prizes when they reach 100 solutions). Celebrate the kids staying engaged, even if coloring, or listening.

**PLAN FOR NEXT WEEK**
Ask them if there’s anything they need to write down as reminders for next week?
Bouncing Forward Family Groups

PRE-SESSION: ORIENTATION & GOAL PLAN (p.15)

Supplies
- Participant Manuals (one for all family members 18 and older)
- Sign In Sheet
- Pens or Pencils
- Name Tags/Stickers
- Pre-Session Packets (one for all family members 18 and older)
  a. LLU informed consent
  b. LLU Pre-test
  c. HACSB photography consent

Overview (p.15)

FOLDERS
These folders are yours to keep and we highly encourage you take notes throughout the session.

Please bring this to group each week

PURPOSE: Help families build community and coach each other in the achievement of their Housing and Employment Goals. The program takes a recovery oriented, ecological and solution-focused view of Family Resilience and utilizes current research on social mobility and housing assistance programs.

GOALS:
- Achieve your 8 week Individualized Training & Services Plan (ITSP) goal
- Increase social support by building relationships between and within families
- Increasing our ability to bounce forward as a family

STRUCTURE: The program is an 8-week program. Each week you will work towards an 8-week goal, which you and your family declare. You and your family will work with other families in the group to help support each other in achieving your goals. Each week’s session is 1.5 hours.

While each week is different, there are common activities that we will do every week:

Typical Schedule for the Day (90 minutes)

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</tr>
</tbody>
</table>
1. **Joining:** As an open group, each family will be on their own timeline. This means that we will jump right in each week with an actively geared towards joining, or helping new families connect with the group. This is also a time where families share in potluck of snacks brought by any families that can bring something.

2. **Goal Check In:** Good News—Each week will start with a time were each family presents to the group positive things that have happened during the week, as well as an affirmation (see Appendix A). **Goal Progress**—This is a time for the group to celebrate the achievement of each family. While you and your family have an overall 8-week goal, we need to have a step-by-step plan for achieving this goal. We will help you and your family determine what steps are needed each week in order for you to reach this 8 week goal. Each week your family will report your progress towards the 8-week goal, as well as that specific week’s step progress. Each family will fill in the next week’s goal plan before coming to group. You will bring this goal plan and binder back every week.
   a. **Solution Game:** Give any kids old enough to write, or interested in playing, paper to write down solutions they hear adults say that session, or that they come up with on their own. Every time they get to 100 solutions, there’s a prize. Each session they will report their tally, and read their favorite 3 solutions at the Wrap Up each night.

3. **Discussion:** Each week the group facilitator will lead a short discussion around that week’s topic area.

4. **Activities:** Each week the facilitator will lead one or more activities which are meant to further explore that week’s topic area.

5. **Wrap Up:** At the end of every week’s session the group will spend time reflecting on the session, what you learned and what you want to achieve for the following week. This is also where we will have the kids come up to share what solutions they heard discussed throughout the group—**KIDS HIGHLIGHT**.

6. **Read at Home:** Each week your family is asked to read this section for the upcoming section. It is recommended that you set 15-20 minutes aside as a family ahead of time to read it together.

7. **Completion:** As an open group, when a family completes their program cycle, we will take a few moments to celebrate and acknowledge their success and contribution to the group as they graduate from the group.

8. **Post-Session:** Similar to your first pre-session, we ask all families to come to a post-session, scheduled one hour before your last BFF session, to complete group.

### Requests (p.16)

In order to create a safe and productive environment for everyone we request your support providing the following:

**JUMP IN 100%**: You and your family must attend each session. If you miss one or more sessions you will not be able to successfully complete the program. Attendance policy is that you can only miss 1 session in order to earn the certificate. If you miss two or more sessions in a row, you must restart your 8-week goal plan in order to earn certificate. The pre-session session is usually a free grace period, and doesn’t count towards this one time. It is important all family members attend each week, so if anyone misses, it counts as the families one time. If you miss a session, you can make it up by attending an extra week. (All children over the age of 6 should attend the program with their families).
SAFETY FIRST: If for any reason your group facilitator believes you or someone in your family's either risking the safety of themselves or fellow group members, that facilitator has the right to ask that individual to leave the group immediately. The facilitator will also determine whether that individual can return to the group later or if that individual will not return. This decision is the group facilitator’s decision, but they will also inform the Housing Authority staff person responsible for overseeing this service.

Ground Rules (p.17)

We will review ground rules every week:

1. **BE RESPECTFUL:** One of the greatest ways to create trust and gain insight is to be present in group. We ask that you refrain from side talking, leave all electronics at home, cell phones off and participate in all group activities.

2. **WHAT'S SAID HERE, STAYS HERE:** The group is based on trust. You must trust the other families in the group and the other families must trust you. This is not always easy to do. Your facilitator will help work towards trust within the group, but to help the facilitator we ask that all individuals keep the information within the group confidential. You will talk about things in the group that you may not want known in the larger neighborhood. We ask that all members of the group keep these conversations within the group and not talk about them outside of the group. Also, please know that the facilitator cannot prevent individuals from talking outside of the group. While we strongly value confidentiality and will address breeches of confidentiality quickly and severely, please keep in mind that confidentiality is not a guarantee.

3. **FOLLOW DIRECTIONS FIRST TIME ASKED:** This is especially important for kids! Parents we ask that you work with your kids & peers to help keep them engaged in the group. It is also important to stay together, both when seated, and where possible in discussions and activities. This is a wonderful chance to grow closer together.

4. **BUILD EACH OTHER UP:** There are a lot of opportunities throughout the group to share what’s working with peers, and your own family, use them! This is a great time to highlight our strengths & to be positive.

Goal Plan (p.17)

**NOTE:** 20-30 minutes

**Facilitator Notes:** Before grouping people into their families, as a large group, briefly go around the group and ask each family to report their 8-week goal. Note families that do not have a goal. Process with the larger group to see if an 8-week goal can be identified. Make sure the goal can be accomplished in 8 weeks. Once you have identified every family's 8 week, pick a common goal and process with the group how they might fill out the goal plan sheet for this example goal. Remember—YOU ARE NOT AN ORACLE—try to evoke their own experience and answers versus giving it to them.
They have two copies, one for Week One (p.17), and a second (p.18) to use as they revise their plan over the course of the 8 weeks. Help them walk through this plan during Week One-Goal Plan. It is intended to be a realistic and specific goal that they can accomplish as a family within 8 weeks. Ideally it would move them closer to their 5 year overarching goals. This is an exercise in breaking the bigger goal down into smaller, more manageable mini-weekly goals. Ask lots of questions aimed at the group to help one another to fill this in, and avoid giving answers if possible. They will be able to revise this on a weekly basis, yet it is important to help them start thinking about the bigger picture and how they might be able to get there as a family. Include how the family members will help them each week too, i.e. dad will pick up the kids, kids will clean rooms and help make dinner to help mom while she’s out looking for work. Pay attention to whatever barriers come up and if there’s time, check with other families to see if anyone has similar one, and has been able to overcome them.

Each family will work together to complete the 8 WEEK FAMILY GOAL PLAN (see page 20).

Before entering this program you established goals with the Housing Authority on your Individualized Training & Services Plan (ITSP). Within the next two months, what would be a goal you and your family would be proud to accomplish? This goal should be your week 8 goal.

Think through with your family what has to happen each week in order for you to meet this goal. Families often find it easier to start with the end in mind, and work backwards from the goal, to what needs to happen just before it, then before that, etc, until you get to where you are currently.

Remember that this is an 8-week goal that will support you in moving towards your 5-year goals as a family and taken directly from your ITSP plan. Make sure the goal is:

- Realistic (you need to be able to accomplish it in 2 months).
- Specific & in your own language.
- Something that you would be proud and excited to have accomplished as a family.

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**GOAL SETTING**

Setting & meeting achievable goals as strategy for success.

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The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

The BFF groups use a solution-focused approach to helping families create clarity about what socioeconomic mobility would look like to you specifically, as well as how to achieve your goals. We intentionally take larger goals and break them down into more manageable sizes.

**GOALS: START WITH THE END IN MIND**

From the first session, as a family you will identify a time-manageable issue that you would like to change within 8 weeks, as well as a clear strategy for handling it. Again, as the experts in your own lives, families will coach one another to come up with a strategy uniquely suited for your family’s success. It is important to remember that when we are not sure of how to proceed, that we start by setting the final goal and walking backwards, step by step, i.e. if the final goal is getting a full time job at a store, what would you need to do the week before? The week before that, and so on until you arrive at the present.
CELEBRATE: SMALL & BIG VICTORIES

Each week we will spend time checking in on your progress, what’s working, requests for support and setting a new goal for follow up. Families are encouraged to ask one another questions, to be able to create clarity for not only themselves, but also others in order to bounce forward together. Let’s have fun on this journey together, staying focused on what’s working, even if it’s just showing up!

Pre-Survey (p.18)

We need you and your family to help us understand all little bit more about who you are and what strengths you bring to this group. To do this your facilitator will give each family a packet of questions and go over the informed consent. We would like for each adult member of the family fill out one of these packets (anyone 18 and over). You may talk together, but each adult must submit one completed packet to the group facilitator.

If you have any questions please let the facilitator know. They can help you answer these questions.

Facilitator Notes: Please have Assessment & Informed consent packets ready for each family member that is 18 or over to fill out. You must collect these completed packets and bring them back to the program director.

Moving Forward (p.18)

MOVING FORWARD

Thank you for completing the pre-session & welcome to the Bouncing Forward Family Groups! We will begin shortly. Please feel free to take a quick break, or to introduce yourselves to others.
The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

- **CONTEXT**
  Addressing belief systems & meaning assigned across multiple systems to gain perspective about your current situation.

Through the BFF process, families are encouraged to address what you believe about yourselves, others and the stressors you are facing. This is done through observing and interacting with one another in the search of shared solutions. We ask you to go beyond your own perspectives and learn from one another. Hardships, or problems, are understood as being impacted by a variety of changing conditions based on past history (like where you grew up), your social location (like your gender, race, culture, etc.) as well as your current situation, and are not just something to fix immediately.

**PERSPECTIVE: EXPAND THE LENS**

We will talk about how you got to where you are, what is influencing your current situation, and your families beliefs regarding moving forward together. Most importantly, we will work together to gain perspective about where you are right now as compared to where you want to be. Through the use of reflecting and reframing, we will work to identify beliefs that empower and help you open up possibilities for your family.

**NOTES OR QUESTIONS?**
Discussion (p.20)

NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

Facilitator Note: This discussion is best conducted briefly, followed up with the activity.

Supplies:
- Flip board with paper & markers

Directions: Use the Flip board to take notes about their context during discussion. Use these to set stage for activity where they will map out their own social locations individually (Kids under 5 can work with their parents).

SOCIAL LOCATION

DEFINITION: Social location applies to the social categories of one’s identity: race, class, gender, religion, sexual orientation, ethnicity, and so on. It also applies to social roles (sister, student, and friend) and extends to include one’s experiences and relationships. Messages sent from society at large about who we are, what we can do, or not do, intersect to create our identity. We are often influenced by how we relate to these messages.

One way of thinking about this, is to ask how would people (as in society at large) describe me if they didn’t know me? For example: a chunky, white, educated, snobby-rich, heterosexual woman? Or lazy, single parent, poor, black, short, Christian woman? Or reserved, Latino, uneducated, illegal man?

YOUR FAMILY DEFINITION—Where would you locate your family socially?

- Are there any particular messages that seem to come along with these parts of ourselves? Some that are painful or that you’ve struggled with as a family? How would you reframe these?

- What do you want your kids to know about your family?

- If you could send a message back out to society at large about your families strengths, what would it be?
Activity: Our Family Context (p.20)

Notes: 30-45 minutes

Supplies:
- Colorful construction paper (at least one per person)
- Stapler
- Markers/pens
- Flip board with paper & markers
- At least 1-3 examples of social location maps that focus on strengths (Example in Appendices)

Directions: Use the Flip board to take notes about their context during discussion. Use these to set stage for activity where they will map out their own social locations individually (Kids under 5 can work with their parents). Ask them to focus on the parts of their identity that they feel most connected to, as well as those that will/have supported them in moving through recent challenges. They are to write down the contextual topics, ie their gender or race, and next to each topic, add empowered messages they have heard, or would like others to hear about this part of themselves. For example: female—I am strong, resourceful, and connected. Or SLAP—I work hard, this is a stepping stone, I am contributing. Each family member will make a map, then they will staple them together, and on a new piece of paper, write their family name and the qualities/identities that they have in common and that they want to be known for in the world. Then ask families to share briefly their family context maps with others.

Great follow up questions include:
- Are there any contextual strengths that we all have in common? How might we help others understand this is where we are coming from? What are you taking forward from this activity as a family? A community?
The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

**CAPABILITY**
Evoking families’ strengths to achieve growth & resilience

As a recovery oriented model, you are recognized as the experts in your own life and you have everything you need within yourselves and this group to be able to resolve your challenges. We will also work together to evoke and highlight one another’s strengths, as we focus on what is working, or what we could contribute to shift something for the better.

**STRENGTHS: BUILD ONE ANOTHER UP**
Families will learn how to evoke, or access, the strengths you need individually and collectively to accomplish your 8-week goals by building a strengths-based network of support with other Five Year Lease Assistance Families.

**NOTES OR QUESTIONS?**
Discussion (p.22)

NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

STRENGTHS

DEFINITION: Strengths are aspects/parts of ourselves that help us to accomplish something, or to move through challenges. They are often passed through families generation to generation, and yet can be discovered during times of change or transition. Everyone has strengths, and express them differently. Sometimes its in how we act, think, feel, and/or our physical capabilities.

YOUR FAMILY DEFINITION—What are some of your individual and family strengths?

Activity: I Wonder... (p.22)

Notes: 20 Minutes

Facilitator Note: The questions should revolve around their own/family identity, experience, strengths, and family strengths. This activity is easily transferable to all other sessions, as long as you fine tune the topics.

Supplies:
• Gather as many chairs as you have players, minus one. For example, for ten players you would need nine chairs. And facilitator starts by standing in the center to give an example.

Directions:
• Set all the chairs in a circle, facing inward. All the other members should sit down in a chair. Have the person selected to stand in the middle start the game by calling out "I wonder who..." and then list something that is true about themselves, ie who’s a musician, who’s a great dancer, who’s an athlete, good at math, etc. Anything that points towards their strengths. Then, after a few rounds, expand it to their family. ie, who eats dinner at 5 o’clock and enjoys it, prays together, likes to travel together, who sees life as an adventure, etc. When the topic is called, each player that has done it or identifies must promptly stand, walk, and sit in another open seat that isn’t the one they just got up from. Whoever gets stuck with their original seat, or can’t find a seat, is the new middle person, and they call out the next topic, “I wonder who...”

Great follow up questions include:
• What stands out to you about yourselves? Family? Your group?
• What are things you have in common? Different?
• What is important for us to know about you and what you stand for?
• How might we take this forward into our day to day lives? To achieve your 8 week goal?
The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

In these groups, the therapists’ role is to facilitate safety, and assist you in learning more about your own strengths via discussion and activities with other families. Each family determines an 8-week goal that you will complete together, and are seen as competent and capable of directing your own growth.

**RESPONSIBILITY: EVERYONE CONTRIBUTES**

Families are encouraged to be responsible for choosing and accomplishing relevant goals over the 8 weeks. Families are also seen as consultants to other families and are given the opportunity to contribute to other families’ growth by observing and identifying common themes that seem to hold people back, as well as solutions. Together in this group you will be given numerous opportunities to enhance the way you engage with one another both within your family and with other families.

**NOTES OR QUESTIONS?**
Discussion (p.24)

NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

RESPONSIBILITY
DEFINITION: Families are encouraged to actively participate in all decisions that could impact their lives and to work with other families in the BFF group to clarify needs, strengths, and how they can effectively coach one another.

YOUR FAMILY DEFINITION—How would your family define responsibility?

• What are some of your family's strengths in regards to communicating responsibly?

• What are some ways you could assist other families in communicating responsibly?

COLLABORATION: GOOD TEAM WORK
DEFINITION: Forming similar or different alliances (teams) around shared interests, needs, and responsibilities.

• What are some areas that you could improve your team work or collaboration as a family?

• What's the importance of being connected to others?

Activity: Numbers Race (p.24)

Notes: 45 minutes

Supplies:
• Masking Tape (to mark line on ground)
• 30 note cards, numbered chronologically (1, 2, 3, etc).

Directions
1) Prior to group, mark off an area in the room with tape that will be the "SAFE AREA" that they can all fit inside.
2) Let the families know that they will be working together to accomplish a goal.
   a. Together as one team, you will all work together to accomplish a goal—Winning the Numbers Race! Please listen for instructions.
3) Have them stand up and all come over to the SAFE AREA. Explain to them that for this activity, they are going to work together to touch all 30 cards, as fast as possible. They need to touch all 30 cards and follow these rules:
   a. Do so in chronological order
   b. One card at a time
   c. By everyone at least once
   d. With only one person being outside the SAFE AREA at a time.
4) Let them know that they will not be allowed to go outside of the SAFE AREA, at ANY time, unless they are the one person moving to touch a number card. Explain that your role is to support them by keeping track of their progress and you will let them know once they are complete, as well as if they break one of the 4 rules above, as they will get a penalty. Penalties=10 seconds, and this gets added on to their score at the end.
5) Let them know that they will get 2 minutes to plan as a team, and then they will be timed as to how quickly they can accomplish the goal (and with as few penalties as possible)
6) Pay attention to the group’s planning process, i.e. what is working, not working, or missing and then let them know when it’s time to start. They must all be in the SAFE AREA to begin. Keep track of penalties: if out of chronological order, if someone accidentally touches another note card while running back, if someone never leaves SAFE AREA, or if two or more people step outside the SAFE AREA at same time. Add these to their total time and let them know actual time, number of penalties and total time at the end.
7) Processing: How was that for you all? What seemed to be working as a group? Try to focus on the process, versus getting into a discussion about how to do it faster, unless you are helping the group hear form people they didn’t listen to initially. Try to ask questions for about 2-3 minutes that highlight what worked about their process.
8) Then ask if they want to try it again? Give them one minute this time to plan, and then time them. Keep track of penalties, and in the same way, give them their actual time, number of penalties, and total time. Ask them:
   a. What did you notice this second time really worked about how you were being with one another? What were your team strengths? How were you talking to one another?
   b. Highlight any behaviors that promote collaboration and focusing on strengths. How might you be able to apply what you all did here to your own lives and families?
Bouncing Forward Family Groups

SESSION FOUR: EMOTIONAL SAFETY

Read at Home: Clarity (p.25)

The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

- **CLARITY**
  Learning how to create permission to express openly & honestly

Through the group process we access the support of other families to provide feedback and guidance to one another, as well as find solutions and understanding. An important part of being able to provide feedback involves clarity of communication. This means family members feel safe to share authentically with others in order to better meet their goals.

Families with clarity seek the truth and speak the truth. It is important to remember that if family members try to protect one another from painful or threatening information through silence, secrecy, or distortion; this creates barriers to understanding, authentic relating, and informed decision making.

Truth seeking and truth speaking is important! When family members have limited or conflicting information it’s easy to focus only on what’s not working. It is important for families, especially with children, to share what information they can and acknowledge uncertainties. Truth telling is an essential part of the process, especially when adults in the family can back up one another’s “truth”, i.e., no matter how painful a divorce may be, kids recover better when both parents have the same story as to why they split (versus conflicting messages).

**EMOTIONAL SAFETY: CREATE PERMISSION TO SPEAK OPENLY & HONESTLY**

In order to help families speak openly and honestly about what it is really going on, we work with your family to create emotional safety through family ground rules.

**NOTES OR QUESTIONS?**
Discussion (p.26)

NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

CLARITY
DEFINITION: Cleanness of thought and expression. To avoid confusion or uncertainty.

In the context of communication: “The ability to communicate clear and consistent messages (words and actions)” (Walsh, 2003).

In the context of conflict, adversity or past experiences: The ability to clarify the situation by gathering more facts and perspectives to gain clarification. (What could you have done to clarify the situation?)

EMOTIONAL EXPRESSION
DEFINITION: The ability to openly share a wide range of feelings while dealing with stressful events.

- On a scale of 1-10, (1 means very unclear, 10 means very clear) how clear is your communication around difficult emotions at home?

- What do each of you need in order to feel safe enough to share your feelings with your family? List them out here.

Activity 1: Safety List (p.27)

NOTES: 30 Minutes

Directions: In order for many families to feel free to be emotionally expressed, it is important to establish an environment where people feel safe to share. Together you will come up with a list of agreements that will help foster feelings of safety in the family. It is important that everyone help come up with at least one agreement that would help them feel safe to share openly. You will write these agreements on a paper and once complete share them with the rest of the group.

Make sure to support all people, especially kid, to be an active participant in the process. You can encourage families to ask one another for support, or to share good ideas with others. Encourage kids to help decorate the paper. When ready to share, have the entire family either stand up, or come to the front of the room to share their safety first agreements.

Great follow up questions include:
- What stands out to them as they listen to other families’ agreements?
- Are there any opportunities for being flexible in your own family? Or perhaps more structured?
- What might be one step that you can take in your family this week to move towards this?
Activity 2: Feeling in Action (p.27)

Notes: 45 minutes

Directions: You will want to ask for a volunteer to come up and help you demonstrate the activity first. Together you will ask the volunteer to “sculpt” you into a difficult emotion. For example, sadness. The volunteer will give you verbal and physical (if appropriate) cues to help “show” others how “sadness” would look to them. You want to engage them with lots of questions and are encouraged to ham it up. Once they say there are complete. Ask them how it would look if they were no longer sad, rather happy for example. They will then coach you to this new state. Thank them and then pair families up.

Instruct each pair to choose one family to go first. They will “sculpt” the other family to look like a particularly tough emotion—And they don’t tell anyone what they are each sculpting. Once each family member has their “statue” ready, the other family members (sculptors) get to guess first what emotion it is. Then, if struggling, the other participants can help guess. Once the people guess correctly, each sculptor talks briefly about how this emotion is tough for them.

Then they will “sculpt” the emotion that they notice helps them deal with this emotion and once again the family members get to guess first, then other participants. Lastly, they will share what it is about this emotion that they notice helps them, or why they think it would help them get through the tough emotion. If there is time, switch roles, the sculptors are now clay and the clay becomes sculptors.

Great follow up questions include:
- How was the process for you?
- What was it like to be the sculptor? What was the hardest part?
- What was it like to be the clay?
- Where there any surprises? Emotional expressions that can be misunderstood? How might you alert others when you are feeling these ways?
- Did anyone notice certain strengths about their own family or others about sharing emotions within their family?
- How could expressing yourself openly help with other interactions in your life, like when talking to HACSB staff, or medical providers?

Activity 3: Reflective Listening (p.27)

Notes: 45 minutes

Directions: We are going to practice a process of LISTENING that will help you avoid many of these thinking errors and results in gaining important information from family members as well as all relationships. This process is called active or reflective listening.

Have one volunteer demonstrate this activity with one of the facilitators. Begin with the facilitator as the listen and the volunteer as the speaker. Have the speaker pick one thing that they did this week
that they are proud of accomplishing. Give the volunteer a moment to identify this one thing. Then have the speaker begin telling their story. The following steps will be followed by the facilitator;

1. Listen to the speaker...do not interrupt unless the speaker is speaking for a long time and the speaker is having a hard time remembering. In that case the speaker can politely interrupt and move to step 2.

2. After the speaker has finished, the listener will reflect back ONLY what they heard. Do not add you own insight or perspective. After reflecting back what the listener heard they listener will end with...is that right? Or Do I have that right?

3. If the speaker responds with “Yes” then the listener can ask...“is there any more”

If the listener says no, or adds more information the listener should repeat step 2 until the speaker responds by saying yes that is it.

4. Once the speaker has finished, the two will switch roles. The speaker will become the listener and the listener the speaker.

Now have two more volunteers come to the center of the group and practice this technique. Once they have it down. Add a “PROBE” a probe can come after step 2, when the speaker affirms that the listener has heard the story correctly. This is an opportunity to reflect an emotion that the listener heard under the words of the speaker. For example:

Speaker: This week I registered for a class for the GED.

Listener: So you registered for a class this week?

Speaker: Yes it starts next week. It was a lot of work to register for this class and I’m not looking forward to starting the class next week because I think it will be tough.

Listener: so you think that the class will be tough?

Speaker: Yes.

Listener: is that it, or is there more?

Speaker: No that’s it.

Listener [PROBE]: Wow it sounds like you are pretty anxious [EMOTION] about the class?

Speaker: Yes I am, I don’t know if I can do it, what if I fail and I put all of this time into this?

Listener: So you’re worried you might fail the class?

Speaker: Yes I am.

Listener: is there any more?
Speaker: No that’s it, I think I’m just worried about the class and hope I do well.

SWITCH ROLES: And have the listener talk and the speaker listen.

After the two volunteers have finished, have members of each family pair off and practice being both the listener and the speaker. Facilitators should move around to the different groups to help them practice these steps.

Great follow up questions:

- How was the process for you?
- What was it like to be the listener? What was the hardest part?
- What was it like to be the speaker?
- What would it be like to use this at home with your family members?
- How could this tool be used with other interactions in your life, like when talking to HACSB staff, or medical providers?
The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

**COMMUNICATION**
- Defining problems collaboratively & reframing to help families find solutions

As a strengths-based program the BFF groups focus on helping families resolve challenges, or problems, by learning how to be open with one another. Changing one’s language and description of the problem alters how it is experienced (Gehart, 2014). Through the group process we access the support of other families to provide feedback and guidance to one another, as well as find solutions and understanding.

**COLLABORATIVE PROBLEM SOLVING: AGREE ON POINT OF CHANGE**

The first step to effective problem solving is coming to a shared definition of the challenges, followed by brainstorming solutions and creating an action plan.

While often the most difficult, the first step is critical in order to avoid getting stuck in a problematic cycle. Do not proceed to steps 2 and 3 until you are clear as a family that everyone has come to agree on a point of change. Once this is clear, remember that there are numerous types of resources. Strong families have the strength to admit that they have difficulties and need help. When we can’t solve problems on our own, we can turn to extended family, friends, neighbors, community services, and counseling.

It is important, however, to consider the “quality” of our relationships. The quality of our connections is important. Some people are better with practical assistance (where to shop, transportation assistance), other with emotional support (counseling from a pastor or friend inspires you), and some make matters worse. We want to focus on what’s worked, or could work as we move forward together.

**STEPS TO COLLABORATIVE PROBLEM SOLVING**

Here are several steps, as outlined by the McMaster group (Epstein et al., 2003; Ryan et al., 2005), in effective problem-solving processes (Walsh, 2006).

1) **Create Shared Definition of the Problem:** Family members must identify the problem(s) to communicate with those involved and potential resources that can provide assistance.
   - Identify the problem
- Who is involved in the problem?
- What is the problem? Come to agreement among ALL family members.

2) **Brainstorm together**: Allows families to weigh and consider potential solutions, resources, and possible barriers.

Openness to trying new solutions is a hallmark of well-functioning, adaptive families.

*Note:*
“In well-functioning families, parents act as coordinators and coaches... bringing out others’ ideas, voicing their own and encouraging choice wherever possible.” All family members contributions should be respected and valued (Walsh, 2006)

3) **Create a Plan**: The final steps in the process are to negotiate, initiate and follow-through with action plan, step by step, choosing the people responsible and how you would know you’ve solved the problem.

**Figure above (p.29)**
STEP I: Defining the Problem

This is the MOST important step in the process. Taking time to define a “shared view of the problem” will ensure that all members of the family work together to agree on a point of change. Failure to develop a shared view of the problem results in some individuals not participating in the process or an inaccurate view of the problem which leads to a solution that will not work.

QUESTION: What does it mean to have a SHARED VIEW OF THE PROBLEM?

To do this process well, parents must act as facilitators, making sure every member of the family has an opportunity to share their view of the problem. Once everyone has had an opportunity to define the problem, the parents must provide a definition that incorporates all of the definitions. They should report this view tentatively and allow individuals to offer critics. This feedback from individuals should be integrated into a new definition of the problem. This back and forth should continue until everyone in the family agrees on the definition of the problem.

This process only work when a family is PROACTIVE and reacting to a problem. All too often families wait until a problem must be addressed immediately before they put a plan together. This is a recipe for failure. Difficult problems take time and team work. You can only do this well if you are looking out into the future and identifying potential problem before they require an immediate resolution.

Challenges/Barriers: There are a few common challenges that families often experience in this process. Knowing these and being prepare from them will help the parents manage this process effectively:

a. Blaming each other for their role in the problem. This is not a time to place blame, this process is about moving forward. Blaming one or two individuals for the problem will only derail the process and prevent the family from finding a solution.

b. Trying to solve the problem. Remember this time is about defining the problem. Do not jump too quickly to a solution. Without a good definition, any solution is likely to fail...no matter how good it sounds at the time.

c. Feeling shame for bringing the problem to the family. Shame is an emotion that often shuts down any solution. If you are feeling shame, it is best to stop the process and talk about that with the family before moving forward in defining the problem. As a general rule...shame is not a helpful emotion. If you feel shame talk with your family or a friend. You need to process this emotion before it takes root in you. Acting out of shame will most often results in a poor decision.

d. Becoming Hopeless. We have to believe that a solution is possible, that we as a family have what it takes to solve this problem. Pessimism or focusing on why we can’t solve this problem will only ensure that you do not solve the problem.

e. Parents Give the Answer. In most families, once a parent defines the problem...that’s it. The family takes that definition and the process is done. Try to have the kids begin this process. Parent should act more as facilitator offering advice only when the children are stuck or ask for help.

f. Too Many Problems: We all have lots of problems to deal with. Try to keep this process focused on one problem. Trying to handle multiple problems all at once will likely shut down the process and
make it too overwhelming. It’s better to tackle one problem at a time slowly, than try to tackle them all and get overwhelmed.

**STEP II: Identifying Solutions**

As a general rule, any problem has multiple solutions. So it’s not a good plan to find the “best solution”. Rather, just as it was important to get all members of the family involved in the definition of the problem, it’s best to get all members involved in the solution.

Resilient families, after defining the problem, spend time thinking together about any and all potential solutions to the problem. They value each individual’s contribution to the solution. They also know their strengths and what resources exists in those strengths.

**Thing to consider when brainstorming a solution:**
- a. What resources exist within the family to address the problem?
- b. How many steps are needed in the solution?
- c. What solution involves the most people in the family? (The more the better)
- d. Do you need resources outside of the family to address this problem? If so, where will get these resources?

**Challenges:** If you have defined the problem correctly in the previous stage (meaning all members of the family agreed on the problem) then you should be able to identify multiple solutions. If you are stuck, then go back to step one and rethink through the problem. Maybe you missed a key point of the problem. Also, do not stop with one solution. Think through multiple. Force the family to identify at least 3 potential solutions. More is better. Remember at this point we are not choosing a solution. We are simply identifying any possible solutions.

**STEP III: Creating a Plan of Action**

From the previous step, identify the solution that everyone agree on. Parent will likely have to be a little more active in this step to help the family decide which solution is the best for the family.

The best solution should be the one that relies on the most number of individuals within the family, and takes the fewest resources to achieve.

Once a solution has been identified, put a plan together. In this plan write down:
- 1. The individual steps that will be followed in the plan
- 2. What resources are needed for each step
- 3. Who is responsible for leading this step
- 4. How the leader reports back to the family & when the step is completed

Finally, if this is a new process for your family, expect that the plan will hit bumps in the road. It’s not only ok, it’s expected. So do not be discouraged if your well thought out plan is not working. In these cases, reengage the process again at step 1. But in this case, the shared view of the problem should be about this bump. Therefore, have the family think through and define this bump in the road. Then think through multiple solutions and finally put a new plan together that involves this bump in the process. Plan that you will likely cycle through these steps multiple time before this one problem is resolved. This is why in the beginning we mentioned that this process only works for proactive problem solving.

**NOTES OR QUESTIONS?**
NOTE: 10-15 minutes

Facilitator Notes

Ask families to read over this session the week prior. There is not enough time in session to cover the details of the process.

These steps are outlined by the McMaster group (Epstein et al., 2003; Ryan et al., 2005) as effective problem-solving processes (Walsh, 2006). Use the steps as a guide to introduce the topic of collaborative problem solving. Today you will focus mostly on Step One in the discussion. You will have a lot of information here, please note you do not need to cover it all in session. Try to engage the families in grappling with how to come to a shared view of a problem, as this is often the most difficult and time consuming step in the collaborative problem solving process.

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

“If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes.”
— Albert Einstein

COLLABORATIVE PROBLEM SOLVING

DEFINITION: The process of a family working together to achieve a mutual goal by weighing and considering various options, resources and limitations in order to decide what action to take together.

• What are some recent issues that you could benefit from working together, or collaboratively, to come to a new solution?

RESOURCE

DEFINITION: Something or someone that can be used for support or help and can be drawn upon when needed. (The computer lab at the local library is a resource for job searches and creating resumes.) Resources are also the means that can be used to cope with difficult situations. (Prayer is often defined as a resource that provides comfort in challenging times.)

• What are some useful resources? Especially in relation to accomplishing their goals or helping their families move forward together?

• If they could identify one resource that their family is good at or known for, what would it be?

• Have they ever been a resource for someone else?
Activity 1: Collaborative Problem Solving (p.33)

Notes: 30 minutes

Facilitator Notes
You have two options. If one entire family is present, you could ask them to come into the center of
the group and walk them through the process below. The second option would be to have all (or
some) members from group “pretend to be a family”. If you chose this option, it is recommended to
have two adults act as “parents”.

Ensure that each family member participates. Look for opportunities to highlight strengths, to ask
the family questions regarding the process, and the importance of everyone’s voice in the family
being heard.

Option 1
Tell family to come out to the center and introduce an issue that they would like to deal with today,
that is not requiring immediate resolution...ie, it could take up to a couple months to deal with this
(you want to choose something far enough out that there is time to walk through the proposed plan).

Option 2
Tell group members that they are a large family that has a problem. Have the group decide on the
type of family they would like to be. Each member must choose a specific role in the family
(Grandparents, parents, step-parents, siblings, cousins etc).

Facilitate the process of working through each step.

Group members must use their guide (next page) to solve a current problem. If they say they don’t
have a current problem, they can use it to generate a back-up plan for a problem they recently
solved.

If there are any observers, ie other family members watching, ask them to keep an eye out for
when the family demonstrates strengths and or presents barriers to resolving the problem.
They could raise their hands to alert family when heading into barrier talk. They can also
raise hand and highlight when someone is doing or saying something that seems to be
working.

Activity 2: Our Turn (p.33)

Notes: 30 minutes

Each family will have the opportunity to break into small groups and work together to determine
the plan for their own family’s shared problem using the 3 steps, and filling out the worksheet on
the next page.
Collaborative Problem Solving Worksheet (p.34)

STEP ONE:
What is the family’s shared view of the problem?
Agreed Point of Change:

STEP TWO:
What are potential solutions to the problem?
Solution 1:
Solution 2:
Solution 3:
Final Solution:

STEP THREE:
Detailed Plan of Action

<table>
<thead>
<tr>
<th>STEP</th>
<th>Summary of Action</th>
<th>Leader</th>
<th>Resources Needed</th>
<th>Date to Accomplish</th>
<th>How to report back</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

**COMMUNICATION**
Defining problems collaboratively & reframing to help families find solutions

**BRIGHT SIDE: WHAT’S WORKING?**
New meaning is socially constructed within the interactions between and among families in the BFF framework and language is key. Families will have lots of chances to highlight what’s working both within their own family and among others. Staying focused on the bright side, and being positive, helps families overcome more than they would have ever thought possible.

**NOTES OR QUESTIONS?**

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Discussion (p.36)

NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

BEING RESILIENT
DEFINITION: The ability to withstand and rebound from disruptive life challenges (Walsh, 2003).

POSITIVE OUTLOOK
DEFINITION: Being optimistic and having hope and confidence that you will overcome challenges. Being encouraging and seeing strengths in yourself and others. Having a can do spirit!

YOUR FAMILY DEFINITION—in what ways are your family members positive?

• How do they remain positive in challenging times?

• Think about recent issues or challenges that your family faced—what did your family do, or what characteristics of your family helped you overcome these tough things?

• What did you learn about your family through these experiences?

Activity 1: Yes You Are! (p.36)

Notes: 30 minutes

Supplies Needed:
• Pens, pencils and colored markers
• Construction paper (Colored if possible)

Provide each person with a blank sheet of paper or ask them to write in this section of the participant workbook. In their families or combined family groups, each group has to come up with words that describe each person’s strengths using the letters in their first name, i.e. Sam could stand for S-smart, A-athletic, M-motivated, and so on, until everyone’s done. If anyone gets stuck, have them work together with their own family, or other families to complete activity. Then you each read it aloud, i.e., “I am Smart, athletic, and motivated!” and everyone responds, “Yes! You are!”

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On a new piece of paper, write out their family’s last name and do the same thing, i.e. Estrella could stand for E-exceptional, S-steady, T-tender, R-resourceful, E-enthusiastic, L-loving, L-loyal, A-adventurous. Then once they all read it out loud, everyone shouts, “Yes! You are!”

**Great follow up questions include:**
- Are there any strengths that we all have in common? How might we use these strengths to accomplish our family goals? What are you taking forward from this activity as a family? A community?

---

### Activity 2: Being Positive! (p.37)

**Notes:** 30 minutes

**Supplies Needed:**
- Pens, pencils and colored markers
- 3x5 cards, or post it notes

**Facilitator Notes**

This is a fun mingle where everyone is encouraged to write their favorite affirmation on a 3x5 notecard and then to walk around to as many people as possible and share it. Facilitator keeps track of time and calls out 2 minutes left! And 30 seconds left! When they say, “Wrap it up!” Please return to your seats. For the second part, all family members will work together to choose one affirmation for their entire family. Then you will share what it is and why with the group. As they share, ask other families if they recognize any ways in which this family is already BEING the affirmation?

**MINGLE (5 minutes):**

The first part of the activity is to have everyone select a positive phrase from the list (see Appendix A) or to make it up, claim at and express why he or she chose it to as many people as possible in 5 minutes (requires all to move around the room and pair up with numerous partners).

**BACK IN FAMILIES (10 minutes):**

The second part of the activity is to have the family select a positive phrase, claim at and express why they chose it to the group. Together we are practicing declaring our commitment, and bringing it into the present by saying it out loud—a promise to our family.

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SESSION SEVEN: FLEXIBILITY

Read at Home: Connection (p.38)

The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8 week goal together:

- CONNECTION
  Mobilize families to support one another through attention to spiritual growth & flexibility of family rituals.

People need people to make it in this world, and the BFF group is designed to help families develop social support that help provide assistance with overcoming obstacles, developing family resilience, and gaining clarity on where they want to be. In this program, families are encouraged to hold one another responsible for your own growth and progress. Each week you will have the chance to participate in interactive activities and discussions geared towards creating connections and we ask that you jump in.

FLEXIBILITY: PROMOTING STABILITY THROUGH RITUALS

There are a wide variety of traditions, rituals, or customs within families that often undergo changes when trying to overcome challenges. In the groups you will have the chance to identify these, hear about new ones, and potentially change or keep what’s working for your family to help you bounce forward together.

Flexibility in this context involves being not only open to new ways of being with one another, yet also being consistent with daily routines and rituals in order to provide family members the safety and freedom needed to be able to act outside of the “box”.

It is important to also consider the “stability” of our relationships. The ways in which we draw strength from one another, our community and our spirituality all help create a stable foundation from which we can then step out and risk again.

Ensure participants understand that connectedness is not just a matter of knowing people. It is much more than that. Emphasize the importance of trust and support among connections. Be aware that research on this population indicates that individuals in the community are often disconnected from the community at large. Validate their individual strengths and capacities, but generate a discussion about how connections increase our individual capacities (e.g. “There is strength in numbers.”)

NOTES OR QUESTIONS?

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Discussion (p.39)

NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

FLEXIBILITY
DEFINITION: Means being able to change or adapt in response to change. It is being open to new ways of resolving issues, and being able to think outside of one’s normal box of what is possible. As a family it can also mean the direction that the family chooses to focus on in times of challenge or change.

YOUR FAMILY DEFINITION-- What does being “flexible” mean to you and your family?

• What are some ways that you as a family have been creative in order to open up possibilities with or for one another? Ex: someone watches the kids while mom goes back to school. Please list:

• Are there any areas in your home that you think your family would benefit from being more flexible? Please list:

BOUNCING FORWARD
DEFINITION: In a way, being flexible is less like “bouncing back” and more like “bouncing forward”. In times of challenge or transition a family must focus their energy forward around creating new rituals, habits and traditions that promote stability, instead of trying to recreate what was.

• What are some of your family traditions, customs or rituals that have sustained and supported you throughout your recent changes? i.e. church, eating dinner together, bed times, etc. Please list:

• Are there any areas that you would like to start developing new traditions or rituals to support your family in bouncing forward? i.e. church, eating dinner together, bed times, etc. Please list:

Activity 1: Human Knot (p.40)

Notes: 30 minutes

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**Directions:** Standing in a circle (8-12 people ideally, minimum 4), reach their right hand across the circle to grab someone who is not next to them’s right hand. Then, reach left hand across circle and again grab someone’s hand who is not next to them. Together they will now “untangle” their knot. Please go slowly, so as not to hurt anyone. You can not let go until untangled, otherwise you’ll need to start over.

**Facilitator notes:** You’ll want to check to make sure they are not holding hand of someone next to them. You can time them if they want to challenge themselves. Also, if there are particularly loud people, you can ask them to be mute, or you can even blindfold some adults to allow for kids to speak up. It’s a good idea to mute facilitators at least 1-2 times in order to give them room to step up, kids included.

**Great follow up questions:** This activity is about working together to untangle—Everyone is connected, everyone is responsible, everyone contributes in some way—We get to be flexible in life, yet hold on together in order to make it through at times. You want to help highlight how they participate, and look for ways to engage everyone. Look for actions/words that people say that are working. After each round, ask participants:

- What stood out for them about each others strengths that were working? Where else in their lives are they being this way?
- What did they notice about others strengths that worked? What would they like to see more of from others?
- How did they participate? Leading/following? Both?
- Where might they be able to step into these ways of being flexible
- That work in order to bounce forward as a family in achieving their 8 week goal?

---

**Activity 2: Family Sculpting (p.40)**

**NOTES:** 45 minutes

**Facilitator Notes:** Provide family opportunity to share with others how they are experiencing the family currently, and how they’d like to ideally be experiencing their family. As the facilitator, look for ways to engage family in discussion of how they can go from where they are to where they want to be. Also, feel free to engage other families watching in what they are seeing, especially in regards to how the sculptor wants things to be.

- If there are more than 4 families, and both facilitators feel comfortable leading the exercise, you could split into two groups to allow for more people to sculpt, and rejoin for the wrap up.
- Chose one family to go first, and ask the other families to help you witness. You want to be sure to give at least one person a chance to sculpt from each family (if time permits). Most likely you’ll get to two-three families if everyone stays together.
- If a sculptor is “missing” family members, have them chose volunteers to play the roles from other families. Recommend that you check in with the actual family members in part one and two versus the stand-ins.
- Look for and highlight positives that the family want from one another.
- Tip: Start with the most honest person (kids are typically great to start).

**ACTIVITY: PART ONE**

**Sculptor**

Ask the first person to sculpt their experience with their family, i.e. who would be where, doing what, how would their facial expressions be, would there be movement, etc.? It’s okay to coach.

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them along. Once they position the people physically, including facial expressions, check in with
the sculptor how it feels for them to be with their family this way.
• How is it to sculpt them, and how is it to be a part of their family?

Other Family Members
You can also ask the others, how it feels to be wherever they have been assigned?

ACTIVITY: PART TWO
Sculptor
If you could sculpt them how you wish it would be, how would it be different?

Questions:
• If you could say whatever you wanted to say to them, what would you say?
• “If I could make that happen I would...” LOOK FOR AT LEAST ONE FORWARD STATEMENT.
• How was that for you?

Other Family Members
Ask how they are experiencing it?

Sculptor  Ask how it is for them to hear from family?

THEN Switch sculptor (If there is time).
The BFF groups focus on six key principles designed to help your family gain the skills needed to bounce forward and meet your 8-week goal together:

**CONNECTION**
Mobilize families to support one another through attention to spiritual growth & flexibility of family rituals.

Being connected means many things. It means we can bank on having the mutual support of others. It also means they can bank on us providing support to them. The level of support we are willing to give and receive says a lot about our level of commitment to others.

Being connected means that we know how to work with those we are connected. Sometimes this means family or kin, other times this means employers, neighbors, managers, and other community members.

Being connected also means that we know how to show respect for others. Not everyone we are connected to thinks, believe, or act the same we do, and that’s okay. We have our beliefs, they have theirs, and that’s okay too. When we encounter differences, we know how to work around them.

Finally, being connected means that even when we are disconnected or hurt by others, we know how to mend those relationships. Even if the people at the other end don’t want to make the relationship better, we can try all the same.

**SPIRITUALITY: FAMILY VALUES**
We also explore spirituality as it relates to family values, as many families report that being a part of a spiritual community is highly supportive, regardless of your religious orientation. By increasing your level of social support through the BFF groups, you not only increase your chances of moving past the need for public housing assistance, you also increase your overall sense of resilience.

**NOTES OR QUESTIONS?**

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NOTE: 10-15 minutes

SPARK A CONVERSATION: Please read and answer the following questions as a family. Choose one person to write & share responses with group.

SPIRITUALITY
DEFINITION: “That which connects one to all there is.” Involves acting upon deeply held beliefs that bring a sense of meaning, wholeness, and connection to others. Acting upon may include praying, gardening, writing poetry, singing, decorating, cooking for others, attending church, etc.

YOUR FAMILY DEFINITION-- What does spirituality mean to you and your family?

• Are there any people, beliefs, or activities that have helped strengthen your family through hard times? Please list:

• Are there any resources that exist in your faith community that may be helpful to you? Please list:

FAMILY VALUES
DEFINITION: Things or rules that we believe in and agree to live by in our family.

• What are some of the most important values for your family? Please list:

• Are the values you listed similar or different from the home you grew up in?

• What are some of the specific behaviors you do now to instill these values in your children? Please list:

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Activity: Family Values Poster (p.43)

NOTES: 30 minutes

Supplies Needed:
- Poster board for activity (One per family)
- Colored markers/crayons

Work together to create your Family Values Poster.

Across the top you should include a family motto, which reflects your values. For example, “all for one and one for all” or “Together we can!” or “We're in it to win it” The poster should capture the top ten values you all share as a family, including spiritual values if you share them. This will be decorated with images, words and colors that are meaningful to your family. Once you've agreed upon these 10 values, each person should participate in making the poster. Together you will present it to the group.

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Last Session (p.44)

As an open group, when a family completes their program cycle, we will take a few moments to celebrate and acknowledge their success and contribution to the group as they graduate from the group.

As a group we will do a special ritual aimed at highlighting how far you’ve come as a family and blessings for your future. You will receive a family certificate of completion. We also look forward to hearing what your next steps will be (See next page Wrap Up Survey). All families will complete a Bouncing Forward Family Blessing form (Appendix B) for each family completing and bring it to their last session. If completing your family will complete the activity below.

Facilitator Note: Families will complete on a rolling basis, therefore you will want to plan 5 minutes minimum-10 minutes maximum for each family completing. Be sure to hand out the “Bouncing forward together blessing” form (Appendix B) to all families not graduating & draw families attention to activity below on week 7, and ask them to fill it out and bring it with them the following week for the family finishing.

Activity: Write a Letter to Our Future Family (p.44)

**DIRECTIONS:** Sometime during your seventh week you will set time aside as a family to write a brief letter. Imagine you are writing to your family, but it’s now five years in the future. The good news is your future family has met your goals from your 5 year plan. Take a few minutes to talk together as a family about how life will be different then. Then, together as a family write a letter thanking your future family for meeting all of your five-year goals. In the letter make sure to include the following points:

1) Begin by congratulating everyone in the family for meeting your five-year goals. State each goal that was achieved and how each family member helped the family meet the goals.
2) Talk about how your family came together to overcome any barriers.
3) Also write something about what you learned about your family’s strengths as you met your goals.

Write it as if they have already happened (Be Positive)! Bring it to your final 8th BFF session. You will choose someone in your family to read it in front of the group as a way of acknowledging your success.

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NOTES: 30 minutes

This is the final wrap up time. Your family’s input regarding the following questions is incredibly helpful for program improvements. Thank you.

1. **BFF SESSIONS.** Please write in which week (1-8) you completed each session below, along with checking any sessions that had a significant impact on your family. Under the Takeaway column please write briefly what you learned, or are taking forward from the impactful sessions:

<table>
<thead>
<tr>
<th>WEEK</th>
<th>SESSION FOCUS</th>
<th>IMPACT</th>
<th>TAKEAWAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Bright Side:</strong> What’s working?</td>
<td></td>
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<tr>
<td></td>
<td><strong>Emotional Safety:</strong> Create permission to speak openly &amp; honestly</td>
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<tr>
<td></td>
<td><strong>Responsibility:</strong> Everyone contributes</td>
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<td></td>
<td><strong>Strengths:</strong> Build one another up</td>
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<td></td>
<td><strong>Perspective:</strong> Expand the lens</td>
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<td></td>
<td><strong>Collaborative Problem Solving:</strong> Agree on point of change</td>
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<td></td>
<td><strong>Flexibility:</strong> Promoting stability through rituals</td>
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<td></td>
<td><strong>Spirituality:</strong> Family values</td>
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</table>

2. What is one thing that each of you liked about the group as a whole (things that happened between families, conversations that took place, thoughts that were expressed)?

3. What is one thing that you learned about your family during this program?

4. If you could change one thing about this program, what would that be?

5. What will life for your family look like after this program? What will be different?

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FAMILY GOAL CHECK-IN WEEK #2
(p.8)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five minutes of group. In just a moment all families will be asked to share what you’ve written (the bolded questions below), and it’s a great time to make requests for support and celebrate successes.

FINAL Family Goal: ______________________________________________________

DATE: ________________ WEEK #2

Family good news: ______________________________________________________

Last Week’s Goal: _____________________________________________________

• This goal was accomplished: YES_____ NO_____

• If Yes, what resources did you use to accomplish this? _______________________

This Week’s goal: _______________________________________________________

What resources will you need to accomplish this goal (people, technology, etc)?

Resource 1____________________________________________________________

Resource 2____________________________________________________________

Resource 3____________________________________________________________

How can family (especially kids), group members & friends help you reach this goal this week?

1.______________________________________________________________

2.______________________________________________________________

3.______________________________________________________________

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FAMILY GOAL CHECK-IN WEEK #3
(p.9)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five
minutes of group. In just a moment all families will be asked to share what you’ve written (the
bolded questions below), and it’s a great time to make requests for support and celebrate
successes.

FINAL Family Goal _______________________________________

DATE: ______________ WEEK #3

Family good news: _______________________________________

Last Weeks Goal: _______________________________________

• This goal was accomplished: YES_____ NO____
• If Yes, what resources did you use to accomplish this? _______________________

This Week’s goal: _______________________________________

What resources will you need to accomplish this goal (people, technology, etc)?

Resource 1______________________________________________

Resource 2______________________________________________

Resource 3______________________________________________

How can family (especially kids), group members & friends help you reach this goal this
week?

1._____________________________________________________

2._____________________________________________________

3._____________________________________________________

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FAMILY GOAL CHECK-IN WEEK #4
(p.10)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five minutes of group. In just a moment all families will be asked to share what you’ve written (the bolded questions below), and it’s a great time to make requests for support and celebrate successes.

FINAL Family Goal: __________________________________________

DATE: _______________ WEEK #4

Family good news: __________________________________________

Last Weeks Goal: __________________________________________

• This goal was accomplished: YES____  NO____
• If Yes, what resources did you use to accomplish this? _________________

This Week’s goal: __________________________________________

What resources will you need to accomplish this goal (people, technology, etc)?

Resource 1________________________________________________

Resource 2________________________________________________

Resource 3________________________________________________

How can family (especially kids), group members & friends help you reach this goal this week?

1. _______________________________________________________

2. _______________________________________________________

3. _______________________________________________________

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FAMILY GOAL CHECK-IN WEEK #5
(p.11)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five minutes of group. In just a moment all families will be asked to share what you’ve written (the bolded questions below), and it’s a great time to make requests for support and celebrate successes.

FINAL Family Goal

DATE: ________________ WEEK #5

Family good news:

Last Weeks Goal:

- This goal was accomplished: YES____ NO____
- If Yes, what resources did you use to accomplish this?____________________

This Week’s goal:

What resources will you need to accomplish this goal (people, technology, etc)?

Resource 1______________________
Resource 2______________________
Resource 3______________________

How can family (especially kids), group members & friends help you reach this goal this week?

1.______________________________
2.______________________________
3.______________________________

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FAMILY GOAL CHECK-IN WEEK #6
(p.12)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five minutes of group. In just a moment all families will be asked to share what you’ve written (the bolded questions below), and it’s a great time to make requests for support and celebrate successes.

FINAL Family Goal

DATE: ____________ WEEK #6

Family good news:

Last Weeks Goal:

• **This goal was accomplished:** YES____ NO____

• If Yes, what resources did you use to accomplish this?____________________

This Week’s goal:

What resources will you need to accomplish this goal (people, technology, etc)?

Resource 1__________________________________________

Resource 2__________________________________________

Resource 3__________________________________________

How can family (especially kids), group members & friends help you reach this goal this week?

1.__________________________________________

2.__________________________________________

3.__________________________________________

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FAMILY GOAL CHECK-IN #7
(p.13)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five minutes of group. In just a moment all families will be asked to share what you’ve written (the bolded questions below), and it’s a great time to make requests for support and celebrate successes.

FINAL Family Goal:__________________________________________

DATE: _______________ WEEK #7

Family good news:__________________________________________

Last Weeks Goal:__________________________________________

• This goal was accomplished: YES____ NO____

• If Yes, what resources did you use to accomplish this?______________________________

This Week’s goal: Write letter to our future family (See page ) & ____________________

What resources will you need to accomplish this goal (people, technology, etc)?

Resource 1__________________________________________

Resource 2__________________________________________

Resource 3__________________________________________

How can family (especially kids), group members & friends help you reach this goal this week?

1.__________________________________________

2.__________________________________________

3.__________________________________________

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FAMILY GOAL CHECK-IN #8  
(p.14)

DIRECTIONS: Please take a moment and fill this out completely as a family within the first five minutes of group. In just a moment all families will be asked to share what you’ve written (the bolded questions below), and it’s a great time to make requests for support and celebrate successes.

FINAL Family Goal: ________________________________________________________________

DATE: _______________ WEEK #8

Family good news: ________________________________________________________________

Last Weeks Goal: ________________________________________________________________

• This goal was accomplished: YES____ NO____

• If Yes, what resources did you use to accomplish this? ________________________________

Our Next Steps: __________________________________________________________________

What resources will you need to accomplish these next steps (people, technology, etc)?

Resource 1______________________________________________________________

Resource 2______________________________________________________________

Resource 3______________________________________________________________

How have family (especially kids), group members & friends helped you meet this goal?

1.______________________________________________________________

2.______________________________________________________________

3.______________________________________________________________

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Appendix A: Daily Affirmations (p.47)

Supplies:
- 3x5 cards or post-it notes
- pencils or markers

Start each day with a positive phrase that will help you to stay focused and positive throughout the day. Select a phrase and describe in one sentence what this means to you on your 3x5 card.

1. I am special. I am somebody.
2. We can do anything we put our minds to
3. We have to 1st believe it to achieve it
4. We are more than a survivor we are successful
5. The past is just another lesson to help me to become wiser
6. Doubt is not an option we refuse to embrace it
7. When we think positively we get better results then when we think negatively
8. We will persevere
9. We are healthy and happy
10. “Whether we believe we can or we can’t we are right.”
11. We walk by faith not by sight
12. Think best, talk best, aim for the best never settle for less why I deserve it
13. We are on my way to living our best lives ever
14. We are successful
15. We will no longer let the past steal my promising future
16. We love life, we love each other
17. We are capable and we are competent
18. Things will get better each day
19. We will always make mistakes the key is to learn from them
20. “We are the product of our thoughts, what we think is what we will become.”
21. We chose the life we live, we can only control ourselves.
22. Life happens, it’s not about what happens it is about how we cope with it
23. Successful people keep moving they make mistakes but they don’t quit
24. We need to have an attitude of gratitude and appreciate the small things
25. We are winners at the game called life it just takes time
26. Tomorrow is another day so we need to live for today
27. Tough times never last, but tough people do
28. “Crisis” can mean danger or opportunity we choose to see this experience as an opportunity
29. “It is never too late to become the person I might have been”
30. Failing is not an option we will press forward towards the mark
31. The only true failure is if we never try so we will give it my best effort

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Appendix B: Bouncing Forward Family Blessing (p.48)

You will spend this week thinking about the family who is completing next week. One family will present this family with the certificate of completion, and prepare a short presentation about the family using the following questions below. You are encouraged to use a separate piece of paper to write answers on & to give to family completing.

FAMILY NAME: _________________________________________

Individuals in the family: _________________________________________

1. What is one positive strength that this family has shown consistently during the 8 weeks?

2. What is one barrier that you saw them encounter?

3. How did the family overcome this barrier?

4. What is one thing that you admire about each individual in the family?

5. What is one thing that admire about the family as a whole?

6. What is one hope or dream you have for this family after they leave the group?

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