



# Report

June 2001

Volume 46:2

## IN THIS ISSUE: Family Focus On...

### Stress and Resilience *pages F1-F24*

Each June,  
Family Focus presents articles  
that complement the  
annual conference theme,  
which this year is "Families,  
Stress and Coping: Bridging  
Theory and Practice."

In this issue, we explore  
various stresses — including  
poverty, war and immigration,  
chronic illness and disability —  
experienced by families and  
children. We also explore ways  
of coping and programs that  
help foster resilience.  
As always, we welcome  
your comments.

## NEXT ISSUE: Violence Prevention

## 2001 NCFR Election Results Announced

### BOARD MEMBERS ARE:

Gay C. Kitson, Ph.D., Professor of  
Sociology, University of Akron, was elected  
President-elect succeeding Carol Darling.  
Dr. Kitson will serve as President-elect from  
2001-2003 and will serve as NCFR



Gay C. Kitson, Ph.D.

President from 2003-  
2005. She has served  
as Chair, 2001 NCFR  
Annual Conference  
Program; Chair, NCFR  
Executive Director  
Search Committee;  
NCFR Treasurer;  
Member, NCFR Long-  
Range Planning  
Committee; Chair,  
Theory Construction  
and Research Methodology Workshop;  
Chair, Nominating Committee, Research  
and Theory Section; Associate Editor,  
*Journal of Marriage and Family*, Associate  
Editor, *Journal of Family Issues*.

At-Large Board members elected for  
the 2001-2004 term are:

- **Leslie A. Koepke, Ph.D.**, Professor of  
Family Studies, University of Wisconsin-  
Stout. She has served as Chair, Vice  
Chair, and Secretary/Treasury of the  
Family Policy Section; Co-chair,  
Work/Family Focus Group.
- **Judith A. Myers-Walls, Ph.D., CFLE**,  
Associate Professor and Extension  
Specialist, Department of Child  
Development and Family Studies, Purdue  
University. She has served as Vice  
President, NCFR Annual Conference  
Program; Program Chair, Association of  
Councils; Chair, Education and  
Enrichment Section; Chair, Task Force to  
Review the Certified Family Life  
Educator Program; Secretary/Treasurer,  
Education and Enrichment Section;  
Program Chair, Affiliated Councils;  
Program Chair, President, and Secretary,  
Indiana Council; Member: Education and

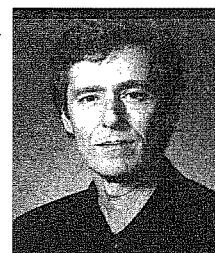
*Election Results continued on page 2*



Leslie A. Koepke,  
Ph.D.



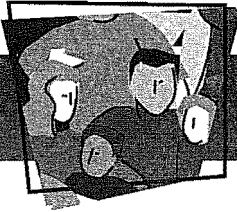
Judith A. Myers-  
Walls, Ph.D.



Paul Amato, Ph.D.



Raeann Hamon,  
Ph.D., CFLE

**ELECTION RESULTS** *continued from page 1*

Enrichment, Feminism and Family Studies, and International Sections.

- **Paul Amato, Ph.D.**, Professor of Sociology, Demography, and Family Studies, Pennsylvania State University, has been elected **Program Chair-elect 2001-2002**. He will be the 2003 Conference Program Chair.

Amato has served as: Chair, Burgess Award Committee; Chair, Research and Theory Section; Search Committee for *Family Relations* editor; Burgess Award Committee; Publications Committee; Conference Planning Committee; Reuben Hill Award Committee. He is a Reuben Hill Award winner.

- **Raeann Hamon, Ph.D.**, CFLE, Professor of Family Studies and Gerontology, and Chair of Behavioral Science Department, Messiah College, has been elected **Association of Councils President 2001-2004**. She has served on the 2001 Program Planning Committee; as Vice Chair and past Secretary/Treasurer, International Section; Member, Feminism and Family Studies Section; Member, Education and Enrichment Section; past President, PA/DE Council on Family Relations; Member, PA/DE CFR Board; and recipient of the Association of Councils 2000 Meritorious Service Award.

**Jennifer S. Parker, Ph.D.**, has been elected **Student/New Professional Program Representative 2001-2003**. She is a Family Therapist, Family Service of Roanoke Valley and Course Instructor, Hollins University.

**SECTION OFFICERS ELECTED WERE:****Family Policy**

**Patricia Hyjer Dyk**, Vice Chair 2001-2003; **Jessica Mills**, Student/New Professional 2001-2003.

**Family Therapy**

**Charles C. Hendrix**, **Candye S. Russell**, and **Elizabeth A. Wieling**, Nominating Committee 2001-2003.

**Feminism and Family Studies**

**Anisa M. Zvonkovic**, Chair 2001-2003; **Kristine M. Baber**, Vice Chair 2001-2003; **Ramona Faith Oswald**, Secretary/Treasurer 2001-2003; **Rebecca L. Warner**, Newsletter Editor 2001-2003; **William E. Rose** and **Kimberly A. Updegraff**, Student/New Professionals 2001-2003.

**International**

**Jacki Fitzpatrick**, Chair 2001-2003; **Colleen Murray**, Vice Chair 2001-2003; **Bahira Sheriff**, Secretary/Treasurer 2001-2003; **Paul L. Schvaneveldt**, CFLE, Student/New Professional 2001-2003.

**Religion and Family Life**

**Curtis A. Fox**, CFLE, Chair 2001-2003; **Barbara Couden**, Secretary/Treasurer 2001-2003; **Ken Greene**, CFLE, Student/New Professional 2001-2003.

**Research and Theory**

**Ann C. Crouter**, Chair 2001-2003; **Mark J. Benson**, Vice Chair 2001-2003; **Heather Helms-Erickson**, Secretary/Treasurer 2001-2003; **Susan Takigiku**, Student/New Professional 2001-2003.

**Report**

of The National Council on  
Family Relations

Mission Statement for the Report:

*REPORT, the quarterly newsletter of the National Council on Family Relations, strives to provide timely, useful information to help members succeed in their roles as researchers, educators, and practitioners. Articles address family field issues, programs and trends, including association news.*

President: **Stephen R. Jorgensen**  
Editor: **Michael L. Benjamin**  
Managing Editors: **Sasha A. Smith** and  
**Doris A. Hareland**

Topics Feature Writer: **Nancy Giguere**  
Layout: **Michele Dettloff Design**

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**NEWS DEADLINES:** January 8 for March issue; April 9 for June issue; July 9 for September issue; October 15 for December issue.

One copy of any portion of this publication can be made for personal use. Additional reprints of this publication are available by contacting NCFR headquarters at the address above. Bulk rates available.

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**National Elections Council** members elected to 3-year terms (2001-2004) are:

- **Roger H. Rubin, Ph.D.**, Associate Professor of Family Studies, University of Maryland; and
- **Norma J. Burgess, Ph.D.**, Professor and Department Chair, Department of Child and Family Studies, Syracuse University.

**National Fellowship Committee** members elected to 2-year terms (2001-2003) are:

- **Harriette P. McAdoo, Ph.D.**, University Distinguished Professor of Family and Child Ecology, Michigan State University;
- **Katherine R. Allen, Ph.D.**, CFLE, Professor, Human Development, Virginia Tech; and
- **Lawrence A. Kurdeck, Ph.D.**, Professor of Psychology, Wright State University.

# NCFR Fellows Sought

**Y**ou must know someone who deserves to be awarded the honorary title of NCFR Fellow for their outstanding contributions to the field of family studies through teaching, scholarship, outreach or professional services! If you do, would you consider nominating that outstanding person?

## WHAT IS FELLOWSHIP STATUS IN NCFR?

Fellowship status in NCFR is an honor awarded to relatively few members of NCFR who have made outstanding and enduring contributions to the field of the family in the areas of scholarship, teaching, outreach or professional service, including service to NCFR. By definition, outstanding contributions are those that have had a broad impact on the field and are enduring over time. These contributions occur infrequently. No more than 1% of the number of members in NCFR will be awarded fellowship status in any one year.

Examples of outstanding contributions having an enduring impact on the field include, but are not limited to:

- Published scholarship that has

reshaped or shaped the field of family relations.

- A history of innovation or influential workshop presentation in an area of the family beyond the local level.
- The development and implementation of innovative, novel or significant interventions or programs designed to promote healthy family relations.
- The development and implementation of innovative curricula for training professionals in the area of family science.
- The development of innovative social policy relevant to families.
- A consistent record of superior contributions to NCFR over time.

## WHAT ARE THE CRITERIA FOR FELLOWSHIP STATUS?

Fellowship status in NCFR is an honor awarded to relatively few members of NCFR who have made outstanding and enduring contributions to the field of the family in the areas of scholarship, teaching, outreach or professional service, including service to NCFR.

- Must be nominated by another NCFR

member.

- Must have at least 10 years of professional experience after the receipt of the appropriate graduate or professional degree.
- Must have been a member of NCFR for at least 5 continuous years at the time of nomination.
- Must have the endorsement of three individuals (including the nominator), at least two of whom are NCFR members, who describe the outstanding nature of the nominee's contributions.
- Must have a consistent record of superior contributions to NCFR over time.

Please send your nominations to NCFR at [jryberg@ncfr.org](mailto:jryberg@ncfr.org). NCFR will reply with further instructions on getting started and the information on membership status. We are trying to build this special recognition to further the legacy of outstanding members of NCFR. Let us hear from you!

Peggye Dilworth-Anderson, Chair  
NCFR Fellowship Committee  
E-mail: [p\\_dilwor@uncg.edu](mailto:p_dilwor@uncg.edu)

# Highlights from 2001 Public Policy and Education Conference

- Public Policy Committee elected Committee Chair Thomas Chibucos, Ph.D., Bowling Green State University. Walter Kawamoto, Ph.D., CFLE, California State University-Sacramento, was elected Vice-chair.
- Attendees met with more than 33 congressional offices representing 23 states, bringing NCFR's policy document *Public Policy Through a Family Lens: Sustaining Families in the 21st Century* into the hands of Washington decision makers.
- Representative Nancy Johnson (R-CT) received NCFR Special Service to Families Award.
- Eye-opening keynote speaker Eleanor Clift, Contributing Editor for *Newsweek*, and weekly panelist on *The McLaughlin Group*.
- Outstanding Hill visit orientation led by Lauren G. Fasig, Director of the Office for Policy and Communication with the Society for Research in



Congresswoman Nancy Johnson (R-CT) received a Special Service to Families Award. From left to right: Michael Benjamin, Representative Johnson, Steve Wisensale, Stephen Jorgensen.

Child Development and Theodora Ooms, Senior Policy Analyst at the Center for Law and Social Policy and Director of the Couples and Marriage Policy Resource Center.

- Highlighted speakers included:
  - Joan Entmacher, Vice President and

## Plan Ahead and Mark Your Calendars!

**April 18-19, 2002:  
NCFR Third Annual  
Public Policy and  
Education Conference  
in Washington, D.C.**

Director of Family Economic Security at the National Women's Law Center

- Shawn Fremstad, Senior Policy Analyst for the State Low-Income Initiatives Project at the Center on Budget and Policy Priorities
- Marilyn Moon, Senior Fellow at the Health Policy Center at The Urban Institute
- Deborah A. Phillips, Chair of the Department of Psychology at Georgetown University
- Virginia P. Reno, Director of Research for the National Academy of Social Insurance
- C. Eugene Steuerle, Senior Fellow at The Urban Institute



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# Call for Papers

## Special Issue of *Family Relations*

### The Intersection of Families and the Law

#### Guest Editors:

Tammy L. Henderson, Virginia Tech University  
Pamela A. Monroe, Louisiana State University

Over the past decade, family professionals expanded their knowledge base on public policy issues (Ganong, Coleman, & Demo, 1995). Family scientists wrote about careers in family policy (Monroe, 1988), the role of family science in the policy arena (Monroe, 1995), and various family law concerns (e.g., Fine & Fine, 1992; Purnell & Bagby, 1993). With our increased understanding of family policy, we propose to turn our attention to a related field, family law. From 1989-1999, only 12 articles in *Family Relations* focused primarily on family case law. During this same period, state and federal courts issued many important decisions affecting family life and the legal context in which families live. We echo Walters' (1983) call of nearly two decades ago for increased involvement of family scholars with the courts as researchers, advocates, and instruments of influence. Consequently, the proposed special issue attempts to (a) increase family professionals' knowledge of contemporary family law cases and issues, (b) create a set of articles for use by family science professionals, and (c) provide additional insights into family scientists' roles in family law domains.

In collaboration with the Editor of *Family Relations*, Kay Pasley, the Guest Editors of this special issue, Tammy L. Henderson and Pamela A. Monroe, seek articles that examine the intersection of family law with human and family ecology. The Guest Editors are particularly interested in articles that critically examine how family case law impacts families in their various ecological settings such as homes, schools, or communities. Articles that examine the historical and contemporary contexts of family case law are welcome. Submissions for this special issue may include but are not limited to the following substantive topics: adoption, custody rights, parental rights, stepfamily formation and rights, divorce, welfare reform laws and devolution, gay and lesbian families, euthanasia, guardianship, and grandparent visitation rights.

Instructions to authors are published annually in the January issue of *Family Relations* and on the National Council on Family Relations' website: [www.ncfr.org](http://www.ncfr.org). If you would like to discuss possible topics, contact Dr. Tammy Henderson at Virginia Tech University, Dept. of Human Development (0416), Blacksburg, VA 24061. Telephone: 540-231-2701 (OFFICE) or 540-231-7012 (FAX). She also may be contacted via electronic mail at: [thender@edu](mailto:thender@edu). **Deadline for submissions is September 1, 2001.** Anticipated publication is January 2003.





# Executive Review

## Taking Our Message to the Hill

If we as a national organization are concerned about national issues impacting on families, then we need to address these concerns. One of the best ways to do this is by contacting our representatives and senators on the state and federal level.

At NCFR, we believe that "Families must be a national priority if we are to effectively deal with the multitude of problems in our society today." Members need to act on that belief by urging decision-makers at all levels of government to recognize the complexity and variety of family forms. We should also urge policymakers to design programs and policies that help all types of families to achieve a full measure of social and economic well-being.

Recent data from the U.S. Census Bureau show that although the percentage of children living in traditional two-parent families rose during the 90s, considerable increases occurred within other parental variations as well — stepparents,

adoptive, foster, and multigenerational or cohabitating parents ([www.census.gov/prod/2001pubs/p70-74.pdf](http://www.census.gov/prod/2001pubs/p70-74.pdf)). Researchers are studying the effect of these new configurations on family life and stability, as well as the effect of public policy on all families — "old" and "new," rich, poor, and in-between.

But if this research is not readily available to policymakers, it cannot influence policy. In our publication *Public Policy Through a Family Lens: Sustaining Families in the 21st Century*, we have attempted to make family research findings available to the new administration and members of Congress in a format they can easily understand. In this document, outstanding family scholars and researchers discuss major issues that require attention by policymakers. We have also included a checklist developed by Theodora Ooms, Stephen Preister and their Family Criteria Task Force.

Based on our advisory committee recommendations, we divided our report into four areas that are crucial to sustaining families:

1. what children need to get a good start,
2. what parents need to raise healthy and productive children,
3. what adolescents need to become competent and productive adults, and
4. what living longer means to families.

Each section sets forth the most important issues, examines trends that policymakers should consider and recommends policy issues to be addressed.

In the preface, NCFR President Steve Jorgensen raises these questions:

- What can government and community institutions do to enhance the family's capacity to help it and others?
- What effect does this policy have for families? Will it help or hurt, strengthen or weaken family life?

In her introductory essay, Arlene Skolnick points out that today's policymakers must deal with two important questions:

- How will families do their work of

caring and nurturing now that most women are working?

- How can a competitive, information-based economy create the conditions needed to sustain and nurture families?

### WHAT CHILDREN NEED TO GET A GOOD START

Martha Farrell Erickson points out that children need a healthy birth, a strong bond with at least one parent, good quality care and education, and freedom from family violence.

To assure that babies and young children get off to a good start, policymakers must address the need for

- resources and education for new and expectant parents,
- quality control requirements and better funding for child care,
- accessible health care, and
- more effective and long-term approaches to reducing the number of children who live in poverty.

### WHAT PARENTS NEED TO RAISE HEALTHY AND PRODUCTIVE CHILDREN

Ralph LaRossa affirms that to sustain themselves and nurture their children, parents need good jobs that pay a living wage and that allow them time at home with their children. Parents also need affordable housing, reliable health-care coverage, good quality day care, supervised programs for their school-age children and effective community schools.

Policymakers must

- make work pay by raising the minimum wage, expanding Earned Income Tax Credits and re-examining welfare-to-work policies;
- provide more housing assistance for poor families;
- create a system that would provide health care coverage for all families;
- create more and better extended-day and extracurricular programs for grade-schoolers and preteens; and
- foster better outreach to parents on the part of school administrators.

*Executive Review continued on page 6*

## HOT TOPICS

### Teleconferences

*Held on the first Friday of each month.  
Topic is announced 2 weeks prior to each teleconference.*

### NOTICE!

*Hot Topics will be on vacation for the summer.*

**July 2001**

no teleconference

**August 2001**

no teleconference

### MARK YOUR CALENDAR!

*The next teleconferences will be held on:*

**September 7, 2001**

11:00 a.m. CDT

For up-to-date *Topics* and registration information, visit our website at [www.ncfr.org](http://www.ncfr.org) or contact Michael L. Benjamin at [mbebenjamin@ncfr.org](mailto:mbebenjamin@ncfr.org). Deadline to register is 24 hours prior to teleconference.

## EXECUTIVE REVIEW *continued from page 5*

### WHAT ADOLESCENTS NEED TO BECOME COMPETENT AND PRODUCTIVE ADULTS

Norma Burgess and Ambika Krishnakumar point out that adolescents need access to parents and parental supervision; freedom from violence both at home and at school; a strong connection to their school; and an opportunity to become productive workers.

Policy makers must address the need for

- flexible, family-friendly policies in the workplace so that parents can spend time with their adolescent children,
- more positive, adult-supervised activities for teens,
- a comprehensive school-to-work system,
- a national gun control policy to discourage guns in the home, and
- holistic educational settings that meet both the academic and developmental needs of adolescents.

### WHAT LIVING LONGER MEANS TO FAMILIES

Vern L. Bengtson and Pauline Boss note that extended families no longer look

like pyramids with one elder at the top, followed by three to nine children and 20 to 30 grandchildren. Today's families are more like four-generation beanpoles with elders living longer and fewer members of each subsequent generation.

Society needs to acknowledge the importance of intergenerational linkages and the role that grandparents and great-grandparents play in providing family stability. Also needed is help for grandparents who are raising grandchildren, assistance for children and grandchildren who are caring for their elders, and better supportive care for the dying.

Policy issues to be addressed include:

- Medicare and Medicaid payment for assisted living and specialized Alzheimer's care,
- Medicare support for long-term hospice care,
- a restructuring of Social Security that will take into account changes in the family structure since 1939,
- legal recognition and support for biological and steprelatives who are parenting children who were not "born to them."

### A CHECKLIST FOR ASSESSING THE IMPACT FOR POLICIES ON FAMILIES

We include this important checklist developed by the Family Criteria Task Force to assess both the intended and unintended consequences of policies and programs on family stability, relationships and responsibilities. This tool reflects a broad nonpartisan consensus, and it can be useful to policymakers across the political spectrum.

As Steve Jorgensen said in the March 2001 issue of *Report*, "NCFR should be a key consultant to decision-makers on all levels as they shape, reshape and implement policies..." So as we take our message to the "hill" of congressional offices at the national level or to legislators at the state level, let us remember that we have the tools. And let us figure out how these policy-makers can make use of these tools to focus on family well-being as they deliberate and draft new legislation.

Michael L. Benjamin, M.P.H.  
NCFR Executive Director  
E-mail: [mberjamin@ncfr.org](mailto:mberjamin@ncfr.org)

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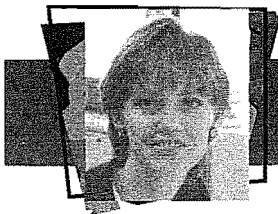
## NCFR REPORT—Family Focus on... Call for Topic Papers

Issue	Topic	Deadline
Sept. 2001	Violence Prevention	July 9
Dec. 2001	to be determined	Oct. 8
Mar. 2002	to be determined	Jan. 8
June 2002	to be determined	April 9

We continue to welcome your suggestions and offers to write or be willing to be interviewed by our journalist, Dr. Nancy Giguere.

If you have data, research or practice articles for any of these topics, or know of outstanding persons who can be interviewed or tapped please call or e-mail Michael Benjamin immediately at 888-781-9331, ext. 21 or [mberjamin@ncfr.org](mailto:mberjamin@ncfr.org).

Let us hear from you about other topics that you would like to see published in the *Report*.



## CFLE Directions

### **JUNE 30, 2001 IS YOUR LAST CHANCE TO APPLY FOR THE CFLE DESIGNATION USING THE CURRENT EXPERIENCE RECOGNITION PROCESS**

The Experience Recognition process was developed to provide established family life education professionals the opportunity to apply for the CFLE designation through a streamlined application process. Applicants meeting the eligibility requirements can often submit a vitae or extended resume to document their background in the ten family life substance areas.

Complete information on the Experience Recognition process is available on the NCFR website at [www.ncfr.org](http://www.ncfr.org). All application materials can be printed out from the website.

This is your last chance to apply for certification using this streamlined process so don't delay.

Please contact me at [Cassidyd@ncfr.org](mailto:Cassidyd@ncfr.org) or 888-781-9331 x 12 if you have any questions.

### **CFLE MARKET ADVISORY COMMITTEE MEETS IN WASHINGTON, D.C. TO DISCUSS SURVEY**

The CFLE Market Advisory Committee met at the Human Resources Research Organization's (HumRRO) headquarters in mid-March to work on the CFLE market survey. The committee, consisting of Carol Darling, Karen DeBord, Aaron Larson, Laura Smart and Anne Stanberry (Bill Doherty was unable to attend), worked to review the draft survey and further identify family life education employers as part of the survey sample. The survey is intended to help NCFR identify the settings in which family life educators work as well as the recognition and perception the CFLE designation has within those settings. The surveys were mailed out in late April. If you receive the survey, please take the time to complete and return it to HumRRO.

### **NCFR AND CFLE TO HOLD INVENTORY REDUCTION SALE**

We need to make room for some new family life education products currently in the works including a selection of CFLE course syllabi based on the ten family life substance areas and a revised and expanded Family Life Education Curriculum Guidelines. So, we've cut prices on some of existing products. As an NCFR member you should have received a sale flyer in late April. If you didn't, or need another copy to share with a colleague, just let us know. We've got some great deals on some excellent resources for family life educators!

*Dawn Cassidy, M.Ed., CFLE  
CFLE Certification Director  
E-mail: [cassidyd@ncfr.org](mailto:cassidyd@ncfr.org)*

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## **Becoming a Successful Family Life Educator – A Special CFLE Marketing Seminar!**

Thursday, November 8, 2001

6:00 – 9:15 p.m.

Rochester, New York

NCFR Annual Conference Pre-conference Workshop

Are you one of the thousands of family life educators who struggle to get your message heard in the community? Do you have difficulty getting people to attend your workshops or want to get more people to attend? Do you want to know how to help others better understand and appreciate your qualifications and the value of family life education? Find out what it takes to be a Successful Family Life Educator by attending this special NCFR pre-conference.

In today's job market, family life educators are not only in need of encouragement, but also concrete and practical

skills to help create, carve, and maintain their rightful place among other family-oriented professionals!

CFLE Linda Petrulo will lead this half-day interactive workshop specifically designed to provide the vital information needed to market yourself and the field of family life education. Packed with real-life examples, marketing techniques, and practical advice, this workshop will help you break through the "invisibility barrier" and gain the professional recognition you rightfully deserve! For more information, contact me at [Cassidyd@ncfr.org](mailto:Cassidyd@ncfr.org) or 888-781-9331, x 12.

# Certified Family Life Educators

Following is a list of Certified Family Life Educators designated since January 15, 2001. [\* - Provisional]

<b>Alabama</b> Malissa Smith J. Blake Snider	<b>Kansas</b> Patricia Gerhardt Jennifer Klingele-Baise * Mary Reece Laura Thomas * Rebecca Wall *	<b>Minnesota</b> Trish Anderson Helga Dale JoAnn Kraft Katinka Pal-Zimny Jane Royse Terri Talley	<b>Oklahoma</b> Glee Abshner Bonnie Blauser Don Hebbert	<b>Utah</b> Susan Blumel Julia Hardman * Jeanne Stevens
<b>California</b> James Furrow	<b>Kentucky</b> Karen Alexander Debra Smith Larson	<b>Mississippi</b> Cheryl Mueller Kris Ramassini	<b>Oregon</b> Ann Burgi * Karen Griffin Rebecca Henshaw * Jan Spencer	<b>Virginia</b> Ann Creighton-Zollar Crystal Duncan Lane * Sara Elliott * Lynette Kimes
<b>Colorado</b> Linda Antoine	<b>Maine</b> William Batson III	<b>Montana</b> Sandra Osborne	<b>Pennsylvania</b> Margaret Brown Kenesta Mack Jason Reazin *	<b>Washington</b> Wilma Dulin Kristine Norelius Hilary Rose
<b>Delaware</b> David Appleby	<b>Michigan</b> Stanley Daniel * Jennifer Fair * Pamela Gilliam * Jane Globig * Jolie Good * Arthur Haywood * Craig Hexham Polly Horton-Krohmer * Kara LaMarre * Terri Riopelle * Nancy Roback * Maureen Smith-Planmondon * William Young *	<b>New York</b> Terry Smith	<b>South Carolina</b> Lisa Cannon Sarah Thomas	<b>West Virginia</b> Phil Adkins
<b>District of Columbia</b> William Northey, Jr.		<b>North Carolina</b> Robert Green Sue Pauley Ruben Viramontez Anguiano	<b>Tennessee</b> Martha Herndon Abraham Hwang * Naomi Larsen Bonita Manson Linda Richey Sarah Shepard *	<b>Wisconsin</b> Peter Fabian Thomas Rinkoski
<b>Georgia</b> Carol Davis		<b>Ohio</b> Janice Chebra Cora Frensh Jean Gerard Gregory Janson Karen Lavender-Lader Alyson Sahil * Laura Stanton Rebecca Walter *	<b>Texas</b> Joyce Armstrong Lawrence Barry Christy Berry * Vickie Copeland Julie Miers	<b>Canada</b> Jennifer Keeping-Benigno Rosanne Lyster
<b>Idaho</b> Barbara Petty				
<b>Illinois</b> Randolph Miota Diane Overgard				
<b>Indiana</b> Candace Croft				

## Call for Papers: Thematic Issue of *Journal of Family and Economic Issues*

"The Dark Side of Risk" • Guest Editor: Mohamed Abdel-Ghany

**R**isky behavior is behavior that might expose a person to loss or injury. In today's society, individuals and families are presented with opportunity to engage in a wide variety of behaviors that can lead to significant loss in financial, family, or personal well-being. Often, society takes a dim view of engaging in these behaviors. Examples of such behavior include but are not limited to participating in lotteries or casino gambling, illegal drug use, smoking of tobacco and drinking alcohol by teens, dropping out of high school, engaging in unsafe sex, sexual abuse, family violence, extra-marital affairs, eating habits that compromise health, and participation in gang-related activities. If, indeed, humans are rational in their choices as economic theory proposed, what factors would motivate participation in activities that

have a high probability of exacting a large cost in terms of loss of finances, health, or close relationship?

The thematic issue will publish original empirical contributions addressing issues related to risky behavior. The focus is on behavior that typically has a negative impact on well-being. The goal is to bring together work from a variety of disciplines that enhance the understanding of the topic.

Each manuscript will go through a blind peer review process. Manuscripts should adhere to the guidelines of the journal. Please submit four copies of your manuscript by March 1, 2002 to:

Dr. Mohamed Abdel-Ghany  
The University of Alabama  
Box 87015  
Tuscaloosa, AL 35487-0158, USA

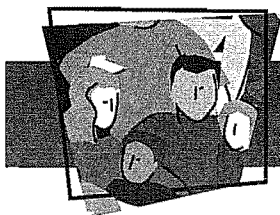
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mabdel-g@ches.ua.edu

**NOTE:** There is no deadline for submissions to regular issues. Manuscripts for regular issues should be sent to:

Dr. Jing J. Xiao, Editor  
*Journal of Family and Economic Issues*  
Department of Human Development  
and Family Studies  
University of Rhode Island  
2 Lower College Road  
Kingston, RI 02881, USA  
401-874-4036  
xiao@uri.edu

The submission guideline and other information about JFEI, including a sample copy of the journal, are available at: <http://www.wkap.nl/journalhome.htm/1058-0476>.





# Members in the News

## Donations

The following persons have contributed donations since February 2001. Their generosity aids NCFR in continuing its programs and awards.



### General Fund

Donald Swenson—Calgary, Alberta, Canada

Helen Westlake—Wheaton, Illinois



### John Lewis McAdoo Dissertation Award

Pauline Boss—St. Paul, Minnesota  
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NCFR Executive Director  
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Minneapolis, MN 55421  
Toll free: 888-781-9331 ext. 21  
or mbenjamin@ncfr.org

## In Memoriam

Richard Kerckhoff, 80, passed away February 13, 2001 after fighting prostate cancer. He was Professor Emeritus at Purdue University. Dr. Kerckhoff was a former president of NCFR and wrote numerous pieces on family life education during the 60s and 70s.

## Headline

"Taking Care After 50: A Self-Care Guide for Seniors" has just been published by Optum, a leader in health education, information and support, in Golden Valley, Minnesota. Marcie Parker, Ph.D., CFLE, served on the Advisory Board as one of the Medical Reviewers for the book. The book deals with such topics as taking charge of your health and lifestyle choices, common health problems for seniors, how to handle emergencies and first aid, staying safe from accidental injuries and crimes, mental health issues, and sections for men only and women only. 

## ON THE NET



Access NCFR's website at: [www.ncfr.org](http://www.ncfr.org)

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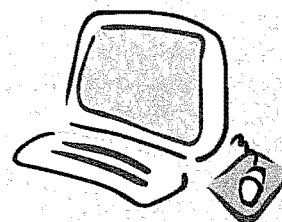
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[sjorgen@uark.edu](mailto:sjorgen@uark.edu)

## NCFR ON THE WEB



### Accessing NCFR Online Journals

To access NCFR online journals, members will need to enter a *Username* and *Password*.

For the *Username*: enter your Membership ID number. This number is listed on your member ID card as well as the journal and Report mailing labels.

For the *Password*: enter your last name in capital letters as it is listed on your member ID card and the mailing labels.

### Accessing NCFR Members Area

To access the NCFR website "Members Area" will require you to have a *Username* and *Password*.

The first time you enter NCFR's "Member Area" you will be required to setup a login using your Member ID number and zip code. This login process will generate your *Username*.

Thereafter, the *Username* will be the e-mail address that you have submitted to NCFR.

The *Password* will be whatever you desire.

That's it!

If you have problems logging in, please contact John Pepper at [pepperw@ncfr.org](mailto:pepperw@ncfr.org)!



# Annual Conference



**A**s this is going to press, a revival of the Stephen Sondheim musical "Follies" just opened on Broadway. A song in that play, "I'm Still Here" epitomizes the theme of the 2001, November 8 to 11, Rochester, NY NCFR conference, **Families, Stress, and Coping: Bridging Theory and Practice**. In the play, one of the characters, reflecting on her life, sings about its ups and downs, "Good times and bum times, I've seen 'em all, and, my dear, I'm still here....I've run the gambit [of experiences and emotions] from A to Z....I got through all of last year, and—I'm here!"

Few areas in the family field touch us all so extensively—personally and professionally—as stress and coping. How are we and others able to be "still here" caring for our families, doing our work, generally enjoying life, having tackled and overcome personal, social, environmental, and societal assaults on our lives?

This fall's conference is designed to take stock of what we know about stress, coping, and resiliency in families and to examine where experts think this field is moving. The hope is to provide momentum to move the next generation of research and practice in stress and coping forward. Along the way, hopefully, we will be able to pick up a few tips for handling our own professional and family stress—and have time to meet some new colleagues and explore new sights. We'll also have time for our own "stress reducers."

## KEYNOTE PRESENTATIONS

To highlight the conference theme, the keynote presentations will explore three aspects of the stress process.

**Charles Figley**, from the School of Social Work and Director of the Traumatology Institute at Florida State University, will speak about *The Role of Major Life Trauma in Everyday Life*. In his address, Professor Figley will apply the post traumatic stress model, previously applied to events such as war and disaster, to reactions to more general major life stressors such as divorce or death of a child's parents.

A second keynote presentation, by

**Robert Staples** from the Sociology Department at the University of California at San Francisco, is entitled *Black Families and Stress: Close Synonyms of the Third Kind*. He will explore structural, community, and interpersonal aspects of the stress process in this minority group.

Three new National Institute of Mental Health (NIMH) investigators will make the third keynote presentation, *New Advances in Stress and Coping Research and Practice*. The presenters are: **Steven R. H. Beach**, Department of Psychology at the University of Georgia, "Marital Therapy as an Intervention for Depression;" **Benjamin Karney**, Department of Psychology, the University of Florida, "Marriage in Context: Interaction Between Chronic and Acute Stress;" and sociologist **Debra Umberson**, The University of Texas, "Marital Stress over the Life Course: Merging Quantitative and Qualitative Methods." **Frank Fincham** of the State University of New York at Buffalo will be the discussant for this session.

To encourage NCFR members to apply for NIMH awards like those of the keynoters in the session above, **Mark Chavez**, from the National Institute of Health will present, "NIMH Career Development Awards for Basic and Clinical Research." He will also be available on Friday, November 12 for individual discussion and appointments about the possibilities and process of applying for NIMH pre- and post-doctoral, young investigator, and career development awards.

## RESEARCH UPDATES FOR PRACTITIONERS

Research Updates for Practitioners (RUPs) will also explore aspects of the conference theme by looking at family members' responses to stressors. RUPs are designed to provide practitioners and researchers interested in learning more about areas not in their specialties with up-to-date information on important issues in the field and how they might be applied in practice.

These sessions will include an emphasis on the daily events and hassles of family life through sociologist

**Marjorie Devault's**, Syracuse University, talk on "Emotion Work and Family Time Together."

Psychologist **Janice Kielcolt-Glaser**, Ohio State University, in a talk entitled "Love, Marriage, Divorce, and Stress Hormones" will examine the link between physiology and stress in close relationships. **Ritch Savin-Williams**, Human Development, Cornell University, will explore the stresses of establishing one's identity and family responses to this in, "Mom, Dad... I'm Gay: How Families Negotiate Coming Out."

## SPECIAL SESSION AND AWARD PRESENTATIONS

An additional special session by **Brian Vossekuil**, consultant to and former member of the Secret Service, U.S. Department of the Treasury, will explore *Risk Factors and Prevention of School Violence*. The addresses of two NCFR award winners also complement the theme: the Burgess award address of **Mavis Hetherington**, University of Virginia, on her longitudinal divorce and remarriage research and the Marie Peters Award winner, **Hamilton McCubbin**, CFLE, Kamehameha School, Honolulu, Hawaii. His presentation will examine research on stress and coping.

In addition, many of the Sections have special invited guest lecturers. See the highlights in their respective columns throughout this issue. Many of the paper and poster sessions and roundtables this year also highlight research on stress and coping.

## PROFESSIONAL DEVELOPMENT SEMINARS

Because many of us in academic positions have made it through the initial steps in our careers but could still use a little advice and counsel on the next steps, we'll have some professional development seminars in addition to those presented yearly for students and young professionals. For those who have survived tenure and promotion but may still need to achieve that important step of being a full professor, we'll have a session on "Tips on an Application for Full Professor Rank." There will also be

*Annual Conference continued on page 11*

## ANNUAL CONFERENCE *continued from page 10*

a session on "Mid-Career and Retirement Planning." In addition, the new editors of the *Journal of Marriage and Family*, Alexis Walker, Oregon State University, and *Family Relations*, Kay Pasley, University of North Carolina at Greensboro, will discuss how to publish in NCFR publications.

### PRE-CONFERENCE ACTIVITIES

As described more fully elsewhere in this issue, in addition to the always interesting 2-day pre-conference Theory Construction and Research Methodology Workshop (see article on this page), there will be other pre-meeting conferences:

**Work/Life Summit 2001.** This one-day conference is being planned by an advisory committee of Rochester, NY area business persons, the Cornell University Employment and Family Careers Institute, the NCFR Work and Family Focus Group, and NCFR staff. The purpose of the summit is to (1) create an opportunity for dialogue and action between the family research community and work organizations; (2) generate an agenda of how NCFR and the Work and Family Focus Group can be responsive to the needs of large and small work organizations; and (3) create strategies and products responsive to business and labor. Check the NCFR website soon for details of how researchers and the business and labor community are working together to help the lives of families.

The Family and Health and Family Therapy Sections and the Wynne Center of the University of Rochester Medical School are co-sponsoring a half-day session, **Family Interventions with Chronic Conditions Across the Life Span**.

The Association of Councils has arranged a two-day course for practitioners interested in obtaining certification in disaster relief work. The **Red Cross Disaster Mental Health Course** will be led by Jack Hermann from the Department of Psychiatry, University of Rochester Medical Center. Practitioners must make prior arrangements to be eligible for the course and certification. (See AOC President's column on page 15 for more details.)

Two other workshops are tentatively planned, **How to Market a Family Life Education Workshop** and the

**Greater Greensboro Family Life Council's presentation of a Training Workshop for Practitioners.**

### GOOD TIMES

Surveys indicate that one of the major reasons professionals attend national conferences is to network. Voice-, e-, and "snail" mail are just not the same as being able to meet colleagues face-to-face. As in past years, networking opportunities include the President's Reception; the Newcomers' Reception; University Receptions; the dance sponsored by the Students/New Professionals; the Employment Matching Service; and good dialogue in various program sessions. The Rochester Convention Center, connected by walkway to the Rochester Hyatt Regency, the convention hotel, is well laid out and will aid in interaction as well.

In an effort to enhance everyone's opportunity to meet others informally, NCFR is also re-introducing optional tours to special local sights. These include

- (1) the **Circle of Hope Tour** to the Susan B. Anthony House in Rochester, the Women's Rights National Historical Park and Museum, and the Elizabeth Cady Stanton House in Seneca Falls, NY;
- (2) **Mormon Beginnings**, a tour of Palmyra, NY where James Smith received his vision and the Peter Whitmer Farm near Seneca Falls, where the charter was established for what has become the Church of Jesus Christ of Latter Day Saints. The tours to these two locations, each about 35 minutes from Rochester, are scheduled for Saturday afternoon, November 10. For those of you who would like to visit Niagara Falls, we're arranging a trip there on Wednesday, November 10, before the Conference. It is about an hour and a half from Rochester—and well worth the trip—but, bring your mittens! Remember, though, the best view of the Falls is from the Canadian side, so those of you not from the U.S. or Canada will need a visa which you should obtain before going to Rochester. U.S. citizens need proof of citizenship: a Social Security or voter's registration card or a passport.

Other places you may want to see

while in the area include the George Eastman Mansion and Photography Museum, the Corning Glass Museum, and the Baseball Hall of Fame at Cooperstown, NY. There are also a number of good restaurants within walking distance of the hotel.

For more information on the conference and an update on the results of the Program Committee's April 21 meeting in Rochester, check the NCFR website ([www.ncfr.org](http://www.ncfr.org)). Additional information about the conference will be available on the site weekly.

Like the characters in the musical "Follies," we did get "through all of last year." This year's conference is designed to help get us through next year, both professionally and personally. We look forward to seeing you at the conference!

Gay Kitson  
2001 Conference Program Chair  
E-mail: [james.kitson@gte.net](mailto:james.kitson@gte.net)

Cindy Winter  
Conference Coordinator  
E-mail: [wintersc@ncfr.org](mailto:wintersc@ncfr.org)

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## TCRM Workshop

The 31st Annual Theory Construction and Research Methodology Workshop (TCRM) will meet on November 6th and 7th, 2001. Established in 1970 by Reuben Hill as a pre-conference event, the mission of the TCRM is to facilitate the development and advancement of theory and methodologies relevant to the study of the family. The TCRM strives to create an environment of discovery, intellectual challenge and debate for authors and colleagues who have "works-in-progress" that could benefit from the collective wisdom and critique of informed scholars. Papers in developmental stages are duplicated and distributed to all TCRM registrants. Two formal discussants join an informed audience to dialogue about the papers presented. To join in the exchange of ideas on cutting edge theory and methodology in the family field contact Program Chair David G. Fournier (405-744-8351; [frddgf@okstate.edu](mailto:frddgf@okstate.edu)). The cost for all papers and attendance is \$40.



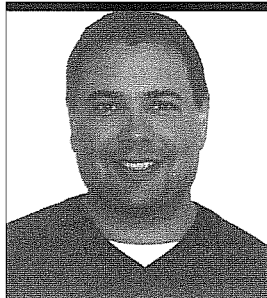
# The Influence of Family on the Development of Humorous Coping Skills of College Freshmen

by Gregory P. Hickman, Ph.D., Department of Psychology; & Mary K. Starr, psychology major, Grand Canyon University

Going away to college ushers in a new developmental stage of life. Freshmen face new levels of independence, uncertainty and anxiety. Recent studies show that about 60 percent of entering freshmen leave college without obtaining a degree, and most do so during the first two years.

Traditional explanations of college

success rely on academic factors such as high school rank, GPA, and SAT or ACT scores. Newer studies, however, suggest that psychosocial factors may play as important



Gregory P. Hickman, Ph.D.

a role as academic factors. Some studies have examined the relationship between parents and their college-aged children as a predictor of academic outcomes. For example, authoritative parenting has been found predictive of overall initial college adjustment among traditional college freshmen. But although researchers have explored college adjustment, the role of humor as a stress reliever in initial college adjustment has been understudied.

The study of humor from an epidemiological perspective began over 100 years with the work of Spencer, who hypothesized that humor is a release of built-up tension and energy. Borrowing from Spencer, Freud expanded this view by examining the role of humor as a coping mechanism that reduces emotional stress.

## HUMOR AND ACADEMICS

Very little research has been done on humor and college adjustment. Indeed, the majority of research on humor and academic adjustment has focused on students in primary and secondary school. For example, researchers have found that when teachers employed humor in the classroom setting, students performed better and got higher

grades. One study of teaching strategies examined humor as a method of reducing tension and anxiety among college students. As expected, the students whose teachers used humor demonstrated better attitudes toward the course and were less anxious than students whose teachers did not use humor. And college students who demonstrated higher levels of humor actually performed better on classroom tasks.

Because incoming college freshmen are exposed to new surroundings and must deal with increased freedom and responsibility, it seems logical that they would experience stress and anxiety. So it also seems plausible that humor may play an important role in helping them adjust to college life and its demands.

In fact, our study indicates that humorous coping skills were more indicative of initial college adjustment than academic or familial factors such as birth order, parenting styles and parental supervision. For males, humor accounted for more variance than familial and academic variables. For females, academics accounted for the most variance followed by humor. Because humor was the most predictive of the variables we examined, we decided to study the impact of familial factors on the development of humorous coping skills.

## HUMOR AND FAMILIAL FACTORS

It appears logical that family relationships should have an impact on the development of child and adolescent humor. A number of studies have found that children of parents who model humor are more likely to use humor in various life situations. Other studies have found that family communication, problem solving, affective involvement and behavior control are positively associated with humor. In fact, family adaptation and humor

account for 70 percent of the variance in family functioning.

Birth order may also be a factor in the development of humor. While popular literature has asserted that first-born and only children are more academically inclined than laterborns, the scientific literature has reported few consistencies. Even murkier is the relationship between humor and birth order, with popular literature asserting that lastborns have a better sense of humor. But here again, the results are inconsistent.

For example, research has found that firstborn undergraduates found cartoons funnier in a group context, whereas laterborns found cartoons funnier in an individual context.

Researchers have also studied the relationship between family strength and humor. Using the Family Strength Inventory, it was found that stronger families used humor more often than weaker families.

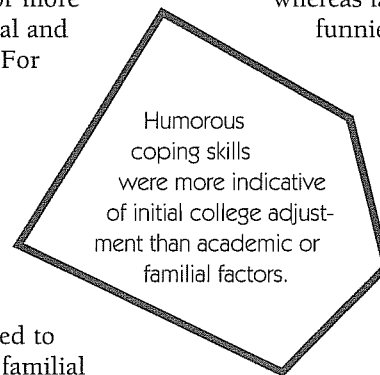
Humor was also associated with a positive outlook on family life and social situations. In addition, creative and adjusted adolescents tend to come from family environments that employ effective communication, nonrestrictiveness and humor. When parents use humor, both they and their children tend to be better adjusted. Such findings support other research that shows that satisfied and adjusted families tend to display cohesion and humor, while dissatisfied and poorly adapted families tend to display disregard, hostility, divergent values and lack of humor.

Adolescents who grow up in

*Influence continued on page 13*



Mary K. Starr



## INFLUENCE

continued from page 12

authoritative home environments experience positive outcomes, such as higher GPAs, greater self-esteem and better college adjustment. They show lower levels of depression, anger and problem behavior. However, the issue of whether or not parenting styles are related to humorous coping has received little attention from family psychologists. Because parenting styles are based on emotional climates, we hypothesized that parenting styles and other familial factors such as birth order, family structure and parental supervision would be associated with the humorous coping skills of both male and female college freshmen.

Our findings confirmed that familial antecedents were theoretically related to humorous coping skills. For example, we found that family structure was associated with the use of humorous coping skills in females. That is, females from nonbiologically intact families exhibited a greater likelihood of humorous coping skills.

For males, parental supervision and parenting styles were associated with the use of humorous coping skills. Males who perceived their fathers as less accessible had a tendency to use humor as a coping mechanism for college adjustment. In other words, despite being reared in "nonoptimal" family settings, adolescents learned to use humor as a means of coping with stress and anxiety.

Such findings have implications for family life educators who work in family, educational and community settings. For example, by taking a multisystemic approach, they have the opportunity to promote healthy, humorous attitudes that help families cope in stressful situations. By doing this, they may be able to improve the quality of life for both families and individuals who must deal with stress and anxiety across multiple ecological settings.

For more information, contact  
Hangonsloopyg@CS.COM.

## Call for Papers:

### Thematic Issue of *Journal of Family and Economic Issues*

"The Bright Side of Risk" • Guest Editor: Deanna L. Sharpe

**T**o take a risk means that the potential for gain or loss exists. Certain risk taking behaviors are viewed in a positive light by society. If a loss occurs, generally the risk-taker is respected for having tried. Gains, when realized, can enhance the well-being of the risk-taker and others. Examples of this type of risk-taking behavior can include but are not limited to such actions as beginning a new business, developing or using new technology, changing careers in mid-life, changing marital status, travel or study abroad, stock market investment, taking an early retirement offer.

The thematic issue will publish original empirical contributions addressing issues related to risky behavior. The focus is on behavior that typically has a positive impact on well-being when gains are realized. The goal is to bring together work from a variety of disciplines that enhance the understanding of the topic.

Each manuscript will go through a blind peer review process. Manuscripts should adhere to the guidelines of the journal. Please submit four copies of your manuscript by June 1, 2002 to:

Dr. Deanna L. Sharpe  
University of Missouri-  
Columbia  
Consumer and Family  
Economics Department  
239 Stanley Hall  
Columbia, MO 65211, USA  
573-882-9652  
SharpeD@missouri.edu

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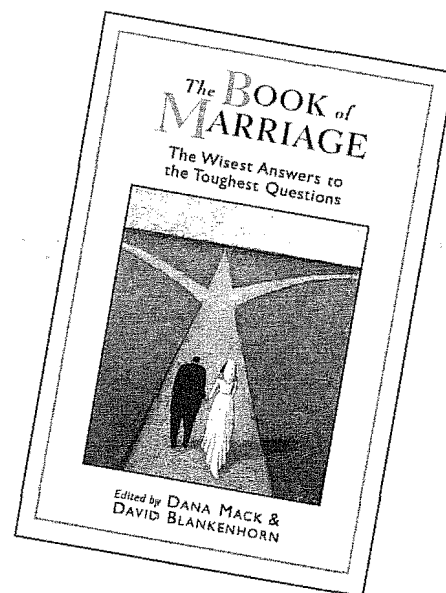
The submission guideline and other information about JFEI, including a sample copy of the journal, are available at:  
<http://www.wkap.nl/journalhome.htm/1058-0476>.



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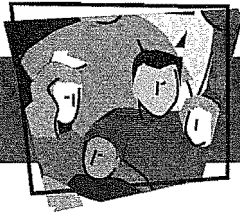
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# Affiliate Connection

## Don't Miss Rochester



Lane H. Powell,  
Ph.D., CFLE

One of the concerns I frequently hear from the officers of our affiliated councils is that they feel isolated and often unsupported in their efforts to "Relate Research and Theory to Policy and Practice" in their state or region. Have we got a deal for you!

The Rochester conference will offer three wonderful support opportunities for affiliated council officers and members.

- **New Officers' Orientation** will begin at 4:30 p.m. on Wednesday, November 7 with a buffet supper. This is a vital information time for all new officers. We will review the AOC Handbook and discuss successful strategies for state and regional conferences. We encourage *all* officers, returning and new, to come to the pre-conference. It provides a great opportunity to begin your planning for the coming year and to network with like-minded folks.
- **A Public Policy Orientation**, featuring reports by the AOC Representatives to the NCFR public policy committee, and a **grant writing workshop** will follow the supper. Individual state block grants that address issues of family well-being will be up for renewal in 2002. This is an opportune time for our organization to give input in the design and delivery of services to families, as specified in the new block grant applications. A Washington consultant will orient participants to the grant application process and timeline. Copies of the current block grant allocations for each state will be provided for all participants.
- **A two-day workshop for disaster crisis intervention**, specifically in the area of mental health/family support counseling, will be offered

by the Red Cross to a limited number of participants on November 6-7. This pre-conference is being jointly sponsored by the AOC and the Marriage and Family Therapy Section. We urge state councils to identify someone to represent them at this workshop, with the future goal of offering similar training conferences within your state. Those who complete the training will receive CEU credits and a certificate of completion for the Disaster Mental Health Services training.

If you have questions about these events, feel free to e-mail me (or program chair Britton Wood) and watch for more details. But plan now to come to Rochester and bring a group!

Lane H. Powell, Ph.D., CFLE  
President, Association of Councils  
E-mail: [powellb@llano.net](mailto:powellb@llano.net)

## Nominees Invited for 2001 Meritorious Service Awards

The Meritorious Service award is a new national award established in 2000 by the Association of Councils. Its purpose is to recognize the service of affiliate members within their local, state or regional council. Up to five Meritorious Service Awards will be given each year to deserving candidates who have been chosen from nominees who fulfill the criteria. New professionals are urged to apply and at least three of the awards will be designated this year to recognize their contributions. There are also specific criteria for university-faculty members and non-university/practitioner members (see #4 below). The criteria are as follows:

*Lane Powell, CFLE, the AOC president is available to visit and to speak at a limited number of affiliate conferences during the coming year. She would be happy to talk with you about this possibility.*

*If you have a group of at least 10 NCFR members who want to form a chapter, she could visit with you to help with the organizing details.*

1. Three or more years of continuous involvement in their local/regional affiliate;
2. At least one term as a local/regional board member or state officer;
3. Strengthened contact and participation in NCFR.
4. (For university faculty): Served as mentor of a student in a research project which was presented at a state or regional conference; OR assisted in forming and/or sponsoring the student chapter in her/his university.
4. (For non-university members): Provided a significant leadership role in community service or public policy on behalf of the affiliate.

Active affiliate members are encouraged to apply for the award by submitting documentation that they have met the criteria, along with a letter of commendation from a colleague, to their affiliate president by May 15. The affiliate president should write a second letter of commendation and forward the packet of materials to the Association of Councils' President by July 15, 2001. An Association subcommittee will review the applications and select the 2001 Meritorious Service Award winners.

Please send materials to:  
Dr. Lane Powell  
Texas Tech University  
Department of HDFs  
Box 41162  
Lubbock, TX 79409-1162



## Illinois Council on Family Relations

**T**he 51st annual Illinois Council on Family Relations conference was held on March 30th and 31st in Monticello, Illinois. The conference theme was **The Family Today Paves the Way for Tomorrow**. The opening keynote address was provided by Peggy Connolly, Ed.D., Mentorship Coordinator at the Illinois Mathematics and Science Academy. As a result of insights she has gained from participating in the NIH Teaching Faculty Summer Institute on Ethical, Legal, Social Implications of the Human Genome Project held at Dartmouth College in 1998, she spoke to attendees about the benefits and risks of human genome research for individuals and families.

During the annual business meeting portion of the conference, the slate of new board members was proposed and approved. Co-presidents Mikki Meadows and Frances Murphy were recognized and thanked for their leadership. Deborah Gentry, Normal, Illinois, was identified as the recipient of the Distinguished ICFR Member Award. And, Mike Nobel, Gorham, Maine, was identified as the recipient of the ICFR Friend of the Family Award. Mike is a pianist, singer, composer, satirist, philosopher, and poet. Using

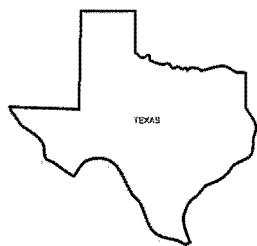
his talents, he has created entire programs of songs on a variety of themes such as families, ecology, and dangers of tobacco use. Mike's CDs and tapes entitled "Color Me Green" and "I'm Alive" are used as teaching tools in many elementary schools. Many of his songs have been featured on National Public Radio's *All Things Considered*. He has written songs for the American Association of Family and Consumer Sciences, Maine Foster Parents, and many other groups. Those who attended this conference had an opportunity to see and hear him perform.

Other conference highlights included Mikki Meadows, Eastern Illinois University; Pat McCallister, Eastern Illinois University; Bea Bagby, University of Illinois Faculty Emeritus; and Deborah Gentry, Illinois State University, who conducted sessions which focused upon family diversity. Among the topics addressed were gay and lesbian families, Cuban family life, African Xhosa family life, and teaching about the history of family life in America. Larry McCallum, Augustana College, prompted audience members to engage in critical thinking with his presentation entitled "When beliefs and social science data collide: The politics of science." Additionally, Elizabeth Hackett, Melissa Wright, Brenda Gray, Danielle Myers, Donna Coonce,

LaTania Travis, and Joanne Miller, all associated with Eastern Illinois University, shared information on such topics as use of pictorial portfolios to document children's developmental milestones, ways CCR & R programs can assist working poor families, and media and the family. As a concluding session, Donald Westlake and Helen Westlake, College of DuPage, facilitated thoughtful reflection on behavioral, biological, psychological, and sociological factors and their influence on marriage, family, and other human relationships.

Plans for the 52nd conference are in the early stages of development. The date for the conference is April 11 and 12, 2002. The Quad Cities area will be the location. Larry McCallum, Jaeke Professor of Family Life, Psychology Department, Augustana College, has agreed to serve as program chairperson. Persons interested in contributing to the conference effort in some way are encouraged to contact him at 309-794-7373 or [psmccallum@augustana.edu](mailto:psmccallum@augustana.edu). Another way to find out information about ICFR and its activities is to visit this website: <http://www.augustana.edu/users/psmccallum/NewICFR/index.htm>.

*Deb Gentry*  
E-mail: [dgemtru@ilstu.edu](mailto:dgemtru@ilstu.edu)



## Texas Council on Family Relations

**O**ver ninety participants attended the 2001 Texas Council on Family Relations Annual Conference in Dallas on April 5-6. Another handful completed the eight-hour training given by Dr. David Olson to become facilitators of Prepare Enrich. Nearly 20 students from Texas Tech, UT Austin, Tarleton, Stephen F. Austin, Texas Woman's University, and University of North Texas enriched the conference with their questions and posters.

Louisiana Tech faculty, Drs. Brian Camp and Duane Dowd brought a group of students over on Friday. Dr. Terry Hargrave spoke about essential components such as trust, faithfulness, loyalty and honesty in his keynote address: **Building Healthy Relationships**. Presenters shared on different aspects of marriage and family through 18 different presentations and 10 posters. We had many opportunities for networking, sharing and building new friendships. Now we're looking forward to the Texas get-together at the NCFR

**T**he North Texas Student Council on Family Relations' 8th Annual State Conference "Promoting Positive Individual and Family Relationships" will be held on Saturday, October 27, 2001, at the University of North Texas campus in Denton, Texas. Our mission is to promote and support the family and family education. For program and registration information contact Jacqueline Keggins at 972-354-2521, ext. 2436 or at [jkeggins@yahoo.com](mailto:jkeggins@yahoo.com).

Annual Conference in Rochester, NY in 2001 and in Houston in 2002.

*Linda Ladd, President*  
TCFR 2002

## Pennsylvania/ Delaware Council on Family Relations



**T**he P/DCFR will hold its annual conference on Tuesday, October 9 at Harrisburg Area Community College in Harrisburg, Pennsylvania. Once again, the P/DCFR conference will be co-sponsored with the Pennsylvania organization, Building Strong Families. The theme for the 2001 conference is, "The Power of Positive Expectations: Schools, Families, and Communities."

This is a one-day conference that includes a human service fair/exhibition, two keynote addresses, several options for morning and afternoon workshops, and lunch. Dr. Robert Tauber, Professor Emeritus from Penn State University, will present the opening keynote address. Dr. Tauber will discuss points from his book, *Giving Children the Expectation Advantage*, a resource workbook on establishing children's expectations for success. One of the afternoon workshops will be presented by Dr. Donna Couchenour and Dr. Kent Chrisman, authors of the book, *Families, Schools, and Communities: Together for Young Children* (published by Delmar in 2000). Drs. Couchenour and Chrisman are faculty in the Department of

Teacher Education at Shippensburg University of Pennsylvania. In their publication, Dr. Couchenour states, "We wrote this book as a tool for teacher educators to use in early childhood teacher preparation programs. Our theoretical and research base in early education points unquestionably to the importance of partnerships between families and education programs." Couchenour feels that in order to optimize outcomes for young children, it is crucial that communities support family-friendly schools and school-friendly families. The topic of Drs. Couchenour and Chrisman's conference workshop is family involvement in schools.

Workshops and parenting, public policy, and the importance of NCFR and CFLE for students and young professional are also planned.

Anyone who would like more information on the P/DCFR conference can contact Cynthia Drenovsky at [ckdren@ship.edu](mailto:ckdren@ship.edu) or Jane Mecum at [jam37@psu.edu](mailto:jam37@psu.edu).

Cynthia Drenovsky, Ph.D.  
Phone: 717-477-1596  
E-mail: [ckdren@ship.edu](mailto:ckdren@ship.edu)

## OUTSTANDING STUDENT AWARD

Beginning with the 2001 NCFR meetings, the Association of Councils will offer an Outstanding Student Award each year, for the best student paper submission. The guidelines for this award are:

- Deadline for submissions is May 15.
- Each active state or regional affiliate may nominate one student per year.
- The student's paper must be submitted with the application.
- The application must have information for contacting the student.
- The winner will receive \$500 and be expected to present the paper at the NCFR Annual Conference.
- Papers will be judged by a panel of NCFR members.
- Papers submitted for state or regional affiliate competitions are eligible for submission.

The panel will use the following criteria in judging submissions.

- Uniqueness of research question. (10 points)
- The degree to which the findings contribute to the field. (15 points)
- Clarity of writing. (15 points)
- Good use of theory. (15 points)
- Comprehensive literature review which shows that the research project is building upon previous work. (15 points)
- Sound methodology. (15 points)
- Application for practitioners and/or likelihood of spurring future research. (15 points)

Donald G. Gregory, Ph.D.  
Association of Councils Student/  
New Professional Representative  
E-mail: [DG2@mail.reinhardt.edu](mailto:DG2@mail.reinhardt.edu)

## News from the Northwest Council

**H**ello members of the Northwest Council. I hope our members are surviving the interesting mix of weather and natural disasters that have come our way so far this year. I know the earthquake really shook things up here in my area.

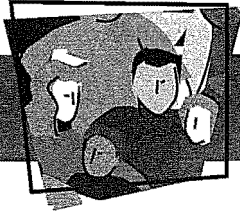
I wanted to take this opportunity to remind you that since our conferences are held every other year, we do not have a conference this summer. However, Vancouver, British Columbia has been chosen as our next conference location and plans are already under-

way for the June 2002 conference. Please be thinking about specific dates that would work best for you, as well as possible conference themes. Feel free to e-mail this information either to me directly ([smithsu@vancouver.wsu.edu](mailto:smithsu@vancouver.wsu.edu)), or to the NWCNFR listserv at [nwcnfr@listproc.wsu.edu](mailto:nwcnfr@listproc.wsu.edu).

I hope to see a record attendance at the NWCNFR business meeting this year in Rochester. I'll send out an e-mail as soon as I have information regarding the time and place. Until then, feel free to contact me if you have any

questions, concerns, or suggestions for the Northwest Council. See you in New York!

Suzanne R. Smith  
President, Northwest Council on  
Family Relations  
E-mail: [smithsu@vancouver.wsu.edu](mailto:smithsu@vancouver.wsu.edu)



## Section News

### Attention all Student and New Professional Members

I just want to share a brief message about the things planned especially for Student/New Professional members at the NCFR conference this year in Rochester, NY. Last year I observed that S/NP networking at 7:30 a.m. basically did not work. So this year we have scheduled a networking/social time for S/NPs during lunch on Friday. To make this a more attractive event, we are encouraging S/NPs to bring a t-shirt or item from their university/hometown/college/city/organization to share in a **gift exchange**. I have done this with other students at another conference and found it a lot of fun to meet someone new and to go home with a small gift from their university. *This is option-*

*al.* We want to make the opportunities for Students/New Professionals to meet and exchange in a comfortable space more accessible and fun. *So please consider bringing something!* Also, since this is over the lunch hour, you can bring your lunch and we can talk over lunch.

Furthermore, it looks like our roundtable Skills Exchange will occur over the lunch hour on Saturday so we are encouraging attendees to feel free to bring their bag lunch to eat over the hour and a half session as they move between tables. Again, we want an open space for presenters and attendees.

If you have attended before, you'll note this year that our dance is sched-

uled for Saturday and we are trying to get a live band. I hope you will attend the dance; it is co-sponsored by our S/NP section and we want representation! Please come and enjoy the music and dance. I extend a special invitation to all sections' S/NP representatives to attend the designated S/NP events as well as to all newcomers and existing S/NP members. We are the future of the NCFR organization and we need to know each other so please come out to the sessions. Look forward to meeting you or seeing you again this year!

*Your S/NP program committee representative,  
Heather Ana Hathaway Miranda*

### Family and Health Section

**T**his is a banner year for the Family Health Section! We received the highest number of proposals in several years. We have excellent presentations lined up for the pre-conference and the NCFR Annual Conference, so mark your calendars now to be in Rochester, New York November 7-11, 2001.

**Pre-conference: "Family Interventions with Chronic Conditions Across the LifeSpan."** The pre-conference begins Wednesday November 7, 2001 at 11:30 a.m. During the luncheon, participants will have the opportunity to participate in a selected roundtable discussion with a nationally known expert on a topic such as designing family-based interventions for families who have an adult or child with a chronic condition, recruiting families for family based interventions, conducting qualitative analysis, or publishing family-based interventions. Afternoon presentations will include papers followed by discussion on the following topics: "Family Routines,

Rituals, and Asthma Management: A Proposal for Family-based Strategies to Increase Treatment Adherence," Barbara H. Fiese, Frederick S. Wamboldt, and Kimberly Josephs; "Preparing for Epilepsy Surgery and its Aftermath: A Family Intervention," David Seaburn; "Surviving Cancer Competently Intervention Program (SCCIP)" Anne E. Kazak, Steven Simms, Mary Rourke, and Melissa Alderfer; and "The Family Context of an Intervention to Prevent Type 2 Diabetes in High Risk Teens," Kathleen Knafl, Margaret Grey, and Catherine Gilliss. The closing session will include a panel discussion by Tom Campbell, Kit Chesla, Susan McDaniel and Lyman Wynne.

During the **Annual Conference**, the Family Health Section will sponsor a variety of symposia, poster sessions, and roundtables on a broad range of topics that have important implications for the family field. For example, paper sessions will address: Child Health, Family Environment and Policy Issues; Family Stress and Childhood Chronic

Conditions; Family Health and Illness Management; Middle and Later Adulthood: Adjustment to Life Events and Illness; Coping with Adult Health Issues; Work Related Stress and Family Health; and the Impact of Stress on Mental Health and Interpersonal Relationships.

#### FOCUS GROUPS

We are pleased to welcome the "Issues in Aging Families" focus group to our Section. If you are interested in joining this focus group, contact Christine Price (e-mail: price.121@osu.edu). Meeting times will be set aside at the NCFR Annual Conference for this new focus group as well as for the "Chronic Illness and Disability" focus group. If you are interested in joining "Chronic Illness and Disability" focus group, contact Glenna Boyce (e-mail: glenna@CPD2.usu.edu).

*Ann Garwick  
Chair, Family and Health Section  
E-mail: garwi001@tc.umn.edu*



## Ethnic Minorities Section

### ENDOWMENT COMPLETED

At their April 5th meeting, the NCFR Board approved completion of the endowment for The John L. McAdoo Dissertation Award. This award is a tribute in honor of the scholarship and memory of John Lewis McAdoo, the professor, mentor, colleague, and friend. Dr. John L. McAdoo was a professor of Family and Child Ecology at Michigan State University and a founding member of the NCFR Ethnic Minorities Section (EMS).

During his distinguished career, Professor John L. McAdoo published many journal articles, book chapters, and co-edited *Black Children: Social, Educational, and Parental Environment*. His legacy as a pioneer in the study of African American fathers continues to impact research on African American families. Within NCFR, John McAdoo is remembered as the outstanding African American scholar and gentleman who mentored students and new professionals and welcomed them into the EMS family. His interpersonal warmth left a legacy of kind and generous support to hundreds of members.

**Submission Guidelines:** The purpose of The John L. McAdoo Dissertation Award is to provide support in the amount of \$1,000 for the completion of an approved doctoral dissertation with a focus on issues related to families of color. Applicants must be members of NCFR. The EMS Awards Committee will review and screen all application materials and make the final selections. The winner will be notified before the conference during which a plaque and a check for \$500 will be presented. A stipulation of the award is that the award winner delivers a presentation of the dissertation research at the next annual NCFR conference where the remaining \$500 of the award will be presented.

Applicants for the 2001 McAdoo Dissertation Fellowship must submit six copies of a complete packet by September 15, 2001 to:

Francisco A. Villarruel, Ph.D.  
Chair, EMS Awards Committee  
Michigan State University  
Dept. of Family and Child Ecology  
14 A Human Ecology Building  
East Lansing, MI 48824-1030

Incomplete packets will not be considered. A complete application packet **must** include:

1. Name
2. Institution and Department
3. Grade Point Average
4. Date proposal accepted by committee and copy of approval form.
5. A dissertation proposal summary, highlighting the research idea, the research hypotheses and questions.
6. An outline of the dissertation with the specific status of each chapter (e.g., is revised based on major professor's comments, data analysis being conducted).
7. A letter of support and a statement of progress from the dissertation director, including a realistic projected date of completion.

For more information, contact:  
Dr. Francisco A. Villarruel  
517-353-4505  
517-432-2953 (fax)  
fvilla@msu.edu

### 2001 CONFERENCE

Special thanks to submitters and reviewers of our Section proposals. We had an 18.9% increase in submissions over last year.

Those of you who volunteered to serve as presiders, discussants, and recorders are also very much appreciated. Topic highlights on the EMS program include:

- Intergenerational Stress in Diverse Ethnic Families
- Coping in Ethnically Diverse Rural Families
- Stress in the Lives of Ethnic Youth
- Coping in Immigrant Families
- Different Families, Diverse Responses
- Family Influences on Ethnic-Related Issues
- Puerto Rican Adolescents and Their Families
- Teaching Round Tables
- Distinguished Scholars Round Table
- The Marie Peters Address will be by Hamilton McCubbin, 2000 Award Winner

### ETHNIC FAMILY STUDIES

The EM Section means of communication previously reported as an electronic journal is undergoing modification to comply with NCFR policy. For more information, contact DrAnnMaria@aol.com or estella@unm.edu.

### CONGRATULATIONS!

Adriana J. Umana-Taylor has completed her dissertation, and she has accepted a position as an Assistant Professor in the Department of Human and Community Development at the University of Illinois at Urbana-Champaign.

Estella A. Martinez  
Chair, Ethnic Minorities Section  
E-mail: estella@unm.edu

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## Family Therapy Section

**T**he Family Therapy Section program for Rochester is beginning to shape up. The submissions have been received and reviews are in. Now, all that needs to happen is to pull it all together for the conference. We are excited to have the conference in Rochester. The Medical School has been home for some of the finest MFT researchers—Lyman Wynne is one of the fathers of MFT and his continuing contributions have helped to shape the field. In the Department of Family Medicine, Susan McDaniel and Thomas Campbell are among the leaders in medical family therapy and edit "Family, Systems, and Health," and Cleve Shields has made a name for himself with research on older couples. Duke Stanton and Judith Landau were longtime members of the Psychiatry faculty; together with their colleagues, each has helped us understand families with substance abuse problems. I am sure I have left out some truly worthy therapists and researchers, and I apologize in advance. One of the highlights of the pre-conference will be a day-long workshop on families and chronic illness. Ann Garwick has led in setting up this workshop, and it promises to bring together some of the best research work in the country. So, come early for this learning opportunity and stay late for a great program.

Richard Wampler, Marriage and Family Therapy Program, Texas Tech University  
Lubbock, TX 79409-1162  
Phone: 806-742-3000, x258  
E-mail: Rwampler@hs.ttu.edu

## Family Science Section

**T**here are numerous, informative sessions at the conference in Rochester that will be sponsored by the Family Science Section. Three of these sessions are highlighted in this column. William Rose, Lorrie Ryan, Lee Ann DeReus, Lisen Roberts, Brenda Seery, Sue Crowley, and Thomas Rane will present a symposium entitled "Innovative Techniques for Teaching About Poverty." Ways to creatively use structured experiences, feature films, simulations, and games will be shared. A second symposium conducted by William Doherty, John Beaton, Jason Carroll, Amanda Richards, and Tai Mendenhall, with Ramona Marotz-Baden as discussant is also scheduled. This symposium is entitled "The Families and Democracy Model for Applied Family Science." The model suggests an expansion of the role of the family professional beyond that of provider of education, programmatic, or clinical services to also being a partner in formulating areas of collective concern for families, and being a catalyst for families to join together in productive, democratic action. The

third session, a collection of papers, will be entitled "Strengthening Family Relationships: Rituals, Traditions, and New Technology." A paper presented by Lloyd Newell and Terrance Olson will focus on qualitative analysis of rituals and traditions will coordinate well with a paper presented by Leslie Koepke related to farewell rituals among the Hmong, as well as with a paper presented by Julia Malia and H. Jerome Hammond related to family rituals and adolescent identity development. Additionally, the session will include a paper shared by Mark Salisbury and Kevin Brady about Internet sites that can serve to strengthen family relationships. One site which promotes personal stories and family histories will be particularly highlighted.

*Deborah Gentry, Ed.D., Professor and Associate Dean, College of Applied Science and Technology, 5000 Turner Hall Illinois State University Normal, IL 61790-5000  
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Fax: 309-438-5037*

research, when we teach, and when we work in communities? Our section's focus group is developing ways that our annual conference program can become even more inclusive. Section members also have a long history of concern regarding rigorous and ethical research methods. Many members are interested in research "for" and "with," rather than "on" research participants.

I had a powerful opportunity to consider these issues last weekend when I attended the NCFR Program Committee meeting in Rochester. The 2001 conference program looks very strong, and I look forward to telling you about some wonderful FFSS sessions in the September newsletter. But here I want to say a few words about Rochester. As a feminist who cares a lot about the issues of women and people of color, it was meaningful to be in an area that has been critically important to both groups. Considerable evidence of the Underground Railroad remains in the Rochester area, and of course Seneca Falls — a center of the women's movement — is nearby. But what has stuck in my mind is my visit to the Eastman Photographic Museum, where I saw a display of photographs related to the Vietnam War. One of the photographs in the exhibition was the Pulitzer Prize-winning image we all have seen of a naked young Asian girl and other children running on a road toward the camera, crying, with soldiers and billowing black clouds in the background. You may already know that the young girl was running from a napalm bomb which had ignited her clothes. You may also know that she survived the attack and today lives in Toronto. What I learned from the exhibition was that all of the other children in the photograph with her were members of her family, several of whom died. I saw a photograph of her grandmother carrying the bloody body of her toddler brother, who was killed. I also learned that she laid a wreath at the Vietnam Veteran's Memorial a few years ago, and made a poignant speech about lessons for the future. There are many lessons for me in the story of this woman — the abuses that women and people of color continue to face around the world; the brutality of negotiations based on violence; and the power of a single individual to impact a nation and beyond. Holding the NCFR conference in Rochester offers feminists to come together to consider the values we share, the challenges we face, and the needs for the future. I hope that you all will join us.

*Shelley M. MacDermid  
Phone: 765-494-6026  
E-mail: shelley@purdue.edu*

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### NOW AVAILABLE!

#### NCFR Discussion Listservs

*Enrollment is open to all NCFR members.*

#### NCFR Member Listserv

EducationEnrichment@cfapress.org

Ethnic Minorities website:

[www.asn.csus.edu/em-ncfr](http://www.asn.csus.edu/em-ncfr)

FamilyHealth@cfapress.org

FamilyPolicy@cfapress.org

FamilyScience@cfapress.org

FamilyTherapy@cfapress.org

FeminismFamilyStudies@cfapress.org

International@cfapress.org

ReligionFamilyLife@cfapress.org

ResearchTheory@cfapress.org

Student@cfapress.org

(Students/New Professionals)

To enroll, send your name, e-mail address, and the listserv(s) you wish to join to: John Pepper at 763-781-9331, ext. 16; E-mail: [pepperw@ncfr.org](mailto:pepperw@ncfr.org).

To sign up for the Ethnic Minorities Section listserv, go directly to its website.

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## Feminism and Family Studies Section

**I**n invite all NCFR members to attend Feminism and Family Studies section activities at the upcoming annual conference. One of the major priorities of this section is to draw attention in research, teaching, and practice to groups that previously have been under- or mis-represented. As a result, FFSS conference sessions often feature research on women, ethnic and cultural minority groups, and gay and lesbian families. Our section collaborates with many other NCFR sections to co-sponsor sessions and bring speakers to the annual conference.

Another major priority for the section is to think carefully and act deliberately with regard to "doing feminism." In other words, how do we attend to under-represented groups when we conduct

## International Section

It has been a privilege for me to serve as the International Section's representative on the program planning committee for this year. Having just returned from our spring planning meeting in Rochester, we are all very excited about the strength of our November 2001 program. I hope that you'll plan to attend.

Submissions to the International Section were up by 12% from last year, yielding a great selection of papers from our membership. We'll have four symposia on the program dealing with adolescence, work, stress, and intergenerational relationships in international contexts. We'll also have two roundtables which focus on teaching comparative family science and fifteen

posters sponsored by our section.

In addition to an engaging program, our section is planning two special activities. First, pending Board approval, we will sponsor a silent auction of international items in order to help raise funds for our Jan Trost Outstanding Contribution to Comparative Family Studies Award and other section activities. Second, we will be sponsoring a social (to be held during our business meeting) for all international attendees, members, and students/new professionals. This social is open to all international students or colleagues and anyone with an interest in international family scholarship, members and nonmembers of our section.

I look forward to seeing you in Rochester in November.

*Raeann R. Hamon, Ph.D., CFLE  
Vice Chair and Program Planning  
Committee Representative  
International Section  
Phone: 717-766-2511, ext. 2850  
E-mail: rhamon@messiah.edu*

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## Research and Theory Section

Once again the Research and Theory Section will have special sessions on research methods and data analysis, as well as sessions on a variety of other topics of interest to family scholars. Bob Bogdan, professor at Syracuse University, will speak on "Back to Basics: What Do We Mean When We Say 'Qualitative Research?'"

Bob is widely known as an engaging, humorous speaker who artfully articulates key issues related to qualitative approaches. For more than 30 years, Bob has taught and done qualitative research, building upon work he did as a graduate student with his mentor and teacher, Blanche Geer. Bob will also offer a small group discussion following his talk.

What to do with nominal and ordinal longitudinal family data often is a puzzle for family researchers. Three University of Minnesota, Twin Cities, scholars will lead a workshop on loglinear modeling, sequential analysis, and logistic regression that will include examples from research, discussion on interpretation, and time for discussion of the projects of workshop participants. The presenters are Manfred H. Van Dulmen, Nora Dunbar, and Martha Reuter.

Mavis Heatherington, the James Page Professor of Psychology at the University of Virginia, will present the Burgess Award Address on her longitudinal research on divorce. Her most recent study has made it possible to disentangle genetic and environmental contributions to child development and family interaction. The Burgess Award recognizes a scholar's lifetime achievement in family research.

Christopher Carrington, assistant professor at San Francisco State University, will speak on "Queer Kinwork: Reflections on Kith and Kin Among Lesbians and Gay Men." He will discuss how gays and lesbians envision, create, and maintain family and kin relationships, the various forms of kin work found among gay and lesbians, and the trials and tribulations of trying to do kin work in heterosexual social and familial environments. We are co-sponsoring this presentation with the Feminism and Family Studies Section and with the Department of Human and Community Development, University of Illinois, Urbana.

With the Ethnic Minorities Section, we are sponsoring Sumru Erkut, Associate Director and Senior Scientist, Center for Research on Women,

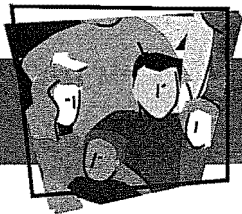
Wellesley College. She will speak on adolescents in Puerto Rican families.

The section is presenting symposia on stepfamilies in later life; families, divorce, and adjustment across the life span; and youth retention issues in rural families. Symposium presenters are well-known researchers such as Jeanne Lipman-Blumen, Lynn White, Barbara Vinick, Marilyn Coleman, Alan Booth, Paul Amato, and Bill Aquilino.

Paper presentations are on such topics as dual earner families and stress reduction; competence in childhood and adolescence; and fathers involvement with children.

Finally, take a look at our website, designed by Laurie Meschke, student/new professional representative. Pictures, histories of awards, and information on how to apply for awards are all there. We hope to start a trend among the sections.

*Jane F. Gilgun, Ph.D., LICSW  
Professor, School of Social Work  
University of Minnesota  
1404 Gortner Avenue  
St. Paul MN 55108  
Phone: 612-624-3643  
Fax: 612-624-3744*



# Employment Opportunities

## ASSOCIATE SPECIALIST

School of Family and Consumer Sciences  
The University of Arizona  
Tucson, Arizona

This continuing eligible faculty position will serve as the primary source in Extension for knowledge and technical information on family and 4-H youth development, particularly volunteer and leadership development. Within the specialty, this position will provide statewide program leadership, supporting and strengthening the work of county Extension agents through professional development, field studies to improve program effectiveness, and interpreting, assembling, and preparing of materials for use in county Extension programs for both youth and adults. An earned doctorate in family studies, human development, education, extension, or a related

field is required, as is professional experience in applied research, teaching, extension, and public service. For full position description & qualifications, see posting at [www.hr.arizona.edu](http://www.hr.arizona.edu). To apply, please submit a letter of application, curriculum vitae, complete transcripts of higher education and 3 letters of recommendation sent directly from the writer to Dr. Sherry Betts, School of Family and Consumer Sciences, The University of Arizona, P.O. Box 210033, Tucson, AZ 85721-0033. Review of materials will begin 5/15/01 and will continue until position is filled. The University of Arizona is an EEO/AA employer—M/W/D/V.

An excellent new resource!

## Public Policy Through a Family Lens: *Sustaining Families in the 21st Century*

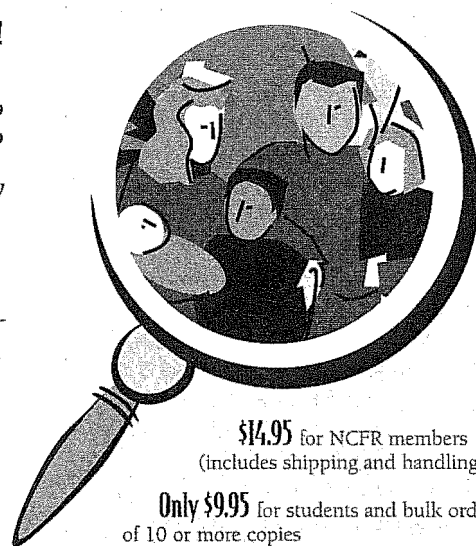
Developed and authored by NCFR members, this document delivers the message that all public policies—whether at the national, state or local level—affect families, strengthening or diminishing their ability to sustain themselves and prepare the next generation.

### Policy considerations and recommendations on:

*Sustaining American Families in the Twenty-first Century* by Arlene Skolnick, Ph.D.  
*What Children Need to Get a Good Start* by Martha Farrell Erickson, Ph.D.  
*What Parents Need to Raise Healthy and Productive Children* by Ralph LaRossa, Ph.D.  
*What Adolescents Need to Become Competent and Productive Adults* by Norma Burgess, Ph.D. & Ambika Krishnakumar, Ph.D.  
*What Living Longer Means to Families* by Vern L. Bengtson, Ph.D. & Pauline G. Boss, Ph.D.

Use the *Checklist for Assessing the Impact of Policies and Programs on Families* to evaluate programs and services; review rules, legislation or laws; or help prepare questions or testimony for hearings, meetings, and forums.

This document is a **must-have** for anyone interested in public policy and family well-being. Ideal course material for students of family policy.



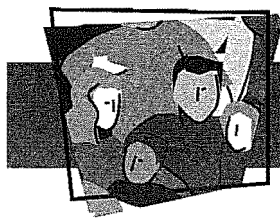
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# Announcements

## Call for Manuscripts

*Journal of Teaching in Marriage and Family: Innovations in Family Science Education*  
Special Issue: On-line Instruction and Learning

Guest Co-Editors: Drs. David R. Imig, Francisco A. Villarruel, and W. Patrick Dickson at Michigan State University. Questions may be directed to the individual guest co-editors using email at [imig@msu.edu](mailto:imig@msu.edu), or [fvilla@msu.edu](mailto:fvilla@msu.edu), or [pdickson@msu.edu](mailto:pdickson@msu.edu). Other inquiries should be directed to Dr. David R. Imig at the Department of Family & Child Ecology, Michigan State University, East Lansing, Michigan; 517-353-3998.

**Submission Deadline: September 15, 2001**

In an effort to enhance discourse on the scholarship and pedagogy of on-line (Internet, web-based) instruction and learning in family science we are issuing a call for manuscripts. Topics to be addressed may include, but are not necessarily limited to: innovations, findings and experiences that focus on on-line course and program conceptualization and design; innovative assessment of student learning and application; enhanced student participation and communication; accommodating student diversity and skill levels; innovative technologies; goodness of fit between on-line instruction and student learning styles; a national-based comprehensive review of the current on-line activities of family science programs and departments. Manuscripts will be considered that discuss web supported courses, total on-line courses, comparisons of "traditional" vs. on-line courses and student learning, graduate, undergraduate, resident, and distance education contexts. The purpose of this special issue is to communicate to family scholars the strengths and challenges of the "state of the art" of on-line instruction and student learning in family science education. Empirical, theoretical and descriptive manuscripts are encouraged.

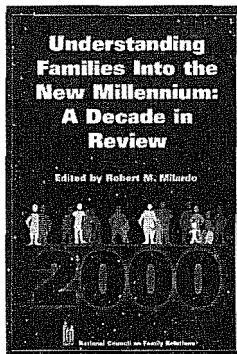
Manuscripts should exemplify high quality scholarship of teaching and learning. Authors may visit the following website for additional insights about how the "scholarship of teaching and learning" can be defined (<http://carnegiefoundation.org/CASTL/index.htm>). For additional comments regarding this call for manuscripts go to <http://www.msu.edu/~imig/>. It is recommended that manuscripts be approximately 20-22 pages in length.

Note to authors: *Journal of Teaching in Marriage and Family: Innovations in Family Science Education*, formerly known as *Family Science Review*, is an electronically disseminated journal. Manuscripts are submitted to the lead guest co-editor for purposes of peer review. Next, they are sent out to reviewers electronically, and returned with comments in the same fashion. Finally, with the facilitation of Haworth Press, accepted manuscripts are published electronically.

Submit in one of two ways: 1) Provide an electronic copy of your manuscript, using Microsoft Word 6.0, via e-mail attachment to the lead guest co-editor of the *Journal of Teaching in Marriage and Family: Innovations in Family Science Education* at this e-mail address [imig@msu.edu](mailto:imig@msu.edu), or 2) Provide a file of the manuscript on

a computer diskette, using Microsoft Word 6.0, to the lead guest co-editor of the journal at the street address given below. **Additionally**, for either means, submit a processing fee of \$15 to the lead guest co-editor. Checks may be made out to the Family Science Association, the sponsor of the journal.

*Journal of Teaching in Marriage and Family: Innovations in Family Science Education*, Special Issue: On-line Instruction and Learning Issue, c/o Dr. David R. Imig, Guest Co-Editor Department of Family and Child Ecology, Michigan State University, East Lansing, MI 48824-1030; E-mail: [imig@msu.edu](mailto:imig@msu.edu); Fax: 517-432-2953; Phone: 517-353-3998.



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# Family Focus On... Stress and Resilience

Issue FF10

## IN FOCUS:

Helping Families Deal with Change  
page F3

Resilient African American  
Single Mothers  
page F4

Low-Income Mothers  
Feeding their Children  
page F6

Implications for Responsible  
Fatherhood Programs  
page F7

Children in Kinship Care  
page F9

Chronically Ill Children  
page F10

Stress, Coping & Disability  
page F11

Children with ADD & Families  
page F12

Survey of Immigrants  
page F13

Refugee Families' Adaptation  
to War Trauma  
page F15

Refugee Family Experiences  
page F16

Host Families  
page F17

Routines and Rituals  
page F18

Family Financial Resilience  
page F19

Family Resilience Program Helps  
Divorcing Parents  
page F20

Respite Care  
page F21

Youth Suicide & Sexual Orientation  
page F22

Teaching Family Stress Management  
page F24

## The Power of the Ordinary: Resilience in Development

by Ann S. Masten, Ph.D., Director of the Institute of Child Development; and Emma M. Birkmaier, Professor in Educational Leadership, University of Minnesota

**D**uring the last quarter of the 20th century, scientists began to seriously study the long-neglected phenomenon of children who develop well in spite of adversity. They argued that understanding such resilience would inform the design of prevention, intervention and policy efforts to foster better outcomes among children endangered by adverse rearing conditions or experiences.

In 1976, Norman Garnezy and a team of researchers—including the authors—at the University of Minnesota began planning a new study of competence and adversity in a normative school sample of children. "Project Competence" set out to learn about resilience from a group of 205 children in Minneapolis and their families. We have checked in with these families periodically, most recently after 20 years, to observe the continuities and changes in their lives. This group of children was typical of Minneapolis school students in the late 1970s. All children in 3rd to 6th grade in two urban schools were invited to participate. The schools were located in the same large and diverse catchment area. The sample included children from a wide range of socioeconomic backgrounds and, like the school population at the time, 27 percent were minorities.

The Project Competence research team has studied the competence of other individuals at risk, including children in homeless shelters and Cambodian refugee youth who, as young children, experienced the

holocaust perpetrated by the

Khmer Rouge. We have

asked questions like these: What makes a difference? Why do some children make it through adversity while others flounder?

Resilience  
is the result of  
ordinary human  
adaptational systems  
at work.

### HOW DOES ONE MEASURE RESILIENCE?

Resilience in children can't be measured directly because it is a two-part judgment that (a) a person is doing okay in life and (b) that the person has been challenged by a significant level of adversity. In Project Competence, we measure multiple aspects of a child's competence and the level of negative life experiences he or she has experienced or is currently experiencing.

*Competence* refers to a pattern of good performance in the major developmental tasks expected for people of a given age in their time and culture. In industrialized societies, we expect school-age children to go to school and learn something (academic achievement), to behave appropriately by following the rules of home, school and community (conduct), and to get

Ordinary continued on page F2

### ORDINARY *continued from page F1*

along with their peers (social competence). Older adolescents are expected to begin the developmental tasks of work and romantic relationships that will become important tasks of young adulthood. We have used a variety of methods over the years to measure different aspects of competence. We have gathered information from the children, their parents and teachers, their classmates and friends, their employers, and their school records.

*Adversity* refers to life experiences that are likely to produce significant stress or disruption in the lives of individuals. We have measured adversity through interviews, life-event questionnaires and other instruments that document what happens in an individual's life. We have been careful to distinguish between events that are out of a child's control (such as a parent's illness) from events a child can influence (such as getting suspended from school).

Once we have measured the pattern of competence in a child's life as well as the adversity he or she has experienced, we can begin to figure out what may account for competence when adversity out of a child's control is very high. We can also identify and compare groups of youth who are high in competence and high in adversity (resilient group), low in competence and high in adversity (maladaptive), or high in competence and low in adversity (competent but not yet demonstrably resilient).

#### PROTECTIVE FACTORS THAT "MAKE A DIFFERENCE"

Our findings suggest that good parenting and good intellectual skills are key protective factors associated with resilience. These factors have been found in virtually every study of resilience from around the world. Most competent children, including those who have not yet overcome adversity, possess these assets. But for children exposed to very high stress, these assets appear to be essential.

Many other attributes are associated with both competence and resilience. These attributes include

individual characteristics, such as the ability to regulate one's emotions and positive self-concepts; home and family qualities, such as socioeconomic advantages; parent support of education; and organization in the home. Other resources also appear to be important, such as extended family ties and connections to other competent adults, including teachers, neighbors and other positive role models.

#### THE POWER OF THE ORDINARY

One of our most striking findings is that resilient children have a lot in common with other competent children even though they have faced much more adversity. Our results suggest that children make it because the fundamental protections for human development are in place and operational in their lives despite the dangers that surround them.

The extraordinary stories of resilient youth have led us to expect that resilience comes from something rare. But the data suggest that resilience is the result of ordinary human adaptational systems at work. The greatest dangers to child development are adversities that harm the parent (the attachment system), the brain (the learning system), or the motivation to succeed in the world and persist in the face of failure (the competence motivational system). Armed with the power of ordinary parenting, ordinary human thinking skills, the motivation to try to be effective, the rituals of family and culture, and other basic systems that foster human adaptation and development, children have amazing capacity to withstand and recover from adversity.

#### A RESILIENCE FRAMEWORK FOR PRACTICE AND POLICY

As a result of the interest in and research about resilience, a framework has emerged for prevention and intervention programs and policies. This framework is often quite appealing to parents and communities whose children have been identified as "at risk" because it emphasizes the positive.

This framework emphasizes the

promotion of positive outcomes while not ignoring risk-focused strategies. *Goals* are defined in positive terms (e.g., promoting competence) as well as reducing or preventing psychopathology and problems. *Assessments and evaluations* include competence, strengths and assets as well as symptoms, deficits and risks. *Interventions* include building strengths, increasing resources and mobilizing positive processes as well as reducing deficits and treating symptoms. *Theories* about the development of problems account for children who do as well as those who develop serious problems. And finally, *policies* designed to address the large numbers of children at risk focus as much on what works to promote favorable child development as they do on policies that may reduce risk.

#### STRATEGIES FOR PROMOTING RESILIENCE

This framework and the research results suggest three basic strategies for promoting resilience among children at risk:

1. A *risk-focused strategy* to prevent or reduce threats to child development, such as preventing premature birth through good prenatal care or homelessness through housing policy.
2. An *asset-focused strategy* to boost the resources available to children, either directly (e.g., tutors) or indirectly (by increasing resources for people who play key roles in their lives, such as parents or teachers).
3. A *protection system mobilization strategy* to activate or energize one or more of the fundamental human adaptational systems. This includes programs, like Big Brothers and Big Sisters that foster or improve long-term relationships with competent and caring adults. Other programs are directed at mobilizing the mastery motivational system, by providing graduated success experiences that lead to growing self-efficacy and persistence in the face of challenge.

Some programs incorporate all three strategies in a comprehensive

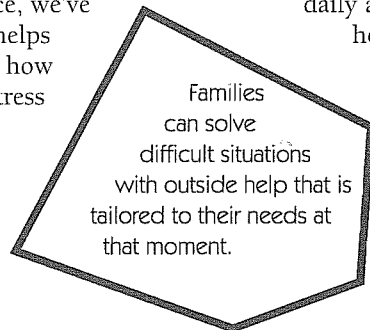
*Ordinary continued on page F3*

# Helping Families Deal with Change: Sometimes Helping Means Waiting to be Asked for Help

by Thomas A. Cornille, Ph.D., Associate Professor, Department of Family and Child Sciences, Florida State University

Often families facing the most difficult situations are the most reluctant to use the help available to them. Building on research about stress and resilience, we've developed a model that helps practitioners understand how families are reacting to stress and how to help them.

Research on family stress and resilience has provided useful tools for helping families deal with change. We know, for example, that social support helps families deal positively with stress. We also know that when families focus a great deal of energy on a difficult situation, they fare worse than families that keep the situation "in its place." For example, researchers at



George Washington University found that families dealing with end-stage kidney disease coped in two very different ways. Some scheduled their daily activities around the health-care needs of the sick member. Others simply included the sick member in family activities when possible, while trying to maintain normal family routines. Although the first response might appear more supportive, researchers found that patients in those families died sooner and had more medical complications than patients in families that maintained normal routines. Our Family Distress Model focuses

on five phases of family coping. In each phase, the family faces different issues, and the kind of help we offer must be different.

## PHASE ONE: DEVELOPING PREDICTABILITY

In phase one, families use roles, routines and rituals to develop a predictable life. These patterns are organized, like the hub of a wheel, around a family's goals and values. Younger families are still refining their own patterns and usually clarify their priorities with help from informal supports like friends and families. Formal programs like marriage preparation and parent-education programs can also help in this process.

## PHASE TWO: SOLVING THE PROBLEM

In phase two, something disrupts that predictable pattern, and families use their own coping strategies to solve the disruption and return to predictability. Any disruption that can be solved using the family's tools is called a problem. The coping skills of the family — rather than the situation itself — determine whether something is handled as a problem. For example, a flood may be a crisis for some families because they don't have the skills to cope with it. For other families, however, a flood might be seen as a manageable problem.

A family usually takes care of small problems without outside help. In fact, family members may not even notice that they acted differently than they usually do. Some families rely on logical discussions, some expect that one member will tell the others how to cope and some draw on individual solutions. Whatever the strategy, their goal is either to return to their old pattern or to find a new pattern consistent with their values. Practitioners become involved only if a family's usual way of solving problems involves

*Helping continued on page F5*

## ORDINARY *continued from page F2*

effort to counter cumulative risk with cumulative protection. Head Start is one example, at least through the early years. Effective parents and teachers also use these strategies at home and at school.

### ORDINARY MAGIC

Our research has revealed that resilience does not arise from mysterious and rare qualities. It arises instead from common human processes in individuals, relationships and cultures. And this conclusion offers a hopeful message: resilience does not require something extraordinary. Biology and culture have given rise to powerful protective systems for human development. Our job is to learn how to protect, promote and restore these systems so that they work as well as possible for our children. We cannot protect children from every hazard, but we can do our best to make sure their

important protective systems are "fully operational." We have more to learn about these systems, but a lot of research has been done on many of them, such as attachment and parenting.

### NO CHILD IS INVULNERABLE

Resilience is an appealing idea that resonates with hope and optimism. But it's important to remember that conditions exist in which no child can flourish. Sometimes the powerful systems that protect human development are overwhelmed by adversity. Furthermore, during times of great adversity, resilience may not be evident until after the trauma has passed, protective systems are restored, and the processes of healing and recovery have time to work their magic.

For more information, contact [amasten@umn.edu](mailto:amasten@umn.edu).

# The Half-Full Glass: Resilient African American Single Mothers and their Children

by Velma McBride Murry, Ph.D., Amanda Willert, and Dionne P. Stephens, Dept. of Child and Family Development, The University of Georgia-Athens

**A**frican American children are considered to be at particular risk for compromised outcomes. This is because they are more likely to be reared in impoverished single-mother families than are children from other ethnic groups. This risk has been attributed, in part, to the disadvantage arising from the absence of one parent and the poverty in which single-mother families often live. Economic stress, in turn, creates circumstances that compromise single mothers' parenting practices, which increase further the cognitive, social, emotional, and physical health disparities between children reared in single-parent and two-parent families.

The situations that single-mother families face often are analogous to the "half-empty versus half-full glass" illustration. But relatively little information is available about "the full half of the glass" that enables some single African American mothers and their children to fare well despite their challenging circumstances. Why do some single mothers and their children succumb to the risks they face, while others do not?

According to the resilience literature, situations confronting families living in challenging circumstances may be mediated through mechanisms referred to as "protective factors." These are defined as individual or environmental characteristics or processes that enhance one's ability to circumvent the potential negative consequences associated with stressful events, thereby promoting adaptation and competence.

Protective factors may exert direct effects on child outcomes and maternal psychological functioning by insulating children and parents, thus *altering*, but not necessarily eliminating, the relations between risks and outcomes.

Studies of family structure show that growing up in a single-parent family does not in itself predict negative outcomes for African American children. Instead, the life circumstances that are more prevalent among single-parent families, such as economic difficulties and low

educational levels, appear to account for any sub-optimal outcomes observed.

Several protective factors have been shown to be directly and indirectly related to the ways in which single

African American

mothers parent their children. These include maternal resources such as employment, education and self-esteem; maternal depression; beliefs about parenting; and social support.

## MATERNAL RESOURCES

Educational and financial resources appear to be critical contextual factors affecting single African American mothers' quality of life, apparently through their associations with mothers' perceptions of their current situations, which in turn impact their mental health. For example, single African American mothers living in rural communities perceived their financial resources to be more adequate when they had relatively higher levels of education. These perceptions, in turn, predicted greater self-esteem and fewer depressive symptoms.

In addition, low levels of work-related stress and family disruption have also been linked with increased self-esteem among African American mothers in both single-parent and two-parent families and physical health was

inversely related to depression levels, such that more physically healthy African American single-mothers

reported less depressive symptomology.

Psychological resources and physical health appear to function as protective factors for single African American mothers.

## PARENTING BEHAVIOR

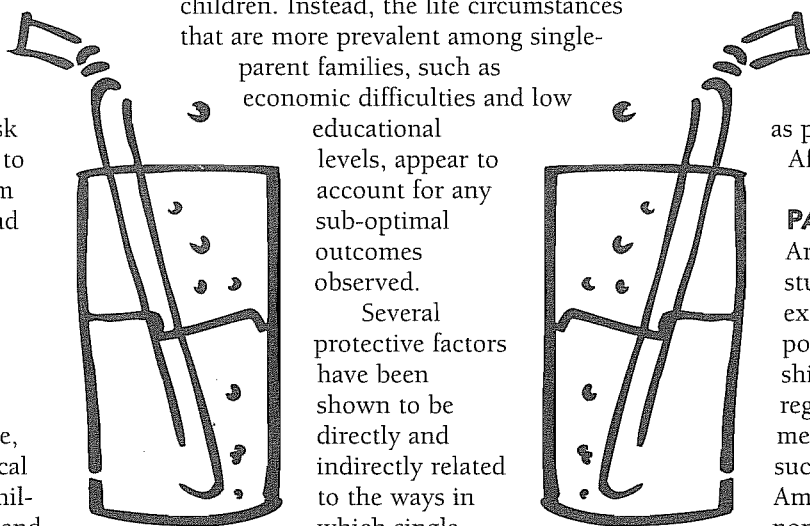
An increasing number of studies show that firm control exercised within affectively positive parent-child relationships predicts increased self-regulation, social competence, mental health, and school success among African American children. "No nonsense parenting," a practice common among rural African

American single mothers, features higher levels of warmth than are typically associated with authoritarian parenting and higher levels of monitoring, control and vigilance than are typically characteristic of the authoritative style.

African American mothers, especially those rearing children in high-risk environments, believe that such parenting practices protect their children from involvement in antisocial activity while promoting their development of self-regulatory competence. This is believed to be because African American parents are likely to be aware of the challenges of raising children in situations in which disobedience to rules can have grave consequences; accordingly, they adapt their parenting practices to fit the context, especially in dangerous neighborhoods.

## SOCIAL SUPPORT

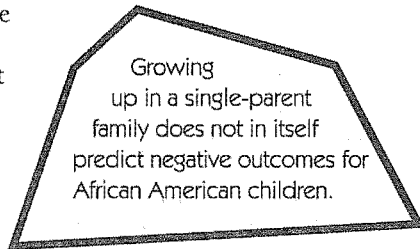
Social support is a salient protective factor in African American families because strong extended family networks buffer the direct and indirect



Half-full continued on page F5


### HALF-FULL *continued from page F4*

effects of stressful life events on family functioning and child development. Models explaining the effects of social support on the functioning of African American single-parent families are based on the assumption that friends and extended family members often are directly involved in the care and support of children when no spouse is available to assist with child-rearing.



Social support from extended family members positively influences African American children who live in high-risk environments through its impact on the children's parents. For example, grandmothers are viewed as stabilizing forces deflecting the potential negative consequences of risk for their grandchildren. Single African American mothers who rely on grandmothers for

child-care assistance report greater self-reliance, better adjustment, greater parenting efficacy and more extensive use of parenting practices such as acceptance, firm control, monitoring and autonomy granting.

In sum, rather than viewing all single-parent families as stereotypically "at risk," the specific risks, their origins and means of alleviating them must be identified. Correcting these limitations can facilitate the development of supportive family policies and prevention efforts needed to fill the half-full glass all the way to the top. 

### HELPING *continued from page F3*

seeking outside help, such as therapy. We can be most helpful by helping the family recognize that they are coping successfully or that they are stuck and unable to solve the situation.

#### PHASE THREE: ACUTE CRISIS

In this phase, a family's problem-solving strategies have failed and they cannot return to their predictable patterns. We should remember that when the family itself defines the crisis, whatever the situation, they truly believe that no solution exists. Outsiders need to appreciate how lost the family feels and that it is useless to ask them how they want to solve the situation. When we meet a family in that acute state of distress, we need to be directive — like the Red Cross after a natural disaster — and reassure them that we will help them deal with the situation until they can manage again.

#### PHASE FOUR: WITHDRAWAL AND ISOLATION

At this point, families make a basic decision about their environment. If the family believes that people in the environment threaten their integrity, they withdraw into phase four. This is where some of the most important work with distressed families occurs because families that withdraw into phase four are left with only their own resources. These isolated families are often

observed doing "the same thing over and over, expecting different results." These families often come to the attention of social service agencies because their coping style seems unhealthy and harmful to at least one member.

Families in this phase are the most difficult to engage because their need for help is more obvious to the outsider than it is to them. We may be tempted to take charge and become directive, as one would do with a family in acute crisis. But this may convince the family that outsiders are a threat to its integrity, and the family may become even more isolated. A more successful approach is to respect the energy that the family is devoting to the situation and acknowledge how frustrating it can be to have outsiders telling them what they need to do. At the same time, we have the opportunity to ask the family to identify when they have felt like they were at the end of their rope, and how they might ask for help if that situation were to occur again.

One family that took part in our project was dealing with a difficult young adolescent. The more they dealt with him, the worse he became. They felt judged by professionals in the community, who accused the parents of making the situation worse. We asked them to identify explicitly what they would consider a crisis for which they would need extra support. They

described a situation that they felt sure would not occur: the destruction of family property. Not long afterward, their son set off fireworks in the living room, and the parents recognized that they didn't know what to do. They called and asked for help. By taking that step, they were back in phase three and ready to accept outside help.

#### PHASE FIVE: SEEING OUTSIDERS AS SAFE

This family could now move to phase five because they recognized outsiders as safe and potential resources. The remainder of our work was focused on helping them to rebuild their sense of their own goals and values, and re-establish patterns consistent with that perspective. In that process, they became involved in a parent-support group and learned new ways of coping, which helped them stay focused on their goals.

Using the Family Distress Model, we have learned that families can successfully solve difficult situations with outside help that is tailored to the specific needs of the family at that moment. This model has been helpful to school and medical personnel, and we plan to make it available to other family-service professionals.

For more information, contact [tcornil@garnet.acns.fsu.edu](mailto:tcornil@garnet.acns.fsu.edu).



# Stress and Coping: Low-Income Mothers Feeding their Children

By Kimberly Greder, Ph.D., Program Specialist/Family Nutrition Program Coordinator, Iowa State University Extension; and Mary Jane Brotherson, Ph.D., Associate Professor, Human Development and Family Studies, Iowa State University

**F**ood is a basic need and human right. In the U.S., however, 32 million people are poor, and 31 million people (including four million children) are food insecure. Households



Kimberly Greder, Ph.D.

headed by single mothers are most vulnerable to poverty and food insecurity.

Poverty constrains the food budget and influences food choices. This

may result in short- and long-term medical costs. Inadequate nutrition during pregnancy and early childhood can lead to developmental delays and lower adult productivity. The social and financial costs of supporting children with developmental delays far outweigh the costs of providing adequate nutrition and health care to poor women and children.

We conducted focus groups, individual interviews and in-depth case studies with 49 low-income Iowa mothers of young children. Using a systematic process developed by Strauss and Corbin, we analyzed the data, identified themes and developed a theory to explain how low-income families meet their food and nutrition needs.

## MULTIPLE STRESSORS

We found that these families experienced multiple stressors whose cumulative effect is more intense than the effect of any one stressor alone. The three most prominent stressors were government policies, specifically welfare reform and food-stamp policies; lack of "living-wage" jobs; and continual family chaos.

The Personal Responsibility and

Work Opportunity Reconciliation Act of 1996 (PRWORA) requires that individuals who receive benefits become employed within five years. But participating parents find that when their income increases, food-stamp benefits decrease, and often this decrease is not compensated by earned income. After they pay for rent, utilities, childcare, clothing, household supplies and other basic needs, there may not be enough money to buy adequate food.

Food-stamp benefits fluctuate with changes in household income due to loss of jobs, seasonal employment or occasional multiple jobs. This makes it difficult for parents to calculate how much they have each month to feed their families. Many families depend on emergency food shelves to fill in the gaps.

Most parents have jobs that do not pay a living wage. These jobs may require evening hours and usually do not provide health insurance. Child care is expensive. As a result, some parents hold multiple jobs or delay employment so they can continue to receive the full food-stamp benefit.

Many families are also dealing with multiple stresses such as the illness of a family member, divorce or job loss, or changes in childcare. When these are added to the "roller coaster" of fluctuating income, the result is continual family chaos.

Some families are able to make ends meet by using flexible resources like food stamps, reimbursement or welfare checks to pay rent, utilities or other expenses when necessary. But families have little buffer when unexpected expenses occur.

## SOCIAL SUPPORT HELPS

Social support buffers life stress and contributes to overall family well-being, including how well the family eats. Three types of social support are key:

- **Emotional support** includes listening, affirming feelings, being nonjudgmental, acknowledging one's efforts, and encouraging words. Family members who are willing to try new foods and show appreciation for the work that goes into preparing food encourage mothers. As one mother said: "I love it when my



Mary Jane Brotherson, Ph.D.

kids say, 'Mom that is really good.' It makes you feel smart...when they clean up their plate you know you've done well." But when family members are "picky eaters" and do not show appreciation, mothers feel stressed and unappreciated.

- **Tangible support** includes income from employment, money from family members or boyfriends, TANF benefits, food stamps, WIC coupons, childcare, and transportation. Food stamps are low-income families' primary resource for food. Said one mom: "After 5 1/2 years of getting off assistance...we don't eat nearly as well as we did when we were on food stamps...I had more money in my budget then because I knew that you can't take your food stamps and pay your babysitter."

Families also tap into local food resources. One mother reported: "I have other food resources besides food stamps. I know places where I can get free bakery items, free donations. I use those as part of our total family meals."

- **Educational support** includes community resources like extension nutrition paraprofessionals, WIC and

Mothers continued on page F8

# Stress and Resilience among Economically Disadvantaged Fathers: Implications for Responsible Fatherhood Programs

by Elaine A. Anderson, Ph.D., Associate Professor; Laura R. Hoard, M.S., Doctoral Student; and Julie K. Kohler, Ph.D., Research Associate, Department of Family Studies, University of Maryland

Since the mid-1990s, social policies and programs designed to promote “responsible” fathering, particularly within economically disadvantaged communities, have proliferated. In part, this movement, which often promotes the involvement of low-income and non-custodial fathers in their children’s lives, reflects the growing appreciation of fathers and their beneficial roles in child development. But it also appears that social and political interest in economically disadvantaged fathers is based on concerns about the prevalence of single-parent families and the disproportionately high rates of poverty among female-headed households. From a policy perspective, father involvement is largely viewed as a way to reduce child-poverty rates and help families leave public assistance.

Responsible Fatherhood programs share the common goals of promoting fathers’ financial and emotional involvement in their children’s lives. But they often reflect different underlying values and take a variety of actions to accomplish their goals. For example, some programs focus on enhancing fathers’ human capital by providing them with child development and child guidance instruction, education and job training, and support groups. Others emphasize marriage as a means to connect fathers to their children.

Despite calls for evaluation, little is known about the effectiveness of Responsible Fatherhood programs. Even less information is available about their success in addressing the multiple stressors that accompany economic marginality. Since many policy initiatives directed toward noncustodial fathers take deficit-oriented approaches, low-income fathers’ resilience is often overlooked. Research investigating

stress and resilience among these fathers has tremendous implications for Responsible Fatherhood programs. Findings can be used to develop interventions that combat fathers’ life stressors and help them build on their strengths to become more resilient.

## STRESS AND DEPRESSION

We recently began a program evaluation study of two Responsible Fatherhood programs. Besides documenting the programs’ effect on fathers’ financial and emotional involvement in their children’s lives, we are investigating the relationship between fathers’ individual life stressors, coping resources and mental health. Our initial findings revealed that program participants report levels of depression higher than the national average. Their levels of depression are related to the total number of life stressors they experience. We found that life stress, which includes unemployment, criminal conviction history, substance abuse, health problems, lack of permanent housing, coparental conflict and a lack of available transportation, accounts for 21 percent of the variation in fathers’ levels of depression.

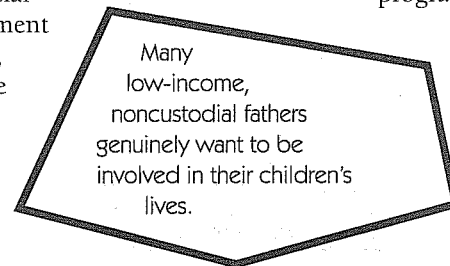
Further analyses revealed specific life stressors that were particularly salient for mental-health outcomes. For example, we found that a criminal conviction history and lack of permanent housing seemed to have greater impact on fathers’ well-being than other individual life stressors. We speculate that these stressors are particularly important because they pervade other areas of the fathers’ lives. For example, stigma associated with a

criminal history may limit a man’s ability to find jobs that provide opportunities for skill development and economic mobility. It may even prevent him from securing any employment at all. Similarly, an unstable housing situation may undermine his sense of safety and his ability to successfully perform other roles, including participating in a Responsible Fatherhood program.

Our evaluation also included a series of focus groups. We asked program participants about their fathering experiences and their perceptions of program services. Fathers alluded to the stress they experienced because of the problems stemming from their low levels of educational attainment—low-paying and physically demanding jobs that deprived them of time and energy. Prior research has established linkages between socioeconomic variables such as education and employment status and fathers’ involvement with their children. The degree to which stress mediates these links is an interesting issue for further research.

## RESILIENCE AMONG ECONOMICALLY MARGINALIZED FATHERS

We believe that it’s also important to study the functional ways low-income fathers adjust to the constraints of poverty. Several studies, including this one, have revealed strengths that challenge stereotypes of low-income, noncustodial fathers. These strengths include a genuine desire to be involved in their children’s lives, a willingness to assume a caregiving role and undocumented financial assistance (that is,



Many low-income, noncustodial fathers genuinely want to be involved in their children’s lives.

*Fathers continued on page F8*

### FATHERS *continued from page F7*

financial support that does not go through a state child-support system). There is, however, still a paucity of research on these more positive aspects. This is unfortunate, since such research has the potential to highlight low-income fathers' ability to respond constructively to adverse economic conditions. Such research might also reveal the adaptive functions of the fathers' family patterns.

#### PROGRAM RECOMMENDATIONS

Our initial findings indicate a need for program initiatives that respond to the stressful life circumstances of low-income fathers. Our preliminary results suggest that life stress contributes to poorer mental health, which, in turn, may hold implications for fathers' involvement with their children. Studies of depressed mothers and their interactions with their young children have shown the negative implications for these mothers and their children. Less is known about the relationship between paternal depression and father

involvement, but it is reasonable to think that developing good mental health could increase fathers' resiliency and "responsible" fathering.

Due to the multiple and complex needs of many low-income fathers and the connection between life stress and fathers' mental health, Responsible Fatherhood programs should take a comprehensive approach to service delivery. This would:

- help fathers secure permanent housing;
- help alleviate the barriers faced by fathers with criminal conviction histories;
- invest resources in mental health assessment and treatment;
- examine fathers' job performance and family life in relation to their levels of life stress; and
- acknowledge fathers' strengths, and draw upon them to increase fathers' involvement with their children.

Researchers, policymakers and practitioners must be cognizant of fathers' life stressors along with the



Elaine A. Anderson, Ph.D., Laura R. Hoard, M.S., and Julie K. Kohler, Ph.D.

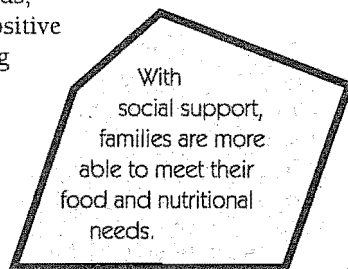
resilience they have developed. Responsible Fatherhood programs that acknowledge both fathers' strengths and challenges have the potential to enhance low-income fathers' well-being and, ultimately, strengthen their ability to develop and maintain positive father-child relationships.

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### MOTHERS *continued from page F6*

the food-stamp program. These programs help parents understand nutritional needs, introduce them to positive approaches to feeding children, and teach them how to look at the total resources available including food pantries, WIC, food stamps and earned income and how to stretch them to best feed their families. A mother reported, "... [Nutrition education] gives you more information and then you are a better parent because you can make... more informed choices."

With social support, families are less stressed and more able to meet their food and nutrition needs. Their



lives often improve in other ways, too, as they improve their time-management and problem-solving skills, gain self-confidence, and find better jobs. Families without social support eat a poorer diet, are more food insecure, spend less time together as a family, and feel helplessness, frustrated and hopeless.

#### RECOMMENDATIONS

Programs and policies designed for low-income families should:

- involve families in decisions directly affecting them to increase their sense of empowerment,
- provide family-centered programs that are responsive and sensitive to the entire family system, and

- integrate nutrition education into other programs serving families, such as the Food Stamp and Welfare to Work programs, for a more coordinated service delivery system.

In addition, front-line staff need to assist families develop social support networks and learn how to use them. Policymakers need to seek out the "voices" of low-income families and involve families in developing and shaping public policies that directly affect their lives. The policies guiding PRWORA and programs such as the Food Stamp Program should be closely reviewed to ensure that they are creating an atmosphere of empowerment for families.

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# Resilience Among Children in Kinship Care

by Monique Y. Johnson-Garner, M.A., Education Director, Crisis Intervention of Houston, Inc.; and Steven A. Meyers, Ph.D., Assistant Professor of Psychology, Roosevelt University, Chicago

Approximately 150,000 children reside with relatives who provide full-time caregiving after the court has assumed legal custody and they have been separated from their parents. Children within kinship care encounter numerous challenges. Often they have been removed from their parents' homes because of abuse or neglect. They also frequently contend with economic hardship and the stress associated with the separation from their birth parents.

Yet despite these challenges, some children thrive in kinship care homes. These resilient children often display positive personal traits, such as an ability to engage others, to problem solve and to communicate effectively. In addition, family dynamics and parenting styles contribute to resilience.

In a qualitative investigation, we studied 30 children residing in kinship care homes to determine why some succeed in their placements while others do not. Caseworkers at a child welfare agency identified 17 resilient children and 13 nonresilient children in kinship care. We interviewed them as well as their caregivers. Because African American children represent the largest percentage of children in kinship care, we exclusively studied this population.

## PERSONAL CHARACTERISTICS OF CHILDREN

Resilient and nonresilient children differed markedly in their ability to understand their situation. Nonresilient children were generally able to describe the basic details about the reason for their placement, for example: *At first we were living with my mom, and then we lived with my father because my mom was doing some things that she was not supposed to do. Then we was with my grandmother and she was doing some things she wasn't supposed to do, so my*

*father went to court and got us, and a couple of weeks after that he died.*

On the contrary, the resilient children wanted to know about their situations. One 16-year-old who had been forced to live in a residential program prior to living with her maternal grandmother explained why she felt so fortunate to be with family: *I like it because . . . I'm here with my grandmother and my family and I'm not out there in all the violence or danger or something. I am not being abused or nothing, so it's all right.*

Resilient and nonresilient children also differed in the way they responded to the questions about themselves. Many of the resilient children seemed confident. They wanted to overcome obstacles and take control over their lives. One teenager explained: *I am athletic and I am outgoing. I never let myself fail; I keep going until I get it. But the nonresilient children seemed unsure of themselves: When I do good, I think I am a great kid, but when I do wrong, I know I am not being so good, so really I don't think that I am the best. I have my on and off days.*

## RELATIONSHIP BETWEEN PARENTS AND CAREGIVERS

The relationship between the kinship caregivers and the biological parents influenced the child's adjustment as well. Kinship caregivers and their related children needed to acknowledge how the shift in roles impacted their family.

The caregivers of the nonresilient children expressed conflicted feelings about their relationships with the birth parents and their roles were not clearly defined. One caregiver explained it this way: *I have a relationship with his mother and I don't have a problem with his mother, but she really has problems. I used to take him to see her because I wanted a bond connection with him and his brothers. Sometimes when I would go she would be nice and then other times she would be real nasty and indignant. I*

*told her, "You know I am doing something for you. I'm trying to help you but I really don't have to bring him to see you." So I stopped carrying him.*

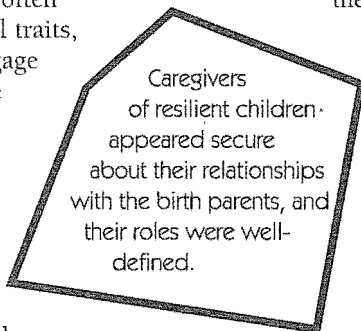
On the contrary, caregivers of resilient children appeared secure about their relationships with the birth parents, and their roles were well-defined. Said one grandmother: *At first it was a lot of resentment. The fact that I had her children...she felt that I put her children before her; and in a sense she was right. I took the children not to help my daughter. I took the children because they did not ask to come into this world, and somebody had to love and nurture them... Initially there was resentment, but now I think it's more appreciation; I never thought it would change like this.*

## FAMILY CHARACTERISTICS

Although all kinship care families reported the same level of cohesion, critical differences emerged in the flexibility of families who provided care. Specifically, kinship caregivers needed to assume new family roles. Resilient children and their caregivers were less confused about these role changes and frequently identified the kinship caregiver as the parent: *I'm a parent. I do everything that a parent would do. There is no time when I am a grandparent with these children. I am always the parent.*

On the other hand, nonresilient children lived in families where the roles were more fluid and less well-defined. One caregiver said: *I keep trying to keep a positive mind and stay focused on what I am supposed to do from day to day, because sometimes throughout the day you can get stressful and say the wrong thing or do the wrong thing.* Nonresilient children generally lived in less supportive, more unstructured homes in which their feelings were not consistently addressed. These children exhibited more adjustment problems and their caregivers had more difficulty stabilizing their behavior.

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# Caring for Chronically Ill Children: the Case of Tuberous Sclerosis Complex

by Marcie Parker, Ph.D., CFLE, Senior Qualitative Researcher; Optum®, Golden Valley, MN

Families caring for chronically ill children face difficult challenges that test their resilience. To find out how families cope with these challenges, I surveyed 12 parents whose children suffered from Tuberous Sclerosis Complex (TSC), a genetic neurologic disorder that can affect multiple systems in the body including the brain, kidneys, heart, eyes and lungs.

The prevalence of TSC was recently estimated to be one in 10,000 in the general population and one in 6,000 live births. TSC occurs in both genders and in all ethnic groups. It is difficult to diagnose and complex to manage. Its course is unpredictable and its expression varies from person to person.

Most families caring for TSC children are profoundly affected. Here's how one mother described the difficulties of caring for her son: *Peter is extremely physically active and has no common sense at all. ... When we have respite care come in, we don't go anywhere, but we just relax around the house. ... It's a real break for us just to be able to let our guard down and goof around...*

## STRUGGLING TO UNDERSTAND

When TSC is diagnosed, a family's initial reactions are often denial, minimization of the disorder's severity or feelings that the diagnosis simply is not fair. Families struggle to understand "why." Parents wonder if the disease will improve or get worse, whether siblings will develop it, at what age their child may die, and how much they should expect from the child. Little information is available, and what parents do find is often contradictory.

Caring for a TSC child often prohibits spur-of-the-moment family activities. This lack of spontaneity is due both to the unpredictable nature of the disease as well as to the impairment of the child's normal development. Said one mother: *We never do anything*

*spontaneously. Everything is a major production. If she starts screaming we have to leave, no matter what it is we are doing. She interrupts all our plans, our times out, our dinners and shopping.*

## GRIEF AND GUILT

Some parents experience chronic grief. One father described it this way: *Having a child with TSC means chronic grieving, chronic sorrow. There's never any closure. ... I feel intense sorrow, grief, sadness and fear, and I never talk about it.* His wife's grief ebbed and flowed. Their child was severely affected, and she mourned the lost opportunity to have a normal second child.

Some parents felt guilty. Mothers questioned their behavior during pregnancy. One father was himself diagnosed with TSC at age 35 when he began to have seizures. By then he had five children, and he felt responsible for passing on the disease.

Parents also felt torn when their child had a medical crisis. They wanted their child to live, yet they also longed for an end to the child's suffering and their own caregiving burden.

## TRYING TO COPE

A few parents experienced understanding and clinical support from health-care providers, but most reported that providers discounted what they said about their children's condition. Often physicians do not know much about TSC and fail to diagnose it. Once a diagnosis is made, physicians may send families home with little information, hope, support or access to home-care services, leaving them feeling angry, frustrated and hopeless.

Having a child with TSC also affects one's marriage. Couples tend to focus intensively on acting as full-time attendants for their sick children. One

mother said: *Having a TSC child is very stressful to a marriage because you basically have to put your relationship ... in the background in order to take care of this ongoing medical crisis....*

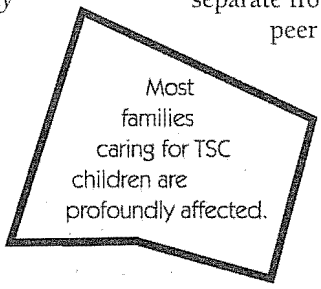
Most parents knew their child might never experience some normal developmental stages. At the same time, they were often coping with normal teenage behaviors such as the drive to separate from the family and find a peer group. An additional source of stress for parents is that they often cannot tell which behaviors are voluntary and which are not. Several parents said that the TSC child manipulated the family by screaming and acting-out behaviors.

Said one parent: *Jake is also going through the normal preadolescent independence surge but without learning the internal controls and self-discipline that go along with it. He has no common sense, no sense of the consequences of his actions. He has little rational ability and bypasses the rules all the time. As parents, we can never be sure how much of this is intentional or not.*

## REDUCING THE STRESS

Here are some things families found helpful as they tried to cope:

- Familiarity with the health-care system. Navigating the health-care system to get needed services can be difficult. It requires persistence.
- Physicians and providers who explain the variability of TSC. Good information helps families feel less isolated and allows them to explain their child's condition to family, friends, neighbors, school, case managers and social workers.
- Websites, articles, association phone numbers, support groups and other sources of information.
- Informational mailings from



Most families caring for TSC children are profoundly affected.

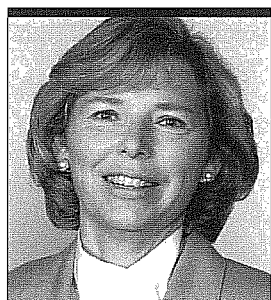
TSC continued on page F11



# Stress, Coping and Disability

by Judy O. Berry, Ed.D., Professor of Psychology, The University of Tulsa

**O**n a warm morning in early March a young couple got into their Volkswagen convertible to head for the hospital for the birth of their first child. Following a normal labor and delivery, a tiny baby boy was born. The mom's first words of greeting to her newborn son were "Oh, aren't you sweet." Then she frowned and asked the doctor, "Why is he so small?" The answer to that question was "small for gestational age."



Judy O. Berry, Ed.D.

It was the first of many confusing medical terms she would hear and the first of many frowns.

The next years were filled with medical terms, some confusing, others only too clear — like *mental retardation*, *visual impairment*, *hyperactive*. The next years were also filled with struggles: learning about this child and his needs, locating necessary services, and adjusting as a family. But there were also joys: the excitement of developmental gains, often small, but still exciting; and the pleasure of seeing a loving personality develop.

This boy was a pioneer: one of the first to receive infant therapy services, then federally-mandated school services under IDEA and later on, vocational training. Meanwhile his parents found out about his rights and theirs, and learned to advocate for him and others.

I am the mom in the Volkswagen. I am also a psychologist specializing in parental stress. I know that professionals need sensitivity, competence and resourcefulness to help parents whose child has a disability cope with stress and find satisfaction in the parenting role.

As in other stressful situations, parents cope better when they can find and sustain meaning in their new and

changing roles, and achieve and maintain mastery over their new and changing tasks. Most families experience certain stress points during this process. Here are some ways that professionals can help parents find meaning and establish mastery at each point:

- **Learning the diagnosis**

As professionals help parents deal with the loss of the child they expected to have, they must also help them learn the tasks of feeding, daily care and monitoring health. As these skills are mastered, meaning becomes clear: this child's very survival and opportunity to thrive depends on the parent's love and competent attention.

- **Securing an array of services**

Parents need help to learn how to navigate the service delivery system and be advocates for their child. Meaning comes because services spell success. Children make progress when they receive needed services from competent professionals who seek and value family input. And the child's progress spells parental satisfaction.

- **Transition: from school to work, from family living to community living**

Just when parents feel like they know what they are doing, things change. As their child reaches adolescence, professionals must help parents master new and scary challenges. This can be a time of fulfillment for parents, however, as they see their child accomplish the tasks required of all adolescents: achieving a sense of identity and separating from the family.

Over time, mastery and meaning come together. As parents master advocacy skills, meaning comes from realizing that their efforts have benefited not just their own child, but many others. This provides satisfaction that they never dreamed of in the days of "learning the diagnosis."

Our son, now an adult, has moved into a supported living situation in the

community. When I explained the move to his five-year-old brother, the younger boy said, "But Doug is still ours."

It's true. Doug is still ours, and we are glad because we love and enjoy him. And we know firsthand that for families whose child has a disability, stress is inevitable, but satisfaction is achievable. Professionals must not underestimate either.

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## TSC continued from page F10

organizations such as the Tuberous Sclerosis Alliance that provide helpful information on new research, treatments, caregiver tips, etc.

- A good care manager who listens to the family, considers the needs of the TSC child, advocates for the family and helps find appropriate services.
- Physicians who wait until the family asks for help. Otherwise family members may feel angry at the suggestion that they should consider out-of-home placement. On the other hand, physicians can give families "permission" to consider placement.
- Alternative placement. It offers the family a chance to heal and do a better job of advocating for the affected child; it also allows families to meet the needs of non-affected siblings.
- Older, more experienced parents who reach out to younger parents to offer guidance, advice and suggestions.
- Asking neighbors, friends and community members for support. One family reported that because their neighbors knew about their TSC child, they would bring her back if she got out of the house and started wandering.

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# Recapturing Resilience: Solution-Focused, Competency-Based Family Therapy for Children with ADD and their Families

by Susan M. Wolfgram, M.S.S.W., I.C.S.W., Doctoral Student at the University of Minnesota, Department of Family Social Science, Marriage and Family Therapy; and Marriage and Family Therapist at Luther-Midelfort Behavioral Health Clinic, EauClaire, WI

**Resiliency:** the property of a material that enables it to regain its original shape or position after being bent, stretched or compressed. (Webster's II, 1987)

I like to think that as a family therapist who works with ADD kids and their families I am helping both parents and children access that "property." By the time families reach my office, they have been "bent, stretched and compressed" to the point of losing their "original shape." My job is to help them recapture their competence, energy and joy.

By "ADD," I mean all three types of this disorder: attention deficit-inattentive type, attention deficit with hyperactivity (ADHD) and the combined form. Children with ADD and their families desperately need a new language that validates their strengths and resourcefulness. Unfortunately, they are mired in the disease vocabulary of DSM-IV.

When a child begins to struggle with attention problems in school, a cycle of shame and failure begins — not just for the child, but for the family as well. Often they find little support from either the schools or the mental-health community. Parents and children often become paralyzed.

All too often medication management is offered as the only solution. My point is not to discuss whether medication is helpful. But if medication is prescribed, I recommend it be used in combination with competency-based, solution-focused family therapy. This approach is supported by the Columbia University's Multimodal Treatment Study of Children with ADHD. When medication alone is used, children may

feel that they are defective and the medicine is supposed to "fix them."

Children with attention problems need to be assessed and worked with closely to identify their resilient characteristics. These include their personal goals and problem-solving skills. Parents may find themselves so involved in problem-focused conversations with schools, social workers and mental health providers, that they lose sight of their child's strengths and their own problem-solving capabilities. They begin to accept their own disempowerment.

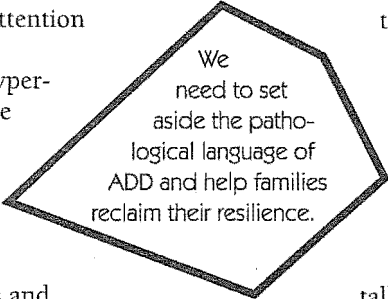
It's our job as family therapists to help children and families understand that ADD will always be a challenge, but that it doesn't have to be a "dis"-ability. And to do this, we ourselves need to believe that families are fundamentally resilient and capable of change.

In his book, *Solution-Focused Therapy With Children*, Mathew D. Seleckman explores the factors that make children resilient. These include individual and family characteristics as well as extrafamilial support. According to Seleckman, resilient children possess an optimistic explanatory style, a good sense of humor, self-efficacy, strong social skills, cognitive competence, pronounced self-sufficiency, perseverance, strong problem-solving skills and good management of emotions.

Their parents are caring and supportive, have strong relationships with their children, and possess optimistic parenting explanatory style. Resilient children also have a nurturing support system of relatives, friends, teachers, neighbors and inspirational significant others.

In my therapeutic work with children and their families, I focus on these protective factors, setting aside the pathological language of ADD. Here are a few key pieces of this solution-focused approach:

- I allow both parents and child to "give voice" to the problem-talk until they are done — but only during one session.
- Parents are assigned to keep daily track — without the child's knowledge — of the things their child does that they appreciate. Parents must be specific about these "good deeds." Nothing is too small. During the following session, they share their observations with the child. This process helps parents and child reconnect. It also helps lift the family out of entrenched negativity, by beginning a more optimistic and appreciative conversation between parents and child. Children will usually begin to do more of what their parents are noticing. I have parents continue this for at least four sessions.
- I also help parents to establish lower-conflict management of emotions in the home. For example, I ask parents to establish clear "actions and consequences" with less talk at the time of the disturbance. I urge families to have a "kitchen-table talk" with the whole family, so everyone understands the new rules. Parents explain "actions and consequences" as a way of managing behavior and emotion rather than as a punishment.
- During our therapy sessions, I encourage the family to talk about how they have worked together in the past to solve problems and how each family member has helped the family "bounce back."
- I allow children to voice their own ideas about what would be helpful



We need to set aside the pathological language of ADD and help families reclaim their resilience.

Children with ADD continued on page F14

# Pressure Points: Factors Related to Stress in a Survey of Immigrants

by Paul Mattessich, Ph.D., director of Wilder Research Center, St. Paul, MN

**A** recent survey of four major immigrant groups suggests that efforts to improve immigrants' lives should take into account some common themes, but also significant variation in the sources and levels of stress that immigrants report.

## ABOUT THE STUDY

This scientifically valid, random household survey of 1,119 immigrants in Minneapolis-St. Paul, Minnesota, was conducted by telephone. The response rate was 74 percent. People could choose to be interviewed in English or in their native language. To find immigrant households, we screened more than 12,000 households in neighborhoods with high concentrations of immigrants. Thus, the results reflect those immigrants who live in clusters of foreign-born people, not necessarily those scattered among predominantly native-born Americans.

While previous surveys capture people's views *about* immigrants, this one reflects their own experiences. A second distinctive feature of this study is its quantitative nature; while qualitative studies provide excellent detail on a few immigrants' experiences, it is difficult to know how typical they are. A third feature is the inclusion of four major immigrant groups living in the same community at the same time.

## WHO PARTICIPATED?

The survey included 276 Hmong, 218 Somalis, 198 Russians and 200 Hispanic/Latinos, primarily from Mexico. The survey also included 227 immigrants from other countries, whose responses are included wherever we report overall results for all immigrants.

We spoke with more women than men (55 percent to 45 percent). Two-thirds of the immigrants had at least a high-school education; 36 percent had a college diploma. Thirty percent of the households included just one adult, 48

percent had two adults and 22 percent had three or more. At least one child lived in 49 percent of the households; 23 percent had three or more children. Six of 10 respondents were married or in a marriage-like relationship; 22 percent had never married.

## MAJOR STRESSES

We asked immigrants to name their greatest source of stress. Language topped other responses—1 in 4 named it as their greatest stress. Other stresses mentioned by at least 1 in 20 immigrants included

- separation from family and friends,
- health problems,
- financial problems,
- finding and keeping a job,
- homesickness and isolation, and
- child-rearing issues.

We were surprised that 10 percent said "nothing" caused them the most stress. Some of these people may have felt no particular stress (perhaps compared to the circumstances they left behind) and some may have felt so many different kinds of stress that it was difficult to choose one. Translation or cultural issues could also affect this response.

Certain types of stress were more common within specific groups. For example, almost half of the Hmong and a third of the Russians cited language issues, in contrast to only 1 in 5 Somalis and 1 in 10 Hispanics. One in 5 Russian participants (who were much older, on average) mentioned health problems, compared to low numbers in the other three groups. Hmong immigrants were more likely than others to identify raising children as their biggest source of stress. Somalis were twice as likely as others to report separation from family and friends as their greatest stress.

We also asked: "Are Americans ever mean or unkind to you?" About 1 in 4 immigrants reported they had experienced mean or unkind treatment. Hmong (36 percent) and Hispanics (29 percent) reported this more often than did Somalis (19 percent) and Russians (only 6 percent). Of those who reported mean or unkind treatment, about one-fourth reported this occurs "often."

This means that 5 percent of the total sample, or 1 in 20 immigrants, experiences ill treatment on a regular basis.

Another measure that may indicate stress is immigrants' attachment to their native land

and their feelings about leaving. We offered several broad statements and asked which best described their feelings about leaving their country of birth. Almost half of the immigrants (46 percent) said, "I miss it, and I hope to return someday in the future."

Another 34 percent said, "I miss it, but I'm glad I left." A very small proportion (3 percent) said, "I wish I had not left." On the other hand, 13 percent said "I don't miss it, and I'm glad I left." This was much more prevalent among Russians (35 percent), and voiced by only 6 to 7 percent of other groups.

We asked immigrants whether "people in the United States understand what life was like in your native country." An unexpectedly high proportion (about 40 percent) said yes. A different question about their children's school experience yielded similar results: About two-thirds of parents felt that their children's teachers know enough about their culture. Hispanic parents (74 percent) were most likely to feel this way; Russian parents (42 percent) were least likely. This may relate to the fact that Hispanic migration to Minnesota has the longest history of any of the four immigrant groups.



Pressure Points continued on page F14

### **PRESSURE POINTS** *continued from page F13*

#### **OTHER FACTORS**

Analysis of the survey data hints at some characteristics and circumstances that influence the stress levels of immigrants.

A factor consistently, although mildly, related to stress was the immigrant's cultural identification. We asked participants whether they considered themselves more American or more Somali, Russian, etc. About 75 percent identified more strongly with their native culture, 19 percent considered themselves more American and 7 percent were not sure. This was fairly consistent among all immigrant groups. The "more American" immigrants fared somewhat better on all the stress indicators.

Those who identified themselves as more American were less likely to think about returning to their native country. They were more likely to have participated in typical American activities, such as visiting local museums, going to the movies, visiting a park, or going to the Mall of America or the Minnesota State Fair — which might reflect less isolation.

We asked people whether they would rather become more a part of American culture or keep up the language and ways of their native culture. Although interviewers tried to elicit a leaning in one direction, fully 47 percent refused to choose, saying they wanted to embrace both cultures. Another 38 percent said they would rather keep their native culture, and 15 percent said they wanted to become more American. The responses were remarkably similar when asked the same question about their children: 50 percent said the next generation should embrace both cultures. Fewer than 5 percent in any immigrant group thought it was "OK for children in your family to just speak English and forget their native language."

Immigrants who gave lower ratings to their English ability were less likely to be working for pay, and less likely to consider themselves "American." Interestingly, those who reported less ability to speak English were a bit more likely to have come to this community because family or friends were here. Thus the survey gives some evidence

that, while people with limited English can count on the support of family and friends (an adaptive advantage in a new culture), heavy reliance on that support prevents people from developing the skills and confidence to act independently (an adaptive disadvantage).

#### **SURPRISING NON-FACTORS**

Perhaps as interesting as the correlations that did emerge are some that did not. Immigrants' stress levels, as measured in several ways, did not appear directly related to:

- whether or not the person had a paying job,
- how long the person had been in the U.S., or
- the presence or absence of local family or kin.

*For more information, contact [pwm@wildcr.org](mailto:pwm@wildcr.org). You can download the 20-page report *Speaking for themselves: A survey of Hispanic, Hmong, Russian, and Somali immigrants in Minneapolis-Saint Paul* at [www.wildcr.org/research](http://www.wildcr.org/research).*

### **CHILDREN WITH ADD**

*continued from page F12*

both at home and at school. But we also talk realistically about learning how to respond to difficult and stressful situations when things can't be changed. This helps children to begin developing an "inner locus of control." Many families are led to believe that schools will accommodate their children's needs and become frustrated when this does not happen. Although these are legitimate concerns, it is more practical to help a child develop resiliency in case the school does not follow through. After all, once a child graduates from high school, employers cannot be counted on to make accommodations.

- I also try to help children manage internal emotional states, primarily anxiety. I teach diaphragmatic breathing, mindfulness techniques and how to put together a "tool bag" of self-interventions that will work when

they encounter trigger situations.

- I try to meet with the child, family, guidance counselor and teachers. I like to contact teachers in advance and ask them to document what the child does well. Often it is difficult for them to come up with anything! If this is the case, it means they have an unbalanced view of the child. During the meeting, each teacher tells the child what he or she is doing well. We then ask the child what the problems are in each class and how he or she plans to remedy the problems. Together the teachers and child come up with a plan as well as a means of follow-through, coordinated by the guidance counselor and self-monitored by the child as much as possible, with parents as back-up.
- I help parents and child to agree on a "study-structure" at home as well as a bedtime routine. These are usually

two challenging situations. With a "first things first" philosophy, the child is allowed to use the phone, have computer time, watch television or play video games only after schoolwork is done and other family obligations are satisfied. As a child begins to demonstrate increased responsibility for self, the structure is eased.

For most families a diagnosis of ADD is a paralyzing experience. They find themselves trapped in a cycle of failure and diminished hope. But when we use a solution-focused, competency-based therapeutic approach, we can help children and families reclaim their resilience and ability to bounce back as they begin to see ADD as a challenge, but not a "dis"-ability.

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# Catastrophe: Refugee Families' Adaptation to War Trauma

by Kyle D. Killian, Ph.D., Family Therapy, University of Houston-Clear Lake; and Anna M. Agathangelou, Ph.D., Global Change Institute, Nicosia, Cyprus

**A**s we recently saw in the former Yugoslavia, armed conflicts dramatically disrupt and irrevocably change the lives of families across the globe. In the wake of the sudden, unpredictable and uncontrollable horrors of war, how do families make meaning of their experiences, cope and adapt? We are studying the way Greek-Cypriot families have dealt with trauma, such as loss of their homes and the disappearance and death of family members resulting from a war in 1974. We began by hypothesizing that refugees, women and first-generation family members would report lower well-being and more symptoms of post-traumatic stress disorder (PTSD) than nonrefugees, men and second-generation family members, respectively.

Thirty-one Greek-Cypriot families, with a total of 92 members — 36 men and 56 women — participated in the study. Parents were 50 years of age or older and had one or more adult children over 30, who had been at least five years old during the war. There were 10 nonrefugee families who did not lose their homes, possessions or family members in the war, 11 refugee families who lost their homes and possessions in the war, and 10 refugee families who lost their homes, possessions and a family member. The families completed 10 self-report instruments, including the Penn Inventory of post-traumatic stress, Family Stressors Index, Family Coping Index, Social Support Index and the Family Well-Being Index.

What have we found so far? Thirty-five percent of the variance in family member well-being was accounted for by three factors: current family stressors, post-traumatic stress symptoms and family coping behaviors. As expected, the nonrefugee families tended to score significantly higher on well-being than refugee families, and

men scored significantly higher on well-being than women. Refugees reported a more external locus of control than nonrefugees. Refugees also reported significantly higher levels of experienced trauma and PTSD symptoms than nonrefugees. Women reported more PTSD symptoms than men. They also reported less social support. Finally, well-being, social support and family stressors did not differ between the first and second generations, but parents did report more traumas and more

PTSD symptoms than their adult offspring.

## REFUGEE STATUS

It makes sense that refugees report significantly more traumatic experiences and post-traumatic stress symptoms

than persons who did not lose their homes. Thirteen out of 60 refugees scored at or above the clinical cut-off score of 35 on the Penn Inventory suggesting a diagnosis of PTSD. None of the nonrefugees scored this high. This finding is consistent with other studies showing that between 15 and 25 percent of those who suffer multiple war traumas exhibit signs of serious mental disorder up to 50 years later, but that most people do not develop serious disorders such as PTSD.

Refugees also reported a more external locus of control than nonrefugees, that is, they tended to view life events as being determined by luck and circumstances and not affected by their own agency. This finding is likely connected to the impact of catastrophic stressors, such as displacement, that are sudden, unpredictable and out of one's control, both then and now. For example, no refugee has returned home to Turkish-occupied northern Cyprus since 1974.

## GENDER

Women scored significantly higher on PTSD symptoms and lower on social support and well-being than men. Since women did not report a higher frequency and severity of traumas than men, questions arise about the qualitative nature of the experienced traumas and the coping mechanisms of women and men.

Early findings suggest that men experience regular opportunities for social support by frequenting the *kafencia*, or coffee houses, in their local communities on a daily, and sometimes nightly, basis in Cyprus. Having a place to discuss social issues may serve as a buffer to long-term maladaptation to trauma and may enhance a person's sense of well-being. Men's presence at the *kafencia* represents an access to a public space. Women have no parallel privilege, activity or social outlet. In short, patriarchy grants men certain privileges and does not bestow the same prerogatives on women.

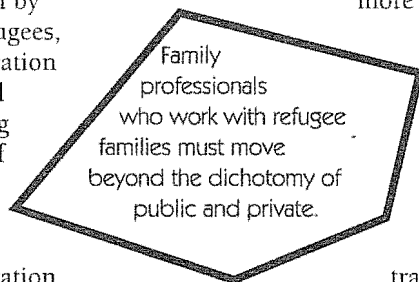
## GENERATION

The higher levels of experienced trauma and PTSD symptoms for the older generation make sense. Research participants who were adults in 1974 had already witnessed or participated in previous ethnic conflicts during the 1950s, in 1963-1964 or in 1967. They were also more likely to have experienced a broader range of stressors during the 1974 war, such as imprisonment, beatings, having seen multiple killings or having killed others during the conflict. Curiously, the variables of family member well-being, social support and family resilience did not differ between the generations.

## IMPLICATIONS FOR FAMILY PROFESSIONALS

What can we as family professionals glean from these early findings? Clearly, social support is crucial to recovery from catastrophic situations. In addition, problem-solving communication

*Catastrophe continued on page F16*





# Refugee Family Experiences: Real Life Stress that Would Never Pass IRB Standards

by Maureen Lynch, Public Information/External Relations Secretary, United Nations High Commissioner for Refugees, Regional Office for the United States of America and the Caribbean

All families confront change and disaster. A prolonged event such as undergoing a refugee experience becomes part of a family's history, and in combination with other elements, part of a family's identity. As someone once remarked, "Trauma can provide opportunity for the study of extreme stressors that would never be replicable in a laboratory. There are things which occur in real life that would never get past human subjects review boards." In short, what we know and can learn about refugee families in relation to their family identities may be useful to families in other traumatic situations and to families in general.

The five-part construct of family identity proposed by Bennett and colleagues in 1988 is a useful structure to examine this idea. It incorporates beliefs about family membership and relationships. Family identity encompasses how family members interact with each other during their day-to-day lives, also called quality of daily life. Qualities of daily life include

- whether differences between members are tolerated (differentiation);
- detachment or intimacy (intensity);
- the degree to which the family can envision the world beyond its doors (social breadth);
- how the family views its own experience (self-reflection); and
- the family's sense of right and wrong (moral evaluation).

The final component of family identity, which was explored in a recent study, is a "historical" dynamic.

I recently conducted interviews with 10 families who left Southeast Asia (six Cambodian and four Vietnamese) as refugees between the mid-1970s and the early 1990s. Personal and telephone interviews ranged in length from one hour to nearly three hours.

To qualitatively analyze the information, I constructed simple tables showing speaker identification and the main points addressed. Subsequently, I made a list of recurring themes, which included any obvious patterns and the range of responses among families.

Despite their difficult experiences and time spent in a refugee camp or other transition site (one week to more than four years), families considered themselves lucky.

Most notably, the experience of being refugees impacted the membership of the interviewed families not only at the time of initial loss, but through subsequent attempts to restructure. Family size for all families (limited to father, mother, and children) before the refugee experience ranged from three to 11 members, with an average of nearly eight. Family structure changed through loss of members through separation during their flight, death before or during refugee experience, and marital disunion. Family structure was also changed through addition of members by adoption, remarriage, and new births after flight.

Family members reported intra-familial tension created by conflicts between old and new cultural values. The ways families handled the disunity that resulted from members adjusting to the culture at different speeds in diverse ways. Some families reported minimal or no problems. But others did have problems. Families who acknowledged having problems dealt with the situation and each other with acceptance and understanding, discussion with or without compromise, being good or passive in response to difficult situations, or fighting.

One question not included in the first conversations, but added at the suggestion of interviewees, concerned reflection by family members on how

they had been able to survive their experience and how they got where they are today. Answers were based on a variety of positive philosophies — including self-acceptance and staying true to one's own philosophical or religious beliefs.

In short, there was evidence of a family-history component to the family identity construct. Furthermore, participants generally agreed that retelling personal accounts and family stories could be beneficial as a tool for helping individuals and families recover their identity, retain important cultural values and beliefs, and form a sense of coherence and belonging in the new culture.

For more information, contact [maureen@refintl.org](mailto:maureen@refintl.org).

## CATASTROPHE

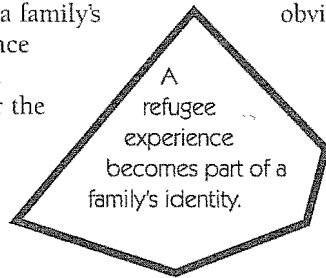
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within the family is another factor associated with higher levels of well-being.

Helping professionals can encourage families to access social support and coach them when interpersonal and communication skills are lacking. Families nearly always possess the capacity for coping with traumatic stressors. Perhaps by talking about their experiences, they will feel more confident and competent about future challenges.

When a sense of community exists, family members can be encouraged to tap into available resources of advice, favors, companionship and a sense of belonging. War, however, rips the social fabric of refugees' lives, disrupting physical, psychological and emotional structures that may have been in place for generations. This leaves people both without a home and without a sense of belonging, that is, a sense of being part of something bigger than themselves. Encouraging community cohesion in villages and towns in Cyprus involves grass-roots organizing, activism

Catastrophe continued on page F17



# How Host Families Can Help Immigrants

by Jane R. Rosen-Grandon, Ph.D., CFLE, Licensed Marital and Family Therapist and Licensed Professional Counselor in private practice, Greensboro, NC

**F**or over a decade, church and synagogue groups have actively volunteered to help immigrant and refugee families meet needs that range from the basics of food, clothing, shelter and medical care to the more difficult task of understanding the ways and means of life in the United States. As one who has been involved with the resettling of immigrants from the former Soviet Union, and more recently refugees from Kosovo, I'd like to share a few of the lessons I have learned.

Being a host family is not as easy as it looks! While almost everyone who volunteers to help immigrating families finds it to be a very rewarding experience, it is not an easy task. That's because hosts are reaching out to an immigrating family at a time in their life when every member is experiencing some amount of trauma because of the relocation.

Being a host family means treating others like they are your new relatives. Imagine that distant cousins from another country have just moved to town. The decision to immigrate

may or may not be permanent, and it may or may not have been voluntary. The fact of their immigration is a testimony to their strength as a family, but it may also be a source of emotional pain. If they have escaped from a bad situation, they are probably filled with concern for those they have left behind. No matter how well they did for themselves educationally and economically in their homeland, they have no doubt lost most of their life possessions, and they will have to start over. As such, they will be both grateful for your assistance and somewhat ashamed to need it. Perhaps this is why it is said that the highest form of charity is anonymous.

There are four approaches to the process of acculturation. Research suggests that the process of resettlement results in the following four types of relationships between members of the host culture and members of the immigrant culture:

1. *Integration* takes place when both cultures are viewed positively and respectfully, and when the positive elements of both cultures are acknowledged and shared.
2. *Assimilation* is when immigrants are encouraged to give up their culture of origin in favor of adopting the standards of the host culture.
3. *Separation* occurs when members of the immigrating culture reject the values of the host culture in favor of their own, and try to avoid contact with members of the host culture.
4. *Marginalization* occurs when as the result of relocation trauma, the immigrating individual rejects both the old and the new culture and identifies with neither.

Learning a new language takes a long time. It is difficult for adults to learn a new language. Even when they have achieved some mastery, it is still easier to speak and think spontaneously in their native tongue. Unfortunately, members of the host culture tend to discriminate on the basis of language acquisition and foreign accents. Overcoming the language barrier is difficult but it is also an important key to the family's success and

comfort in the new culture.

Learning to speak a new language is a very public process. One must be willing to use it and ignore the probability of making grammatical errors or mispronouncing words. Members of the host family can help their "new relatives" by practicing English through everyday dialogue. They can also invite their guests to teach them some words and phrases in their native language. We must never equate intelligence with the ability to speak English.

Immigrants do not easily overcome their sense of loss. Relocating to another country and another culture makes one a "stranger in a strange land." Immigrants have left behind relationships with friends and family, a sense of familiarity and mastery over their environment, and their personal socio-economic status.

Initially most immigrants must give up their professions or preferred type of work and take any job in the effort to establish some level of economic self-sufficiency. For many immigrants — especially those who were professionals in their home country — this is a demeaning process, and they may be afraid of becoming locked into a menial job. Recent immigrants must be reassured that they are free to change jobs as better opportunities become available.

The decision to become a volunteer host family affords a great opportunity for personal and family growth. It is easy to take for granted the freedoms that we enjoy in the United States. When we reach out to assist and welcome newcomers to our community and to life in the United States, we add an enriching global and multicultural dimension to our lives. When we reach out to others as a family, our children learn to respect others, to share resources, to tolerate and even appreciate differences between people.

*This article was originally published in November 1999 in the Hamburger Square Post News. Reprinted with permission. For more information, contact Drjanerg@aol.com.*

## CATASTROPHE

*continued from page F16*

and public policy. Thus family professionals who work with refugee families must move beyond the Western dichotomy between public and private, for the two are inextricably linked.

Most family systems do not deteriorate to the point of requiring therapy, but instead recover from adversity. This means that larger system interventions intended to augment family well-being ideally should work in tandem with families' own abilities and strengths. Treatment programs and public policies should be guided by research and theory that acknowledge and reveal families' own capabilities, coping skills and ability to find meaning in their experiences. This is what our ongoing study intends to achieve. Stay tuned.

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killian@cl.uh.edu.

# Routines and Rituals Help Families Cope with Stress

by Barbara Fiese, Ph.D., Professor, Department of Psychology, Syracuse University

All families experience stress. Some results from normative transitions such as becoming a parent. Other stress results from situations such as chronic illness. But no matter what the cause, research shows that predictable routines and meaningful rituals are related to healthier outcomes.

## DEFINING ROUTINES AND RITUALS

It's difficult to define "routines and rituals" precisely. That's because everyone has his or her own definition of what constitutes a family routine or ritual. For some families, a regular trip to the bagel shop on Saturday mornings is considered a ritual. For others, a ritual may be a more formal gathering at a church or synagogue. One can, however, distinguish between routines and rituals in family life.

Routines of daily living involve instrumental communication that conveys "what needs to be done." These routines are repeated over time and recognized by continuity in behavior. The regularity of routines is related to the overall health of young children as well as their parents' satisfaction with the parenting role. For families with a chronic illness, the regularity of family routines reduces the stress of caregiving and provides a setting that fosters adherence to medical regimens.

Rituals involve symbolic communication and convey "this is who we are as a group." Rituals provide continuity in meaning across generations and can provide blueprints for interaction under stressful conditions. Rituals also protect family relationships under stressful conditions. For example, in households with an alcoholic member, the deliberate planning of family rituals can protect offspring from developing problematic drinking patterns.

## HOW ROUTINES AND RITUALS HELP FAMILIES COPE

At least two features of routines and rituals help families cope with stress. The first is the predictability of events and assignment of roles. Part of good working family relationships is a clear understanding of role assign-

ment. For example, sending a child to elementary school for the first time may be stressful for both parents and child.

Research shows that when families assign roles in their routine practices, such as who is responsible for getting clothes together the night before, and engage in routine conversations about school activities, children do better academically and socially during this transition.

Role assignment in routine practices has been found to ease the stresses of chronic illness. Patients with chronic pain report that when there were clear responsibilities and duties in their family routines, they were more satisfied with family life and experienced less pain.

A second feature that helps families cope with stress is the symbolic nature of family rituals. Over time, these activities support the family identity, which defines who the family is as a group and what is important in family life. Families that create meaningful rituals are better equipped to deal with stress. For example, clinicians report that preserving parts of family ritual after the loss of a family member can help the grieving process.

Symbols may include something as fleeting as an inside joke or as enduring as a set of china passed down across generations. For families under sustained stress, such as raising a chronically ill child, these symbolic meanings provide a sense of belonging

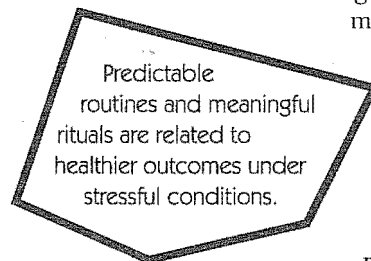
and identity distinct from the illness. Findings from cross-sectional research reinforce the relationship between meaningful rituals and decreased levels of anxiety under high stress conditions. What is not clear, however, is whether families that have organized their lives around daily routines before they become stressed are just better equipped, overall, to cope with challenges.

## FUTURE DIRECTIONS AND APPLICATIONS

Most research conducted on family routines and rituals has been descriptive and cross-sectional. The next step appears to be implementation of routines and rituals in families who are at risk for developing stress-related problems or who show signs of impaired functioning due to stressful changes in their routines. Four possible avenues of intervention appear warranted:

1. Families can be educated in the importance of routines and rituals and given practical guides for how to implement such changes in their lifestyles.
2. Families can redefine existing rituals in the face of added stress. In this case, the importance and meaning associated with the ritual can be preserved even if the roles need to be reassigned.
3. Families can re-align roles in the face of transitions that prompt a change in routines.
4. Families can reaffirm who they are as a group through the rituals and routines they practice. Although it's hard to define a ritual, most family members understand what it is, and they can create new rituals to capitalize on family strengths and resilience under high stress conditions.

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# Family Financial Resilience: Challenges and Resources

by M. Janice Hogan, Ph.D., Professor and Department Head, Family Social Science Department, University of Minnesota; and Catherine Solheim, Ph.D., Associate Dean, College of Human Ecology, University of Minnesota

**C**oping with critical financial decisions when there are no good alternatives creates stress for families. This can happen because of unemployment, illness, accident, death, or natural disaster. Financial stress can become chronic as families live from paycheck to paycheck, confuse needs with wants, have needs and wants that escalate over time, or don't plan for large bills such as property taxes, car insurance or tuition.



M. Janice Hogan, Ph.D.

Family financial resiliency is enhanced by sound financial management practices,

good communication within the family, supportive relationships with extended family and friends, government programs that provide a safety net, and knowledge of the network of nonprofit organizations in the community.

## FINANCIAL CHALLENGES

Economic cycles can create critical financial challenges. Unemployment impacts families and communities. How do families cope financially when a major business lays off employees or the mine shuts down? Does the family migrate to where jobs are more secure? What resources are available to support these families? Which government-based programs can help?

Mortgage rates impact a family's ability to buy a house and build assets. Interest rates determine the cost of student loans for college and are linked to the income from certificates of deposits (CD) that many elderly count on for income. Economic upturns and downturns are both unpredictable and uncontrollable. Good economic times

can help families build financial resources, and bad economic years challenge their financial resiliency.

Some families minimize their vulnerability by regularly spending less than their income. They are savers, asset builders and long-term planners. They avoid debt and find pleasure in a simpler life knowing they have resources available for emergencies. They are less vulnerable to economic downturns as they have built in reserves. But they are in the minority.

## FAMILY LIFE CYCLES

The cycles of family life also impact financial resiliency. Decisions about relationships, marriage and child-bearing influence family economic well-being. Some individuals bring to a relationship financial assets such as a 401K, IRA, house or car; others bring financial liabilities like unpaid taxes, overdue child support payments, credit card debt, student loans, poor credit rating or bankruptcy. Since money talk is frequently avoided in intimate relationships, it's possible for couples to unintentionally create real financial stresses and strains. Financially resilient couples openly discuss their financial situations and their views on sharing resources and responsibilities.

Families with young children and teenagers know about peer pressure and the dollar cost of the "right" clothing, hairstyles, entertainment and other symbols of belonging. Children who are engaged in financial decision-making and introduced to the idea of economic trade-offs develop coping skills. To become financially resilient, they also need to learn the value of regular saving. Of course, if one parent is a "spender" and one parent is a "saver," children may witness a mix of economic and emotional reasoning!

In the latter stages of the life-cycle, many seniors have honed coping skills, learned good financial practices, and

created a support system of friends and family. Many have saved for their retirement and enjoy good health. But the frail elderly face escalating health-care costs and declining net worth. Families who care for elderly family members are often emotionally and economically vulnerable and need additional support.

## FINANCIAL RESILIENCY RESOURCES

The resources most needed for financial resiliency are a combination of economic, social-psychological and cultural support. Economic resources can be in the form of money, time, government transfers or assets, or they can be loans, gifts or reciprocal exchanges. Money can come from the savings set aside for the unexpected accident. Grandparents may loan you a car while yours is being repaired. You may have government benefits in the form of worker's compensation.

Social-psychological resources are family capabilities and strengths. They include good communication skills, cohesiveness, flexibility, shared values, long-term goals and decision-making skills. Families who agree to plan and track their spending, set goals, and who feel some control over their lives have fewer arguments about finances and greater financial resiliency. Parental modeling helps children learn the skills they need to be financially resilient.

Cultural resources also impact financial stress. Some ethnic groups and families have a strong tradition of supporting members in need. Receiving financial help from friends or relatives in an emergency situation and setting goals of debt repayment are good coping strategies for one's future financial status. In some cultures, however, asking for assistance from relatives or friends is a source of shame, a sign of helplessness and an obstacle rather than a coping strategy.

*Financial continued on page F23*

# Family Resilience Program Helps Divorcing Parents Make Child-Focused Decisions

by Risa Garon, LCSW-C, BCD, CFLE, Executive Director, Children of Separation and Divorce Center, Inc., Columbia, MD

**S**ome people think of separation and divorce as the end of a family. At the Children of Separation and Divorce Center (COSD), we take a different view: we see separation and divorce as processes of adjustment, involving choices and change. That's why we started our Family Resiliency Program to help separated or divorcing parents make child-focused decisions about custody and visitation and avoid costly, time-consuming litigation that is hurtful to children.

When parents make a decision to separate or divorce, they are often unaware of the options available to them with regard to the legal process. Their mindset is to use the court process as the best vehicle to make decisions in their favor. Most parents aren't aware of the psychological impact their decisions have on children's developmental needs, ongoing stability and sense of security. Nor are they aware of how much time they will need to take off work or how much stress they will experience as they engage in an adversarial approach.

## DISADVANTAGES OF LITIGATION

When parents choose to let a judge decide how much and in what way each one should be involved with their children, they are, in essence, letting a stranger decide the future of their family. The judge assigned to hear the case may care deeply about children and how separation and divorce impacts them. Or the judge may detest domestic relations cases and hear the case only because he or she could not escape the assignment. But no matter how much the judge cares, the time to learn about this particular family is limited.

Getting a custody case before a judge can be a long and frustrating process. Court dockets are congested and postponements are common. Nor can parents ever be sure how a judge will decide a given issue. There may be no legal basis for an appeal if a parent

is dissatisfied. In addition, having a judge decide a custody case can be a very expensive process. There are parents who could have sent their child to college with the amount that they spent on litigating child custody and visitation issues.

While parents litigate, the children are trying to lead normal lives, even though their parents tell them the important decisions must wait for the judge's decision. And even after the judge decides, the children continue to grow and change, and this may cause new disputes. When parents insist that the judge decide each dispute, this means another visit to the attorney's office, more pleadings and another trip to court.

## CHILD-FOCUSED DECISION-MAKING

At COSD, we believe that most parents should be able to learn how to work past their grief, anger and hurt over the separation or divorce so they can continue to be competent parents to their children. Our Family Resiliency Program educates parents as early in the separation as possible about the choices they have and the need to focus on their children.

We place major emphasis on the need to reach nonlitigious, child-focused decisions, while retaining each parent's active, loving role in the children's lives. Because children's needs will change over time, the program offers opportunities for continuous work, such as renegotiation of parent agreements.

Parents who participate in the Family Resiliency Program work with an interdisciplinary team of attorneys, mediators and child-focused planners to make decisions about how much time they will each spend with the children and how that time will be spent. To reach these decisions, one or both parents might need individual or group therapy or an anger management program. Their children may benefit

from individual or group therapy or a special workshop that deals with separation and divorce. The parents may also agree to work with specialists like a pediatrician as part of the program.

## PROMOTING POSITIVE OUTCOMES

Participation in the Family Resiliency Program promotes positive outcomes for everyone involved. For families, the benefits include less animosity between the parents, more constructive co-parent relationships and more positive parent-child relationships. Parents don't have to take a lot of time off work and they have fewer out-of-pocket expenses. Most importantly, the decision-making about custody and visitation remains with the parents, and their decisions are more child- and family-focused.

Professionals who work with the families receive more equitable compensation and find support from their colleagues on the interdisciplinary team. It's also a more positive experience to work with families who are trying to create a "healthier" divorce.

The county courts benefit, too, because participation in the Family Resiliency Program reduces the number of high-conflict cases on the court docket.

Finally, society at large benefits. Studies also indicate that the less conflict there is between divorcing parents, the more likely they are to adjust to their new lives. Their children are less likely to become delinquent, drop out of school, or get pregnant as teenagers. In addition, the program models creative problem resolution that can be used in other areas of one's life.

One dad summed up the benefits this way: "This isn't just about divorce. Family Resiliency teaches families about life and how to communicate with each other."

For more information, contact [cosd@virtualcircuits.net](mailto:cosd@virtualcircuits.net) or visit the COSD website, [www.divorceABC.com](http://www.divorceABC.com).



# Respite Care Needed Across the Lifespan to Help Families Maintain Resilience

by Jill Kagan, MPH, Chair, National Respite Coalition

**R**espite care provides temporary relief for individuals and families caring for a person of any age with special needs. This preventive strategy strengthens families, protects family health and well-being, and allows loving care to be provided at home. The goal of respite is to alleviate caregiver stress, to prevent or delay more costly out-of-home placements, reduce the risk of abuse or neglect, and keep all family members safe and stable.

## RESPITE WORKS AND SAVES MONEY

While more rigorous evaluation is needed, respite has been shown to improve family functioning, improve satisfaction with life, enhance the capacity to cope with stress and improve attitudes toward the family member with a disability. Studies show that nursing-home, institutional and foster care placements as well as hospitalizations decline when respite or crisis care is used as an intervention.

## NEED FOR RESPITE

Surveys of family caregivers show that respite is the most-requested support service. But it remains in critically short supply. There are now between 24 million and 28 million family caregivers in America. By 2020, the number of adults requiring assistance with daily living will increase to almost 40 million, and the number of elderly requiring long-term care will double.

New family arrangements add to the growing need. An increasingly large number of families face double duty, as they care for young children and aging parents. An estimated 20 and 40 percent of caregivers have children under 18 to care for in addition to a parent or other relative with a disability.

Over 1.3 million children are now being raised solely by elderly grandparents, who are more likely to live in poverty and be in poor health. The number of these families increased 53

percent between 1990 and 1998. Yet most states and counties do not fund respite for these caregivers.

The current supply of individuals available to provide respite care is woefully inadequate in many communities. This is especially true when it comes to respite care for persons with mental illness or severe medical conditions. In 1991, 20 of 35 state-sponsored respite programs serving all age groups reported that they could not meet the demand. According to the ARCH National Resource Center on Respite and Crisis Care, nearly 1,500 families representing 3,425 children are turned away each week from respite and crisis-care programs.

The lack of support is taking its toll on all caregivers. While a large proportion of caregivers report finding an inner strength they didn't know they had, significant numbers report serious physical or mental-health problems. And mortality risks are even higher for caregivers than for noncaregivers.

We cannot afford to lose family caregivers to stress or illness. Studies have suggested that caregivers now provide nearly \$200 billion per year in unpaid care, saving the government billions of dollars in paid institutional long-term care costs.

## SERVICE FRAGMENTATION CONTRIBUTES TO NEED

Expanding the current supply of respite providers should be a priority. An equally difficult problem, however, is the identification and coordination of existing resources that would aid caregivers and help state agencies improve respite access. Passage of the National Family Caregiver Support Act, enacted and funded at the close of the 106th Congress, will help develop statewide infrastructures and single points of entry through Area Agencies on Aging to help caregivers of the elderly more easily find the respite and support they need.

While this is a step in the right

direction, there is still no federal program to support the development or implementation of respite care that would serve all families, who must now search for services, funding and support in a complicated bureaucratic maze.

## LIFESPAN RESPITE

In 1997, Oregon was the first state to pass Lifespan Respite legislation, followed by Nebraska and Wisconsin. Lifespan respite programs establish state and local infrastructures for developing, providing, coordinating and improving access for respite to state residents. Oklahoma has implemented Lifespan without legislation. Several other states are actively considering or piloting similar programs or legislation.

These programs have been adapted to meet individual state needs, but their defining characteristic is a statewide, coordinated approach to ensure respite services for all who need them. The lifespan respite programs have established community-based networks that rely on the development of local partnerships to build and ensure respite capacity. These partnerships include family caregivers, providers, state and federally funded programs, area agencies on aging, non-profit organizations, health services, schools, local business, faith communities, and volunteers.

These networks are the central point of contact for families and caregivers seeking respite and related support regardless of age, income, race, ethnicity, special need or situation. Providing a single point of contact for families to access respite is crucial to assisting families in helping themselves.

Services typically offered by Lifespan Respite programs are public awareness information, recruitment of paid and volunteer respite providers, assistance to families who need to connect with respite payment resources and providers, coordination of respite related training for providers and caregivers, and the creation of respite resources by building

*Respite continued on page F23*

# Resilience in Youth Suicide and Sexual-Orientation Research

by Robin M. Mathy, M.A., Institute of Child Development and School of Social Work, University of Minnesota, Twin Cities, and Evidence-Based Health Care, University of Oxford

**T**he United States loses over one million years of potential life to youth suicide every four years. Economically, the total mortality cost of suicide for youth aged 15-24 is nearly a million dollars per life lost. Youth suicide also has immense direct and indirect effects on friends, peers, parents, family and significant others.

Youth suicide received little attention until 1985 when U. S. Secretary of Health and Human Services Margaret Heckler commissioned a study to examine risks and potential interventions. Sexual orientation emerged as an important issue when social work activist Paul Gibson asserted in the *Report of the Secretary's Task Force on Youth Suicide*: "A majority of suicide attempts by homosexuals occur during their youth, and gay youth are 2 to 3 times more likely to attempt suicide than other young people. They may comprise up to 30 percent of completed youth suicides annually" (emphasis added).

## YOUTH SUICIDE AND SEXUAL ORIENTATION

This assertion generally agreed with sociologist Joseph Harry's finding that "homosexuals of both sexes are 2 to 6 times more likely to attempt suicide than are heterosexuals."

But it is also erroneous in several ways. First, it overgeneralizes from suicide attempts to suicide completions. Secondly, it assumes a one-to-one correspondence between suicide attempts and suicide completions. Thirdly, it assumes that 10 percent of the population is lesbian or gay. Researchers have found, however, that self-identified gays and lesbians comprise approximately 5 percent of all societies, regardless of variations in levels of social oppression and cultural

norms regarding acceptance or rejection. All population-based studies published to date have supported this finding.

In 1994, the American Association of Suicidology (AAS), the Centers for Disease Control and Prevention, and the National Institute of Mental Health convened a workshop to discuss sexual orientation and suicidal behavior. The following year, the AAS published *Suicide and Life-Threatening Behavior*, vigorously challenging the validity and reliability of the published research on sexual orientation and youth suicidality.

Gary Remafedi and colleagues responded by publishing the first population-based study of sexual orientation and suicidal behaviors, examining 1987 data from Minnesota junior and senior high school students.

But a 1995 study of sexual orientation and completed suicide

by David Shaffer and colleagues reported no statistically significant differences in numbers of gay or lesbian youth found among completed suicides and a living control group. It's also important to point out that population-based data have not found a relationship between suicide attempts and sexual orientation for at least one segment of sexual minority youth — females. Operationally, "homosexuality" in population-based research has included bisexual youth and even those who choose not to label their sexual orientation.

## RESILIENCE RESEARCH ADDS A NEW PERSPECTIVE

Only about one to 10 percent of attempters eventually complete suicide. But some researchers argue that sexual minority youth appear to be at higher

risk of completed suicide because their attempts appear to be more serious. In any case, further research in this direction would merely facilitate assessment of the relationship between severity of suicide attempts and sexual orientation.

Understanding resilience as the absence of a suicide attempt may help us understand the factors and processes that protect sexual minority youth from attempting suicide. Certainly, pervasive heterosexism constitutes a significant adversity for sexual minority youth. Gregory Herek defined heterosexism as "an ideological system that denies, denigrates and stigmatizes any nonheterosexual form of behavior, identity, relationship or community." From a deficit perspective, one well may wonder whether heterosexism causes a disproportionate number of sexual minority youth to attempt suicide and, perhaps, whether those attempts lead to a disproportionate number of completions. This is an important question.

But a resilience perspective considers how assets in the individual, interpersonal relationships, community or larger systems can moderate or mediate these risks. In other words, resilience research focuses on what went right. Given that most sexual minority youth do not attempt suicide, we need to look at what factors are protective rather than continuing to reexamine the risk factors.

In addition, we must also turn our attention to protective processes. That is, rather than identifying individuals, families, communities and other macro environments which adapt under adverse circumstances of heterosexism, we should study the processes by which the adaptations occur.

We also need to consider the context of developmental tasks. For example, Ann Masten and her colleagues used structural equation modeling to assess competence from

The development of healthy social competence may mediate the timing and style of self-disclosure.

Youth continued on page F23

## Family Focus On...

### Stress and Resilience

## YOUTH *continued from page F22*

childhood to late adolescence in a longitudinal study of 191 subjects aged 8-12 and 17-23. They found competence had different dimensions in childhood and adolescence. Romantic competence was an important dimension in adolescence but — predictably — not in childhood. This suggests that sexual minority youth — like their heterosexual peers — need to develop romantic competence during adolescence.

Masten and her colleagues also found that children who endure chronic adversity do better within the context of a positive relationship with a competent adult. Thus we might expect that sexual minority youth who must endure the adversity of a heterosexual culture will not attempt suicide if they have a healthy and safe relationship with a competent adult mentor.

Resilience research can also help us understand the adaptive processes underlying “coming out,” the self-recognition and subsequent self-disclosure of one’s homosexuality.

The factors and processes that promote coming out may facilitate — and be facilitated by — the development of mature competence in other spheres. For example, the development of healthy social competence may mediate the timing and style of self-disclosure. This, in turn, influences social acceptance leading to greater self-esteem, which minimizes the potential for negative outcomes such as suicide attempts.

It is clear that developmental psychologists for too long have been silent on an issue that lies squarely in their domain of research. It is time to move from population-based studies of risk to experimental and clinical research on resilience. The lessons learned from youth who have successfully adapted to minority sexual identities without suicide attempts may lead to more effective prevention and intervention efforts for all youth.

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## Useful Websites



**ResilienceNet** brings together information about human resilience available through the Internet and conventional published sources. This

site is a collaboration of Assist International, Inc., and the ERIC Clearinghouse on Elementary and Early Childhood Education at the University of Illinois at Urbana-Champaign.  
<http://resilnet.uiuc.edu>

The **Children, Youth and Families Education and Research Network** (CYFERNet) incorporates many of the resources maintained by the former National Network for Family Resiliency, including: Program and Curriculum for Family Resiliency, Research on Family Resiliency, and General Family Resiliency Resources. [www.nnfr.org](http://www.nnfr.org)

## FINANCIAL *continued from page F19*

### NOTES FOR FAMILY PROFESSIONALS

Historically, finances have been regarded as a private matter. This may explain the avoidance of money talk before marriage and why some family members hesitate to seek financial assistance and advice. Family professionals must find ways to break down these barriers and encourage dialogue about money and other resources.

Family-life programs that aim to enhance the quality of relationships should include ways to talk about and resolve financial issues. Problem-solving and decision-making skills about goal setting and the use of resources are essential tools for couples. Teenagers also profit from learning how to save for important goals. Financial

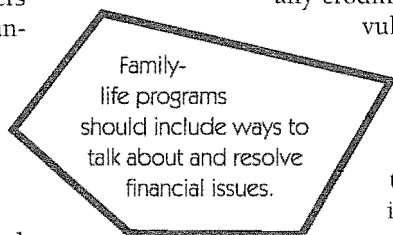
education is one of the best resources for reducing vulnerability and increasing resiliency.

Even with the best of plans and intentions, some families need support. But the economic safety net is continually eroding, leaving many extremely vulnerable. Family professionals

need to initiate and monitor legislation that impacts family economic stability in times of uncertainty and high risk. Current issues being debated include prescription drug costs, criteria for bankruptcy, rural

redevelopment, welfare reform, Individual Development Accounts (asset building for the low-income wage earners), and other legislation aimed at increasing financial resiliency.

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## RESPITE *continued from page F21*

on existing services.

At the federal level, the National Respite Coalition has convened a working group of diverse national organizations, including the National Council on Family Relations, to develop a national plan of action. To date, this newly formed National Lifespan Respite Task Force has written a vision statement and set of principles for quality respite care now endorsed by 23 national and 12 state organizations. The group is also developing a national lifespan respite bill. Our goal is to follow the states’ lead and make sure that every state has the resources and encouragement to create its own lifespan respite program.

*Adapted from presentations given at Family Re-union 9 Nashville, November 2000. For more information about the National Respite Care Coalition, contact [jbkagan@aol.com](mailto:jbkagan@aol.com) or visit [www.chtop.com/NRC.htm](http://www.chtop.com/NRC.htm).*

# Teaching Family Stress Management

by Carol Harvey, Ph.D., CFLE, PHEc, Professor, Department of Family Studies, University of Manitoba, Winnipeg, Canada

Families manage a variety of stressful events, both normative and non-normative. Each of these life changes has the potential to create stress, requiring family management. For 18 years I have been teaching "Family Stress Management" to undergraduate and graduate students who are training to be family-life professionals. Course objectives are 1) to become familiar with major theoretical frameworks used to predict family responses to stressor events, 2) to analyze recent family stress-management research, and 3) to observe and evaluate professional practice in assisting families in stressful situations.

## COURSE CONTENT

We begin with the concept of stress, noting that both happy and unhappy events change the family system and can create stress. Distinction is made between coping (adjusting to the stressor event) and managing (taking planned action to deal with the stressor event). Using stress theory originally conceived by Ruben Hill, students begin to identify different family responses to stressor events.

Theoretically, a stressor event, such as a marriage or the birth of a child, introduces change into family patterns. Families vary in the resources they can use to meet the stressor event. They also vary in communication skills and their ability to give meaning to what is happening to them. Thus, many possible responses exist for a given stressor event. During the first third of the course we examine patterns of response to family stressor events, understanding how family stress is measured and learning to apply theoretical concepts.

We then examine normative events, or those that most families can expect to

experience over a lifetime, using a family-development model. This part of the course also includes a study of events, such as substance abuse, divorce, remarriage and repartnering, that are normative from a societal level of analysis although not necessarily experienced by all families. Many students have studied these events in previous family courses, but they usually have not analyzed them from a managerial point of view. Here they learn that some stressor events require that specific resources be developed, such as helping a diabetic member inject insulin. Some resources, such as role flexibility and good communication skills, are useful for all stressor events.

In the last third of the course, we study non-normative events. Here students learn that a family-level analysis can explain seemingly foolish individual behavior. For example, research shows that people try to re-unite with family members in mass emergencies such as fires or floods, and they resist evacuation until they are together. People also go into situations of great personal danger in order to help family members. Most students are unfamiliar with family responses to natural disaster or war, so we compare and contrast what they learned earlier about normative events to these non-normative ones.

## ASSIGNMENTS

Undergraduate students read about 30 research articles, as well as several theory and methods pieces. During the first part of the course, they also complete a written assignment. For example, student can observe a family in a public place managing a stressful event, such as child misbehavior, and write an analysis

of the observation. Other choices include an analysis of a research article or the preparation of a lesson plan that illustrates how a professional helps clients with a stressful event, such as childbirth.

Undergrads also write a term paper, in which they apply a stress model to a family stressor event. They interview a practitioner and share their findings with classmates as part of this assignment. A student might, for example, interview a health educator at a breast cancer clinic about the effects of breast cancer on families. Students also engage in small weekly group discussions, and they write two essay examinations.

Graduate students spend more time learning theory and methods than undergraduates do, which means they spend less time exploring different stressor events. Graduate students are taught in a seminar fashion, doing in-depth reading and analysis of research. Some do fieldwork, in which they can apply some of the concepts they are learning; others provide reports on programs of practitioners. They also write a paper, critique a class member's paper, and present their paper orally to the class or to a departmental research symposium.

The course is not required for either undergraduate or graduate students. Participants thus come into the course because they "think it will be interesting." Several times I have heard alumni talk about using the stress model they studied, which is gratifying. Although the events we discuss are not always pleasant, students seem to enjoy learning how families cope, change and adapt when confronted with stressor events.

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