Familial Politics

Kennan Ferguson, Ph.D., Associate Professor, Department of Political Science, University of Wisconsin–Milwaukee, kennan@uwm.edu

In Brief

- Families are defined and constructed by political structures and guidelines.
- The foundations of families are also the foundations of politics.
- Families are resources for thinking about the larger political questions.

How are families political? There are two answers to this question, one simple and one far more complex. The simple answer highlights the fact that families are always constructed and constituted by political organizations, social norms, and laws. Who gets to count as a family and who does not has always been a central aspect of politics, from questions of property legitimacy (who inherits it, for example) to questions of legal rights (as seen in the contemporary worldwide debates about gay marriage). The serious study of history makes it impossible to conceive of families as existing the same way across time and space (Burgess & Locke, 1960; Folsom & Bassett, 1934). Instead, they are profoundly disparate; different cultures have different families, and vice versa (Okin, 1991; Pateman, 1988; Smart, 1984).

The far more complex answer attends to the specificity of families themselves. Each family makes claims on those who make it up, and each member of a family has her or his own demands. No matter the historical or geographical period, levels of powerful interpersonal, intergenerational, and interspatial family relationships have always existed. People care about their families, often to the general exclusion of other concerns. Often people are willing to sacrifice aspects of themselves, including their own lives, for those they consider family. This intensity of experience—the feeling that we, together, are more important than any one of us is alone—is the foundation not only of families but also of politics. It is the relationship of these two senses of belonging that intertwine politics and families. Most approaches to understanding how to build the “right” kind of political community over the past two thousand years have recognized this connection and have sought to model themselves on families in various ways. Sometimes this has meant starting with families and building on them to make nations (as in the case of the Jean-Jacques Rousseau), and sometimes it has meant destroying families so that there are no connections other than to the community at large (as in the case of Plato). For Rousseau (1968), the beginning of politics comes when individuals stop caring only about themselves and start caring about others—what others think of them, what sorts of impressions they make, who is better and more impressive than whom. For Plato, the family serves as a corruption of the polis, as people care more about their children and parents than they do about the community. His solution is to raise children collectively, without them knowing who their parents are, and vice versa (Plato, 2008). In both cases, political philosophy has been built in relation to the family.
The reason is clear. Politics is where we must consider ourselves both as individuals and as collectives. As I argue in my book *All in the Family: On Community and Incommensurability*, the family is where we feel this conflict most intensely (Ferguson, 2012). In families we must come to grips with obligations, responsibilities, dreams of the future, and the need for care and concern. It is the place where we figure out ourselves, our levels of connection, and independence alike. Families model each of those vital needs. But it is also the site of the most profound arguments, rejections, misunderstandings, and betrayals. The family is the site of both much love and much hatred—far more, for most people, than in the context of the public at large.

Whether we are talking about caretaking and finances, chores and homework, or sex and affection, we are talking about the homework set of promises and responsibilities, between and among people (and, sometimes, nonhuman animals). As an adolescent can tell you, families limit one’s ability to be fully independent; often we chafe at the emotional or legal limitations and responsibilities placed upon us. But as any baby or pet knows, families are where one can turn for much needed care. When we need them, family members are (hopefully) there for us. Families operate as microcosms of the realities of human existence, as both social groups and as discrete beings.

This second way of thinking of families as political allows us to see families not as sites upon which politics and policies act but as resources for thinking about the larger political questions of affiliation, community, and collective identity. People who cheer absolute individualism or the virtues of the pure market—these people usually come home to families, and those families operate on neither of these principles. People committed to such an individualistic perspective may wonder, “What can we learn about the values of our social selves from our own lives?” In reality, families have powerful messages and approaches to share. This includes strong families that provide excellent models of corporate living. But it also includes warnings and dangers. Dysfunctional families, ranging from those that demand a suffocatingly large amount of attention to those who inflict pain and violence on children, women, or other family members, show the overwhelming and disheartening aspect of family life. What do such examples teach about the limits of collectivity, or about the propensities of the powerful to inflict that power on people’s bodies and psyches?

Finally, families demand answers to certain questions that political philosophers hesitate to ask. Families are usually unequal: Parents take care of children, siblings have unfairly balanced relationships in terms of attention and love, children make financial and living arrangements for elderly parents. In a parallel way, a political system—such as democracy—that insists on the fundamental equality of its citizens might be more successful if it noted how families deal with constant and changing inequalities. It also is important to avoid thinking of families as stable in form; Families “by choice” operate just as much along dynamics of mutuality, love, respect (as well as competition, anger, and vitriol) as did mid-20th-century heteronormative biologically connected families. The politics of distance and estrangement, as well as conflict and anger, must be rethought as central to all sorts of community. We remain connected to alienated family members, whether that is a consequence of parental abandonment, emotional disaffection, or death. What does this say of politics? Perhaps that we are never truly free of one another, much as we might wish at times that we could be.

The intertwined nature of families and politics proves much richer than most policymakers or politicians assume. We need not only consider the effect of politics on families; we can also understand politics in a familial light. This perspective allows us to better consider how freedom, responsibility, reproduction, care, and affection have always been, and will always be, related to one another.

For a family professional—for someone whose career involves making families work better—politics might not then offer much in the way of inspiration. The conflicts of ideologies, of parties, of economic systems or red and blue states seem to point to impasse and hopelessness. Instead, it may be time for politicians and policy analysts to better listen to family professionals. They could learn how to move from conflict to productive action. They could practice listening and reflection. They could recognize the importance of place, of tone, of long-term commitments. They could note the importance of love between different kinds of beings, including relatives and even pets. And then (perhaps) they could see how the draw of families, in their crises and in their potentials, teach all of us to be together.

References


Overview and Introduction
Families as Catalysts

Judith A. Myers-Walls, Ph.D., CFLE Emeritus, Professor Emerita, Department of Human Development and Family Studies, Purdue University, jmyerswa@purdue.edu

The theme of this issue matches the theme for the 2017 NCFR Annual Conference and is in response to the call of Maureen Perry-Jenkins, NCFR 2017 Conference Chair, to “reframe the narrative.” Rather than looking at families as costs and drains on society, and rather than looking at them as victims of society’s shortcomings, this issue looks at ways that families can and do contribute to their own well-being and to their communities and the larger world. Several of the articles in this collection take an applied, personal viewpoint to illustrate how individual professionals and families can serve as catalysts for change.

We begin with an article by Kennan Ferguson, who takes the topic to a broad, conceptual level and explores the ways that Family Science can provide insights and guidance and be a catalyst to other fields—in this case, political science. Sharon D. Jones-Eversley and Chimene Castor then consider another closely related field—health care. They suggest that allowing family members to coordinate their own health care and promotion by serving as family health navigators would facilitate better and more efficient care.

The next two articles present examples of how allowing families to be catalysts in community programming can enhance the program’s effectiveness. Bridget A. Walsh presents a case for combining Family Life Education approaches with home-visiting strategies as a way to reach and empower families in poverty. Next, Emily Aragón tells the story of how immigrant families in New Mexico grasped the opportunity to become catalysts in a community program by transforming the program’s group events into settings that celebrated their culture and used networking to meet their needs and ease cultural transitions.

Julia M. Bernard targeted a setting in which families and youth are often pictured as victims: social media. She provides illustrations of many social-change efforts that used social media instead to organize, speak out, and effect change to benefit families. Then Darbi Haynes-Lawrence, D’Lee Babb, and Alayna Hawkins take a more microlevel perspective to provide the story of one family’s experiences with taking charge to “reframe the narrative” in their own community as they dealt with the social responses to a mother’s health challenges.

Finally, I attempt to pull together the insights and lessons from the articles and consolidate the implications for Family Science professionals. I hope you find these pieces inspiring and energizing as we help both families and Family Scientists take the lead and build a new narrative that includes families as catalysts!

In Brief
- Reducing chronic disease mortality requires understanding social determinants of health and health care along with health disparities.
- Current social-determinant models underestimate the contributions of families.

Missed Opportunities: Families as Family Health Navigators to Counteract Social Determinants of Health

Sharon D. Jones-Eversley, Dr.P.H., Assistant Professor, Department of Family Studies and Community Development, Towson University, sjoneserversley@towson.edu; and Chimene Castor, Ed.D., Assistant Professor, Department of Nutritional Sciences, Howard University

In Brief
- Programs supporting family members as family health navigators could lower health disparities and improve health outcomes.

Effects of Illness and Death on Families in the United States
Poor health in the United States is having a devastating impact on individuals and their families. The regularity, fiscal cost, and emotional toll that people in the United States undergo caring for sick relatives, prematurely burying them, and attending their funerals have become a societal norm (Christakis & Iwashyna, 2003). Regardless of race and ethnicity, people are dying too soon. The high mortality rates from chronic diseases (e.g., heart disease, diabetes, cancer, stroke, obesity, HIV-related illnesses) have left many families bereaved and their family legacies shattered.

In Brief
- Reducing chronic disease mortality requires understanding social determinants of health and health care along with health disparities.
- Current social-determinant models underestimate the contributions of families.

Overview and Introduction
Families as Catalysts

Judith A. Myers-Walls, Ph.D., CFLE Emeritus, Professor Emerita, Department of Human Development and Family Studies, Purdue University, jmyerswa@purdue.edu

The theme of this issue matches the theme for the 2017 NCFR Annual Conference and is in response to the call of Maureen Perry-Jenkins, NCFR 2017 Conference Chair, to “reframe the narrative.” Rather than looking at families as costs and drains on society, and rather than looking at them as victims of society’s shortcomings, this issue looks at ways that families can and do contribute to their own well-being and to their communities and the larger world. Several of the articles in this collection take an applied, personal viewpoint to illustrate how individual professionals and families can serve as catalysts for change.

We begin with an article by Kennan Ferguson, who takes the topic to a broad, conceptual level and explores the ways that Family Science can provide insights and guidance and be a catalyst to other fields—in this case, political science. Sharon D. Jones-Eversley and Chimene Castor then consider another closely related field—health care. They suggest that allowing family members to coordinate their own health care and promotion by serving as family health navigators would facilitate better and more efficient care.

The next two articles present examples of how allowing families to be catalysts in community programming can enhance the program’s effectiveness. Bridget A. Walsh presents a case for combining Family Life Education approaches with home-visiting strategies as a way to reach and empower families in poverty. Next, Emily Aragón tells the story of how immigrant families in New Mexico grasped the opportunity to become catalysts in a community program by transforming the program’s group events into settings that celebrated their culture and used networking to meet their needs and ease cultural transitions.

Julia M. Bernard targeted a setting in which families and youth are often pictured as victims: social media. She provides illustrations of many social-change efforts that used social media instead to organize, speak out, and effect change to benefit families. Then Darbi Haynes-Lawrence, D’Lee Babb, and Alayna Hawkins take a more microlevel perspective to provide the story of one family’s experiences with taking charge to “reframe the narrative” in their own community as they dealt with the social responses to a mother’s health challenges.

Finally, I attempt to pull together the insights and lessons from the articles and consolidate the implications for Family Science professionals. I hope you find these pieces inspiring and energizing as we help both families and Family Scientists take the lead and build a new narrative that includes families as catalysts!
Ironically, many chronic diseases are preventable diseases. The term chronic disease does not necessarily mean a death sentence. Identifying, reducing, and eliminating family health risk factors (e.g., poor diet, lack of physical activity, tobacco use) are key to helping individuals survive chronic disease (Strong, Mathers, Leeder, & Beaglehole, 2005). Another means of reducing chronic diseases is eradicating health disparities. Health disparities are the uneven distribution of health risks and access to health care. Health disparities are the underlying social determinants that contribute to poor health and high death rates among many U.S. families, especially families of color (Johnson, Hayes, Brown, Hoo, & Ethier, 2014). For the millions of families who are caring for or burying relatives, more must be done to reduce, delay, and prevent these chronic family illnesses and deaths. To combat health disparities and adverse family health, there need to be innovative and family-centered approaches to health and health care.

Social, Familial, and Generational Determinants of Health

Frequently, the literature addressing poor health and health disparities addresses social determinants of health and health care, which include levels of access, availability, quality, and exposure to health and health care as related to social characteristics (e.g., education, employment status, family beliefs, etc. [World Health Organization, 2017]). The various levels of determinants (i.e., micro, meso, and macro) are linked to the economic, environmental, educational, social, and cultural conditions that contribute to variations in health and health care. Addressing social determinants of health is essential to achieving universal health equity for all people in the United States. However, current social determinant models too often limit or ignore the systemic role families can and should play in addressing their individual (micro), familial (meso), and generational (macro) determinants of health. Thus, we introduce a family-centered perspective and arrange the determinants of family health into three levels we adapted from Bronfenbrenner’s ecological theory: micro or individual; meso or familial; and macro or generational. The stratified determinants of family health are comprised of family risk factors and health behaviors (Cohen, Scribner, & Farley, 2000; Bronfenbrenner, 1977; Fuemmeler et al., 2017).

Individual determinants of health are personal health behaviors like a person’s diet, physical activity, alcohol use, and so on. Familial determinants of health represent the meso level of a family’s health behaviors, such as household diet, physical activity, and alcohol use, as well as family-level behaviors that support or discourage various behaviors. Last, the generational determinants of health are too often overshadowed by other social determinants of health. Contemporary models of social determinants of health underestimate the micro, meso, and macro impacts families could have.

Even though the World Health Organization (WHO, 2017) views individuals and families as social determinants of health, by emphasizing the larger societal system as social determinants of health, they also in effect discount the essential micro, meso, and macro roles of the family. This is despite the fact that it is individuals and/or their family members, not health-care staff or researchers, who are the primary informants or participants providing family health history and accepting or rejecting behavioral recommendations. Family members are often the most constant individuals in their sick relatives’ lives (Ross, Mirowsky, & Goldsteen, 1990). Family members are well positioned to engage in family health navigation on behalf of their relatives in health-care facilities, homes, and interfamilial settings.

What is health navigation? Health or patient navigation helps individuals engage in the complex medical and health-care systems to improve their health and health-care delivery. Traditionally, patient navigators are non–family members who assist patients in addressing and solving problems within the medical system to ensure a continuum of care (Ferrante, Cohen, & Crosson, 2010).

Family Focus Call for Submissions

Theme: Fictive Kin
Spring 2018

Families and kinship are central to the human experience. Across cultures humans create families within and without biological or legal ties. We may talk about someone who is “like a sister” or “a second mother.” We may create foster grandparenting programs, form family relationships with those whose family forms are rejected or not legitimized, or call special friends “uncle” or “aunt.” In some cultures, all adult males are considered to be uncles, and everyone in the community may parent a child. Those relationships outside of biological or legal ties have been called by a number of labels, including fictive, chosen, voluntary, or intentional kin.

What do we know about these relationships? What are the implications of forming and depending on voluntary kin? How should family professionals include them in their work? Fictive Kin will be the theme of the spring 2018 edition of Family Focus, and NCFR is soliciting articles of up to 1,600 words — including references in APA style — that address these questions.

Authors should indicate intent to submit by Nov. 1, 2017. Contact the editor at reporteditor@ncfr.org with questions or about your interest in submitting, and include one to two sentences summarizing what you wish to cover. Articles will be due Nov. 15, 2017.

Find complete author guidelines at bit.ly/FFguidelines (PDF)
However, for many individuals and their families, medical complexities extend beyond the health-care system walls, and many families could benefit from ongoing health knowledge and healthy practices at home and during interfamilial settings. Family health navigation could be a systemic and novel micro, meso, and macro approach to address social determinants of health. Research has shown that effective family-centered approaches to health and health-care delivery enhance patient health education, health promotion, risk reduction, and compliance outcomes (Clay & Parsh, 2016).

**Family Health Navigation in Health-Care Settings**

Through a family-centered health navigation approach that expands beyond the health-care facility, volunteer family members of the patient could become family health navigators (FHNs). They could be recruited, screened, trained, and supervised to serve on the patient care team along with health-care providers, nursing staff, social workers, child life specialists, community health workers, administrative personnel, and perhaps Family Life Educators (FLEs). As trained, informed, and engaged family members, their focal roles would be serving as translational family health educators and family health promotion advocates. They could become catalysts promoting ongoing patient-centered and equitable health-care delivery, providing the best possible health outcomes for their family members. Collectively, they could collaborate with FLEs, social workers, or community health workers to further enhance family health communication, health literacy, clinical transparency, and patient–provider relations to safeguard quality health and health care and promote better-informed health decisions for the patients and family members at home and in health-care settings. The FHN role would not contradict, but rather complement, the FLE, social worker, or community health worker role. The FHN’s primary role would be patient management issues (e.g., promote and advocate for patient-centered health, health care, treatment compliance, informed health decision-making) on behalf of a relative within and outside of the walls of the health-care facility. This would allow for the FLE, social worker, or community health worker to concentrate on disease management (e.g., manage patient health insurance needs, disease diagnosis and prognosis awareness, information referral, outreach resources).

**Micro and Meso Family Health Navigation at Home**

Family health navigation at home would not be limited to the traditional caregiving tasks of solely caring for a chronically ill relative, but rather would elevate the caregiving tasks to healthy-living tasks (Ungar, 2010). Home-based healthy-living tasks would include family health education and family health promotion practices for the ill relative, caregiver, and entire household. Family health navigation at home over time could develop a home culture that promotes familial health awareness, prevention, intervention, and disease management on an ongoing basis. The trained FHNs could facilitate home-based family health education fairs specific to risk factors, morbidities, and mortalities that threaten their family’s health legacies. Contingent on the family members’ health status, family health navigation could also promote healthy cooking, physical activities, and smoking cessation strategies for the entire household.

**Macro Family Health Navigation in Interfamilial Settings**

Family health navigation in interfamilial settings would include rituals that multiple generations (macro) attend to celebrate their family (e.g., baby showers, baby blessings, family reunions). Other multigenerational events could also include interfamilial settings when families convene to mourn their relatives’ deaths (e.g., funerals, bereavement counseling). These interfamilial settings are innovative points of entry to challenge, inform, educate, promote, and engage families in family health history and reflections regarding past and future legacies. In particular, baby showers, family reunions, baby blessings, funerals, bereavement counseling, and end-of-life planning are sometimes celebratory and sometimes sobering realities that the family unit has or will be increased or decreased. Births, deaths, and familial celebrations are multigenerational events routinely held during any given year, and these interfamilial settings are well positioned for FHNs to facilitate multigenerational health dialogues, education, and promotion strategies for immediate and extended families (Denham, 2003).

Many of the suggested interfamilial settings and activities include collaboration with trusted partners such as clergy, funeral directors, and health-care professionals (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Hyland & Morse, 1995; Thorne & Robinson, 1998). Many faith-based institutions already coordinate baby blessings, funerals, and bereavement services at their facilities. Thus, it would be feasible for them to host customized family health screenings and fairs for immediate and extended family members. Baby showers are another family ritual ideal for
family health navigation. Baby showers are often family-coordinated rites-of-passage rituals held in a home and attended by the expectant parents and their family and friends. Again, these are practical examples of multigenerational events that could address micro, meso, and macro levels of family health navigation.

Of all the suggested interfamilial settings for family health navigation, funeral homes and funeral directors may be the most unconventional family-health collaborators to consider, yet they might be the most relevant collaborators to engage families in addressing individual, familial, and generational social determinants of health. Deaths, funerals, cremations, and memorials are ultimate life changers for families. Moreover, if the relative’s cause of death was a preventable chronic disease, the death could serve as a wake-up call to address micro, meso, and macro levels of their family’s health. According to the National Funeral Directors Association (2016), there are 19,391 funeral homes in the United States. For many families, funeral homes and grief-bereavement services are marketplaces closely aligned to family’s race/ethnicity, culture, religion, and indigenous communities. Funeral directors already play an important public health role in managing death certification as well as sociodemographic and ancestral data collection with the U.S. Census, the National Center for Health Statistics, and the Centers for Disease Control and Prevention. When considering the plethora of social determinants of health in the United States, the potential of funeral homes and funeral directors supporting their customers’ health navigation activities could be a plausible consideration.

**Implications**

At all three levels (micro, meso, and macro), families are central to contributing solutions to poor health and health-care challenges in the United States. The family is the missing partner to eradicating health disparities and addressing individual, familial, and generational social determinants of health problems and achieving health equity for all. As we approach Healthy People 2030 deadlines (see www.healthypeople.gov), novel, outside-the-box approaches are needed to combat health disparities. As family professionals, researchers can focus on more studies into the role of families in health outcomes, family policy professionals can promote policies that recognize and support the family’s role in prevention and care, and Family Life Educators can help family members learn how to take a more active role in promoting healthy behaviors and advocating for the needs and rights of families as they navigate the health-care system. This will allow for families to be catalysts that help shape and direct the future of health care in this country and help end the traumatizing experiences too many people in the United States face when caring for sick relatives and prematurely burying family members. Health-care providers are paid situational health professionals who primarily intersect only with ill patients. However, FHNs would have a unique role engaging both ill and healthy relatives on an ongoing basis to address their family health and comprehensively address social determinants of health. Addressing social determinants of health through the systemic lens of families may be the missed opportunity Healthy People has not adequately explored to combat poor health in the United States. Healthier families will result in a nation of healthy people. 

**References**


Post Your Job Opening With NCFR

When you’re searching for the best hire for a faculty position in your department or for a practitioner role at your agency, post your job opening with NCFR to reach thousands of potential candidates who have professional backgrounds in Family Science and other family-related disciplines.

Posting your opening online in the NCFR Jobs Center positions your job so the right audience of job seekers can find it easily by browsing or searching.

And the greatest benefit? Included with your purchase, NCFR announces your job opening in our weekly email newsletter, Zippy News, which goes out to more than 12,000 subscribers who have a specific interest in the family field. You'll also see your job opening posted on NCFR's social media accounts.

Find step-by-step details about how to post a job at ncfr.org/post-a-job

You’ll be able to submit the information about your job opening and make your payment entirely online.

We look forward to helping you fill your open positions!

Attend the Conference

2017 NCFR Annual Conference
Nov. 15–18, Orlando, Florida

Families as Catalysts:
Shaping Neurons,
Neighborhoods, and Nations

Find additional information at ncfr.org/ncfr-2017
In Brief
- Family Life Education (FLE) and Early Head Start Home Visiting (EHS-HV) both attend to challenges and strengths of families in poverty.
- Home visiting can mitigate harmful effects of poverty.
- Infusing FLE approaches into EHS-HV may help families act as catalysts in their own lives.

Forty-five percent of children younger than age 3 in the United States live in poverty (Jiang, Granja, & Koball, 2017). Poverty has significant, negative effects on children’s functioning (Brooks-Gunn & Duncan, 1997) and is a societal concern that Family Life Educators must address (Arcus & Thomas, 1993). The Family Life Education (FLE) profession considers the social, economic, and political conditions that affect family life to be a central focus (Arcus & Thomas, 1993) and uses education to meet families’ needs. Early Head Start (EHS) targets low-income pregnant women and families with infants and children up to age 3, and their home-visiting (HV) model is individualized to each family’s strengths and needs. FLE and EHS-HV share important theoretical foundations and goals; an FLE approach to EHS-HV could enable families in poverty to act as catalysts in their own lives by promoting adaptive positions for better short-term and long-term family outcomes.

As secondary prevention, HV may mitigate some of the negative effects of living in poverty. HV programs have recently received tremendous federal funding to promote positive child and family outcomes; however, data show low family engagement and retention in those programs despite federal support (Osborne & Bobbitt, 2017). When HV program goals align with families’ strengths, needs, and wants, families are predicted to be engaged and stay in the program (Osborne & Bobbitt, 2017). Perhaps high attrition and low engagement exist because some approaches to EHS-HV do not consider heterogeneity of families and are not based on a real understanding of what families in poverty experience.

Child and Family Outcomes for Home Visiting Programs
The website Home Visiting Evidence of Effectiveness (HomVEE, 2016b) currently includes 45 HV models, several of which focus on preventing child maltreatment, targeting health outcomes, promoting school readiness, and developing parents as their children’s first teachers. EHS-HV is included as an evidence-based model shown to be effective for most families, but it has room to grow in terms of favorable child and family outcomes. Some identified areas of potential improvement include child health, development, and school readiness; family economic self-sufficiency; linkages and referrals; maternal health; positive parenting practices; and reductions in child maltreatment (HomVEE, 2016b).

Theoretical Alignment
EHS-HV and FLE share important theoretical assumptions and position families’ individual needs and concerns at the forefront. The following nine features of EHS-HV (HomVEE, 2016a) align directly with FLE principles.
The references in parentheses identify FLE sources that align with the EHS-HV features.

1. Commitment to high-quality service through qualified professionals (Arcus, Schvaneveldt, & Moss, 1993)
2. Identification and addressing of atypical and typical development (Leventhal, 2015)
3. Importance of parenting, parent education, and parent as child’s first teacher (Darling & Cassidy, 2014; Jacobson, 2015)
4. Provision of opportunities for parents to share educational goals and practices, actively shape the program, and view themselves as members of their community and world (Arcus et al., 1993; Duncan & Goddard, 2017; Doherty et al., 2015)
5. Inclusion of and support for children with unique developmental trajectories and medical or other special needs (Jacobson, 2015)
6. Demonstration of cross-cultural competence and respecting different values (Allen & Blaisure, 2015; Arcus et al., 1993; Ballard & Taylor, 2012)
7. A basis in needs of individuals and families, and offering in many different settings according to life situation demands (Arcus et al., 1993)
8. Responsiveness to developmental transitions through ages and stages (Leventhal, 2015) and other life transitions (Arcus et al., 1993; Duncan & Goddard, 2017)
9. Encouragement of professional collaboration to build strong, healthy families (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011)

**FLE Approach to EHS HV**

Home visitors with a background in FLE would be expected to have training in ten FLE content areas (e.g., parenting education and guidance), an understanding of healthy families and the family as a system, a multidisciplinary knowledge base, cultural competency, and knowledge of and experience applying primary and secondary prevention (Myers-Walls et al., 2011). Other professionals have different skill sets. Early childhood teachers have skills for the classroom setup and management (Roggman et al., 2016), and family therapists focus on psychotherapy and repairing families, whereas family case managers are trained in coordination of services and advocacy (Myers-Walls et al., 2011). Given the aforementioned areas of emphasis in their background and preparation, Family Life Educators have an important role to play in their work as home visitors and to promote practices in the field, such as building parental efficacy. The following examples reveal how combining EHS-HV and FLE may guide practice.

**Cultural Competence, Flexibility, and Responsiveness**

FLE is based on the present and future needs of individuals and families (Arcus et al., 1993; Myers-Walls et al., 2011) and families’ strengths (Darling & Cassidy, 2014). In addition to capturing needs through tools such as Family Map Inventories (FMI; Kyzer, Whiteside-Mansell, McKelvey, & Swindle, 2016) or the FMI-Adverse Childhood Experiences inventory (FMI-ACES; McKelvey, Whiteside-Mansell, Conners-Burrows, Swindle, & Fitzgerald, 2016), families can identify and act on their own needs during a home visit. For example, an immigrant family who used an outdoor oven in their home country now needs help adapting to indoor cooking. A Family Life Educator engaged in the process of cultural competence may have a good understanding of his or her own culture and have explored other cultures (Allen & Blaisure, 2015). Family Life Educators would be interested in learning about what cooking was like in the family’s home country and discuss how it compares to indoor cooking. If the family considers cooking dinner as an immediate need, the home visitor could practice being with the family (Petkus, 2015) during the visit as they adapt to indoor cooking. Once the present goal is met, the Family Life Educator could also generate healthy meal ideas using the family’s available resources.

**Relationships That Put Families First in High-Quality Services**

Triadic interactions (i.e., home visitor, parent, child) are a hallmark of an FLE approach to EHS-HV (Walsh & Steffen, 2017). Through FLE, a home visitor can become an important part of the triad by observing and narrating, modeling for families (Hughes-Belding, Rowe, Petersen, Clucas, Fan, Wang, & Dooley, 2017), coaching (Allen, 2016), and collaborating with them (Darling & Cassidy, 2014). During home visits, positive adaptations can be promoted by spending most of the time in triadic interactions, which strengthens parent–child relationships and builds parental efficacy (Hughes-Belding et al., 2017). Despite the power of the triadic interaction to bring out families’ potential, only 20% of home-visiting time is spent this way. Triadic interactions put families in the role of catalysts by encouraging them to use their intuition and skills in family-appropriate ways during, and hopefully beyond, the home visit.

**Meaningful Family Life**

Family systems theory is another hallmark of FLE, and it guides professionals in working with family systems to promote or change their functioning. Family systems theory in the context of FLE embraces that family members interact together in an interdependent manner and that change in one or some members may be enhanced or sabotaged by other family members (Duncan & Goddard, 2017). An FLE approach to EHS-HV embraces siblings, grandparents, or other family members as part of the home visit, which extends benefits beyond just parents and children. Knowledge of family systems theories and other family theories prepares home visitors to have a realistic notion of challenges, supports, and strategies to promote positive family outcomes.

**Implications**

More work is needed before we can definitively answer whether an FLE approach to EHS-HV would produce positive family and child outcomes and facilitate their ability to take charge of their lives and act as catalysts in their communities. Currently, the FLE approach to EHS-HV is a melding of views that is seen as a potential guide to thinking and practice. Considering the close alignment of EHS-HV and FLE principles, the implications this has for family empowerment, and the potential of HV in conjunction with empowered parents to mitigate issues of poverty, this approach warrants more attention. Preliminary research findings suggest that there is interest in an FLE approach to EHS-HV (Walsh & Steffen, 2017), but more studies are needed. As researchers and practitioners work together, it is plausible that universal HV might exist in the future, so policymakers should consider what approaches to EHS-HV lead to positive child and family outcomes as well as which approaches promote the professionalization of EHS-HV and best match community needs and strengths. Finally, which approaches allow parents to move beyond the role of


Improving Family Well-Being Through Group Events

Emily Aragón, M.Ed., doctoral candidate, College of Education, Concordia University—Portland, emily.aragon1@pmsnm.org

In Brief

▪ Rural families—and especially rural immigrant families—face many risks.
▪ Group events connected with programs for rural families can help lower risks connected with isolation and limited community resources.
▪ Group events planned and led by target families can increase cultural appropriateness and help families meet their needs as they become catalysts for change.

Families in rural communities often encounter adverse issues such as isolation and scarcity of employment opportunities not experienced by families located in or near cities. To compound the problems, rural communities often have limited community resources to provide assistance for the families facing struggles. Ungar (2011) described one characteristic of stronger communities as having formal and informal resource systems in place, and that a community’s ability to overcome adverse issues depends on these resource systems. This article describes how some families in southern New Mexico have been catalysts by creating their own resource system to support themselves and their young children.

Family Challenges in Rural Settings

The isolation associated with living in rural communities can have detrimental effects on families with children when compared with urban areas. Some of these detrimental effects include increased poverty; fewer jobs; lower education levels; and physical and mental health challenges leading to obesity, substance abuse, and even suicide (Bender, Fedor, & Carlson, 2011; Stone & Meyer, 2006). Fortunately, it has been established that families in rural communities often lessen the impact of these stressors through participation in community group events (Parents As Teachers [PAT], 2015).

So families in rural areas are at risk due to multiple challenges. Immigrant families experience even higher incidences of risk as a result of acculturation challenges such as discrimination, language barriers, and lack of extended family support systems (Stone & Meyer, 2006). Isolation, especially in immigrant communities, can cause detrimental, long-lasting effects for children and families (PAT, 2015). The risks for immigrants accentuate the common risk for lower educational attainment, increased poverty levels, lower literacy skills, and lower cognitive and mental development that already exist in many rural communities.

Rural Families Take the Lead

Recently, rural southern New Mexico has been hit hard with oil-field layoffs, which were accompanied by an increase in stressed families, substance abuse, and increased reports of child abuse and domestic violence. I am the program manager of our state-funded home visiting program. I recently observed that monthly data pulled from the home-visiting database, which documents the home visitors’ case notes, referrals, and family demographics, showed an increase in family referrals for mental health services, domestic violence services, and early childhood early intervention services, which was parallel to the onset of the oil-field layoffs. Over a 4-month period these referrals increased by 40%, with an increase also shown in the severity of the risk scores (Children, Youth, and Families Department [CYFD], 2017). Many of these same families are also being affected by the increased scrutiny on immigrants and undocumented families.

The participants in a home-visiting program in the southern New Mexico area described previously were offered group events designed to lessen these effects of rural isolation, and these families have used that opportunity to do even more: They have built their own community to support each other. The home-visiting program in which the families participated planned monthly group events to create opportunities for families to communicate, share, and learn about topics of interest and support. But the families did not stop with the planned programming. They used the group events as a springboard and took them even further, with initial guidance from the home visitors the families soon planned the entire events themselves and formed them into something they needed.

Even though these families were facing remarkable challenges, they have pulled together to plan group events with food and activities consistent with their cultural background. Through a collaborative effort they organized potluck meals for the entire group, sharing their traditional family recipes from Mexico. They also planned activities together, such as paper-flower making, cookie swaps, and even songs, music, and dances. While preserving their own cultural traditions, which strengthen family and community resilience during stressful situations (Ungar, 2011), this group of families also shared their experiences of adjusting to new cultural expectations in the United States. They were learning how to navigate U.S. documentation systems as well as education systems and assistance programs. In their efforts to create better lives for themselves and their young children, they actively sought the encouragement of the home-visiting programs and ultimately thrived through program and community education and supports (Ungar, 2011).

Case notes captured in the home-visiting database and reflective conversations held with the home visitors documented family
participation in group events. Further investigation of data showed a direct correlation among group participation, engagement in regularly scheduled home visits, and length of time in the program (CYFD, 2017a). Improvements in social skills, school readiness skills, and strengthened family interactions were measured through early childhood developmental screening tools such as the ASQ-SE, ASQ, and PICCOLO (Parenting Interactions With Children: Checklist of Observations Linked to Outcomes) PAT, (2015).

Typically, the immigrant communities are characterized by experiencing distrust, fear, and seclusion (PAT, 2015). The fact that these families were able to take the lead and organize their own programs allowed them to use the collaborative group process in ways that supported their desire to better their lives for themselves and the lives of their children in this new home.

Attending regular group events is a protective factor for families in high-needs situations (PAT, 2015). Family group events in rural areas of New Mexico are recommended for providing social outlets to protect families from isolation. Immigrant families, especially these Latino families, exhibit some other strong cultural protective factors. Probably the most important strength they bring to their communities is their strong sense of family values (Stone & Meyler, 2006). Equally important is their strong sense of cultural belonging. These two protective factors, especially when supported by group collaborations, can result in higher self-esteem, stronger resilience, less substance abuse, increased mental health, and decreased behavior problems (Bender et al., 2011; Ungar, 2011; Stone & Meyler, 2006).

These rural immigrant families have bonded through the home-visiting program group events. Their collaborations with each other, their planning skills, their inclusion of traditional cultural practices, and their child development information-sharing provide documentation that resiliency and self-efficacy skills developed (PAT, 2015). Ginsberg, in PAT (2015), described his seven Cs model of resilience that was originally focused on children but also applies to adults: competence, confidence, connection, character, contribution, coping, and control. By planning their own group events, these home-visiting families empowered themselves and promoted their own protective factors to benefit themselves and their children. Their planned events promoted family and child well-being through decreasing isolation risks and providing opportunities for improving child social skills. Providing opportunities for caregivers and young children to interact results in increased attachment skills and improved self-regulation skills (Bender et al., 2011). The mothers discussed parenting and childbirth, and this had the potential to improve live-birth outcomes and prenatal care (PAT, 2015).

Additional benefits of these group events for rural immigrants could be promoting bilingual language learners, increasing chances of breastfeeding, and lowering tobacco and alcohol use during pregnancy. New Mexico statistics show that in the past eight years, since the inception of rural home-visiting programs, child abuse cases have fallen by 50% (Fight Crime: Invest in Kids, 2017). Also in the past eight years, the children that progressed through the home-visiting programs have shown a decrease in adolescent crimes and substance abuse. By planning fun, traditional group activities, these families may have strengthened their own community support systems, preventing possible child abuse and maltreatment in their community, and improving opportunities for their children's social, mental, and cognitive development. Data gathered in the statewide home-visiting database measures relationships between children and caregivers. CYFD (2017) showed that "nurturing, responsive relationships between a child and a small group of consistent caregivers foster attachments, support brain development, and promote social and emotional development" (p. 18) through the increase of yearly PICCOLO scores, which have shown improvement in 85% of family relationships.

Implications for Family Professionals
Although the data reflect positive outcomes for child–caregiver relationship interactions, New Mexico home visitors express concern regarding the cultural relevance of some of the screening tools. On the basis of the reports of this home-visiting program, families taking the lead in planning group events could strengthen family well-being through facilitating the sharing of common experiences while increasing cultural appropriateness. Because of the many diverse cultures in the state, giving families a larger role in programming decisions and program leadership can allow for families to serve as catalysts. As family professionals, we can work to increase the empirical documentation of such programs and also refine and distribute descriptions of the process followed in successful collaborations like these.

References


Families Using Social Media to Become Catalysts for Change

Julia M. Bernard, Ph.D., LMFT, CFLE, HS-BCP, Assistant Professor, Department of Counseling and Human Services, East Tennessee State University, bernardjm1@etsu.edu.

In Brief:
- Social media is a force that influences families and a tool that can be used by them to become catalysts.
- Families are using social media for grassroots efforts to make positive changes and connections in their communities.
- Family Scientists should examine and educate about the positive roles of social media facilitating families as catalysts.

The actions of empowering and strengthening families for change can lead to families acting as catalysts. We learn and then teach others about the ripple effect each family member creates that can reverberate through that family, extend to the community, and to even larger systems that surround a family. This view is consistent with fundamental family theories, ranging from family systems theory (e.g., von Bertalanffy, 1968) to ecological models by Bronfenbrenner (1992). The theories can be applied to little Johnny who is witnessing his parents fight and begins to act out at school to draw attention to himself and to stop the fighting and unite his parents. The child becomes a catalyst for family change. Like this example, most of the examples focus on the internal family system or talk about the ways in which families are affected by outside forces. One of those outside forces is a newcomer to the scene: social media. And it seems that force can be both an influence on families and also a tool to be used by them—a means to facilitate the family role as catalyst.

Literature Review of Social Media
Family Science literature has addressed social media primarily in relation to family members being victims of bullying. In their review of the extant literature on bullying, Patton and colleagues (2014) found that that youth violence—whether bullying, gang violence, or self-directed violence—increasingly occurs in cyberspace. At the same time, they identified a lack of information about the ways in which electronic media can be used not only to perpetrate but also to prevent aggression. Other authors have contributed to an emerging body of research on the use of social media to improve the lives of families. Studies have reported a social media–related increase in health communication for families (e.g., Moorhead, Hazlett, Harrison, Carroll, Irwin, & Hoving, 2013), improved communication with the elderly (e.g., Cornejo, Tentori, & Favela, 2013) and facilitation of migration of families (e.g., Dekker & Engbersen, 2014). Coyne, Padilla-Walker, Fraser, Fellows, and Day (2014) studied positive media use in 633 families with adolescents. They found a positive association between social media use and general family functioning (for girls), parental involvement (for both boys and girls), and adolescent disclosure to parents (for boys).

This is not an article about Facebook, Twitter, or even Snapchat. This is about how families are using social media for grassroots efforts to make positive changes and connections in their communities. It might involve individual families connecting with their communities. For example, a family might communicate the progress of treatment for an ailing child through a Caring Bridge website, or their extended family may organize to provide meals through Meal Train. They might start a GoFundMe account to support the family. Social media provide opportunities to drastically change how people interact with family members, how they organize joint efforts, and how they connect within and among families and communities.

Families as Catalysts
As practitioners of Family Science, we have an understanding of transactional models of human development. We understand that influences between parents and children are bidirectional, and that parents and children are changed by each other over time (Sameroff, 1975, 2009). For example, Kuczynski, Pittman, Ta-Young, and Harach (2016) found that children influence their parent’s continuing adult development. They also found that parents reported changing some preferences, attitudes, or personal behaviors in response to requests from their children. Parents said that they would comply, when appropriate, because this would empower their children, fostering assertiveness and sense of efficacy in the relationship. Congruent with Cummings and Schermerhorn (2003), Kuczynski and colleagues found that parental responsiveness to children in stressful situations may more generally promote children’s beliefs that they can influence family interactions. Transactional models can easily be extended to the family’s external networks as well. Children’s comprehension and rather quick understanding of technology facilitates a family’s ability to integrate it into their lives. Children can text Mom when they get home or to a friend’s home. Parents can remind each other of what needs to be picked up. They can FaceTime Grandma so she can see her grandchildren and talk to them in the process of creating a family unit. Families are using social media to reach their goals.

Examples of Groups Using Social Media as Catalysts
I first thought about this topic when I joined a Meetup group in my community for a moms’ playgroup. I thought it weird and interesting that many of us who had small children at home just wanted to meet and...
let our children play. Why were we so willing to go out and meet strangers and socialize? It worked out great, as we already had much in common: Our children were similar ages, we lived in the same community, we were all at home during the day, and many of us were starved for adult conversation. While playing we met lots of other parents who had met on social media as well.

A fathers’ homeschooling group often played in the same park where we met on Mondays. According to researchers in this field, approximately 1.5 million U.S. parents were teaching their children at home in 2009, up from the 850,000 students the federal government estimated were homeschooled in 1999 (Boulter, 2017). The fathers’ group had formed as a Facebook group, and they were using their strengths to divide up the subjects they taught to the children. They were men who had been laid off during the recession and had become very disgruntled with the public education system in their communities. After trying to change the schools and failing, they pulled their children out and were embracing a new way of teaching their children.

Then there is the American Military Partner Association (AMPA), a group that advocates on behalf of LGBT families. According to the AMPA’s Facebook page, the group began as the Campaign for Military Partners—“an unprecedented effort launched in 2009 to connect and advocate for the same-sex partners of service members living under the threat of ‘Don’t Ask, Don’t Tell’ (DADT).” AMPA was sponsored at that time by Servicemembers United, an organization working for the repeal of DADT. It brought support to these hidden partners and their families who, along with the LGBT service members, were also forced to live in the shadows under DADT. These underserved partners were living in isolation, and since the repeal of DADT they have found strength in the organization’s mission of education, advocacy, and support (American Military Partner Association, 2017).

Political grassroots movements can be included here as well. Moms Demand Action for Gun Sense in America was formed when one mom was fed up with school shootings and went on Facebook to do something about it. According to the Centers for Disease Control and Prevention, in 2014, 33,594 people died from firearm injuries in the United States, accounting for 16.8% of all injury deaths in that year (Kochanek, Murphy, Xu, & Tejada-Vera, 2016). According to its website, the Moms Demand Action organization was started by Shannon Watts, a stay-at-home mom, on December 15, 2012, in response to the devastating shooting at Sandy Hook Elementary School: “The organization quickly flourished into a leading force for gun violence prevention, with chapters in all 50 states and a powerful grassroots network of moms that has successfully effected change at the local, state, and national levels.” Moms Demand Action members visit their representatives when gun legislation comes up; they developed and teach a Be SMART program on gun safety at parent–teacher association meetings, in churches, and at similar gatherings; and they advocate on behalf of gun violence survivors.

**Implications for Family Science Professionals**

With their families in tow, people are moving for change in their communities, their states, and their government. Using social media, they are serving as catalysis in their communities. They are shaping how their children are educated, standing up for what they believe in, and trying to change the narrative of how families are portrayed in the United States. The question is how we as family practitioners can use social media to continue to empower these families. How do we shift the research to measuring the changes in family engagement via these sites—negative and positive? Powerful voices are emerging from social media and empowering families. Let’s hope that Family Scientists lend their voices too, through research and advocacy.

**References**


**International Journal of Human-Computer Studies, 71**(9), 889–899.
Along Came Jae: A Family-Designed Community Education Program

Darbi Haynes-Lawrence, Ph.D., Associate Professor, darbi.haynes-lawrence@wku.edu; D‘Lee Babb, Ph.D., Assistant Professor; and Alayna Hawkins, student, Department of Family & Consumer Sciences, Western Kentucky University

In Brief
- Multiple sclerosis is a disease that affects many families with young children.
- Children can be embarrassed by the attention brought to the family by a disease and/or assistive devices.
- Children and families can take control of the situation by educating the community and becoming a catalyst to change community attitudes.

When the first author, Dr. Darbi, was diagnosed with multiple sclerosis (MS), an autoimmune disease that attacks the central nervous system (Cross, Cross, & Piccio, 2012), her daughter Sami was four years old. Because MS is most commonly diagnosed during “childbirth years,” or between the ages of 20 and 40 (Pakenham, Tilling, & Cretchley, 2012), many people who are diagnosed with MS have young children. The diagnosis of a chronic and often progressive disease causes great stress on parents of young children, including concerns about describing the illness to the children (Haynes-Lawrence & West, 2014). MS is quite unpredictable, and periods of time can pass during which the primary concern may be only fatigue or numbness (Cameron et al., 2014). The unpredictability of the timing and the intensity of relapses and their effect on parenting present unique challenges.

MS is confusing for young children, especially because a parent can look fine one day and the next day cannot participate in typical daily events. The disease typically has few to no outward physical signs, so Mom or Dad may seem to be just fine. At the same time, many people with MS develop mobility problems that require assistive devices that are very obvious to outsiders. Those medical devices used to assist with mobility and fatigue management and other treatments for the disease (e.g., regular injections) affect both children and parents (Haynes-Lawrence & West, 2014). Some of those treatments can attract attention to the family and lead to embarrassment, as they did for Sami, continually highlighting her mother’s illness and physical challenges.

Dr. Darbi and her husband felt it best to be upfront with Sami throughout all aspects of the disease as their first step in supporting her through what will be a lifelong encounter with MS (McCue, 1994). Limited information is available for parents to describe and discuss MS in developmentally appropriate ways with their children, and thus Dr. Darbi designed her own book to address those concerns (Haynes-Lawrence, Soult, West, & Lawrence, 2017). The book was distributed to other parents through a national organization.

Along Came Jae

Not long after being diagnosed, Dr. Darbi experienced a relapse that changed her family’s lives. She lost the ability to walk and had to use a wheelchair for several months. When she regained the ability to walk, her balance was terrible, and she began having tremors that caused her to jerk violently and sometimes fall. Sami was embarrassed by and afraid of this disease progression. She was afraid her mother would always “be this way’ and Sami wanted Mom to “go back to the way we were.” Fear and anxiety about the disease is not uncommon among children of parents with MS (Bogosian, Moss-Morris, Bishop, & Hadwin, 2011) and was absolutely heartbreaking to her parents. Until the wheelchair and then the dog, nobody in public had recognized that Dr. Darbi had a chronic illness; her primary daily symptom was fatigue, which no one could see (Deatrick, Brennan, & Cameron, 1998). To Sami, her mom’s use of the wheelchair in public was like having a giant, flashing arrow pointing to the family, and this very shy child did not want to have any attention drawn to them whatsoever.

A useful yet little-known option is a mobility service dog (Haynes-Lawrence, 2016). Service dogs assist people with mobility or balance (Craft, 2007), such as helping them to get out of a chair, get off the floor, and walk. Service dogs also assist with fatigue management (Winkle, Crowe, & Hendrix, 2012), a side effect of MS. A downside of having a service dog is the continual social attention from the community. This attention is common toward people with service dogs (Rintala, Sachs-Ericsson, & Hart, 2002; Burrows & Adams, 2008) and is often unwelcomed by the service dog handler and family. It can distract the dog from its duties and can provide an impediment to the owner’s agenda.

Dr. Darbi felt a service dog could be helpful to her and applied for one. Her tremors and balance were not improving and she had stopped going places—except for work, where she used only her wheelchair—for fear of falling. Her service dog, Jaeger (sounds like “Yay-gr!”) was trained to wear a walking harness that had a bar she held onto, and if her tremors were too strong and caused her to fall backward, he would counterpull and keep her upright. He does all the typical service dog skills—gets...
things Dr. Darbi drops, opens doors, keeps her upright, assists her while she’s in her wheelchair, and so on.

What Dr. Darbi had not planned for was how the community would respond. “Look! A dog!” was a common statement the family heard. They also heard people barking at them. After the hundredth time hearing “Look a dog! Can I pet your dog?!” and facing people who would pet Jaeger or drop to their knees and grab his head without asking, the family became stressed. Sami didn’t want to go into public with Jaeger because of the attention he drew. Having Jaeger meant even greater attention to the family and Mom’s disease. While Sami loved Jaeger, she wanted to be left alone. This was a new family challenge.

One experience made the entire family stop and say, “This must stop!” They were eating supper at a restaurant when a man and his wife plopped themselves down at the family’s table, and the man asked Dr. Darbi, “What is so wrong with you that you need that dog?” Sami was mortified. Dr. Darbi answered calmly and tried to get the man and his wife to leave. There Dr. Darbi was, talking about her disease, and her little girl just wanted to enjoy supper. But their dinner was ruined. That experience, she seemed to stand straighter. Her concern with public attention seemed to dissipate. She prompted her parents to “keep walking, now is not the time” when strangers tried to ask questions. Even though it may sometimes seem rude, the family learned to decide whether they wanted to stop and talk each time someone tried to ask them a question or whether it was time to be just a regular family. They were not a walking sideshow, starring a person who had a disability and her dog, to be stared at and to give presentations on a whim.

Impact on the Family
Most important, the family noticed a change in Sami. By giving her a means to manage this stress using a problem-focused approach, she was now in control. When they were in public, she seemed to stand straighter. Her concern with public attention seemed to dissipate. She prompted her parents to “keep walking, now is not the time” when strangers tried to ask questions. Even though it may sometimes seem rude, the family learned to decide whether they wanted to stop and talk each time someone tried to ask them a question or whether it was time to be just a regular family. They were not a walking sideshow, starring a person who had a disability and her dog, to be stared at and to give presentations on a whim.

An Answer Upon a Pencil
As an educator Dr. Darbi knew there was something the family could do. They could address this topic of a service dog in the community and at the same time bring themselves some peace. Using a problem-focused method of coping with stress, “direct action on the problem to alter circumstances” (Nezu & Nezu, 1991, as cited in Baker and Berenbaum, 2011, p. 550), they had a family meeting. The family brainstormed ways they could educate people about appropriate behavior toward service dogs and their handlers, in hopes of decreasing the amount of attention brought to them when they were in public. Additionally, the family practiced things they could do on their end, such as not acknowledging comments from strangers or making eye contact (Burrows & Adams, 2008). The family came up with an idea of speaking during a disability awareness fair to be held at Sami’s school. Before the event, they came up with a slogan and three outcome objectives for the presentation that would reach the students and, hopefully, be taken home to their parents. The slogan was “Service Dogs Rock!” and the three behavioral objectives were for participants, after seeing the presentation, to (a) never touch or pet a service dog, (b) never talk to a service dog, and (c) always ask the handler polite questions.

Sami worked with her mother during the disability awareness fair. In addition to sharing the slogan and three objectives, they demonstrated skills that Jaeger performed to help Dr. Darbi on a daily basis. It was exciting, but then they realized they had spoken with only part of Sami’s elementary school, and for only a few short minutes. That was not going to reach enough people to make a difference in their large community.

The family got permission from teachers to do a larger program, designed a 45-minute presentation, and purchased pencils with the slogan stamped on them to distribute to the students. Word spread quickly throughout Sami’s school, and soon the family had met with 665 students who attended the elementary school.

As the presentations continued, the family noticed differences in the community. They heard children talking to their parents as they passed them in the grocery store. On one occasion, they heard a child tell her mother, “No mom, he’s working!” On another occasion, a youngster stood away from them, waved, and said, “I know you! I know not to talk to your dog! He’s so pretty!”

The school presentations empowered Sami, and so the family decided to continue. The following school year they applied for a service grant from the Kiwanis organization. The goal for the grant was to provide presentations in every school in the county and purchase pencils with the slogan and behavioral guidelines stamped on them for every child in each school. They secured that grant and purchased enough pencils.
to present to 4,500 students in their county. Word has spread, and they have been invited to schools outside their county through programs such as Girl Scouts and summer camps. The most amazing outcome was for Sami. She won an award at her school for her service to the community.

**Implications for Family Professionals**

Family professionals could learn from this family’s experience. The family has made great strides in two ways. First, using a problem-focused method of coping with their stress, the family took charge of the stress they were facing and asked, “What can we do to make a change?” Second, through the design and implementation of a community service dog educational program, they became a catalyst in the community. This is one family’s story. Now research needs to be conducted to determine more ways children can gain greater control over stressors that affect the entire family. Additionally, research should be conducted about the community impact of family-led child-education social programs.

**References**


---

**Advertise in NCFR Report**

Looking to promote your university’s programs to potential students or faculty candidates? Want to advertise an event or workshop you’re organizing?

Get the message to your NCFR colleagues by advertising in NCFR Report, NCFR’s quarterly member magazine.

Each issue of Report — which includes organizational news and the popular “Family Focus” section made up of translational, research-based articles — goes out to the entire NCFR membership.

Space is available for advertising in every issue of Report. Rates start at $300 for a quarter-page ad (with volume discounts available).

Interested? Find more details about rates, deadlines, and specs at [ncfr.org/advertise-ncfr-report](http://ncfr.org/advertise-ncfr-report)
Check Out NCFR’s On-Demand Webinars!

GREAT FOR INDIVIDUALS OR FOR CLASSROOM USE

Did you know that all NCFR webinars are recorded and available to watch on-demand after the live webinar?

Find complete information about all our on-demand webinars, including those listed below, at ncfr.org/on-demand-webinars

Interested in using a webinar with your students? Request a classroom-use license at ncfr.org/classroom-use-request

Research Methodology and Statistics
- Missing Values, SEM, and Growth Curves Using Stata (four-part series)
- Conducting a Systematic Literature Review and Meta-Analysis
- Skills for Qualitative Research (four-part series)
- Item Response Theory / Rasch Modeling Using Stata 14

Family Policy
- Teaching Family Policy in College Classrooms
- Tips for Public Policy Involvement 101

Family Science Research Updates
- Parents’ Use of Social Media
- Inclusive Same-Sex Marriage Research: Expanding Our Theoretical Horizons
- Parenting in an Overindulgent World: Up-to-Date Research on Overindulgence for Family Life Educators
- Using the FLE Framework for Program Development and Evaluation

Family Life Education Practice
- Starting and Running Your Own Family Life Education Business (four-part series)
- Improving Family Programs Using Evidence-Based Principles
- Helping Families Learn to Live With Ambiguous Loss
- Ambiguous Loss Treatment and Interventions for Family Therapists
- Practical Skills for Family Life Educators to Invoke, Evoke, and Provoke Cultural Engagement
- Why Should Families ‘Buy Into’ Your Family Life Education? Establishing Credibility as an Educator
- Integrating Domestic Violence Awareness in the Work of Family Life Education
- The Role of Wisdom in Youth and Family Practice
- Best Practices for Reaching and Teaching Stepfamilies
- Self-Reflection in FLE: The Educator as a Programming Component
- From Personal to Public: Community Engaged Parent Education
- Who, Me, Lead a Group? Group Facilitation Skills
- Cross-Cultural Competence in Family Science
- The Domains of Family Practice Model: Differentiating the Roles of Family Professionals
In Brief

- Families as catalysts is a challenging topic.
- The authors in this collection looked at Family Science as a catalyst for professions, at allowing families leadership roles in community programs, and at how families make a difference outside of programmatic settings.
- Family professionals can do more to facilitate greater roles for families in all three arenas.

The theme “Families as Catalysts” was a challenging one. Although there were several potential authors who indicated plans to submit, a number of them never did so. Some invitations to submit were declined and, in other cases, were never answered. Perhaps this is an indication of the importance of the topic; the present narrative may make this new perspective difficult for authors to grasp. So, does this situation call for an in-depth study of how we view families?

There seem to be three major approaches to this topic as it guided the authors who contributed. The first considers how Family Science and its assumptions and principles can and do influence other fields and professions. The second encourages the transformation of existing family-serving programs to include the possibility of family leadership and program guidance. The third highlights ways that families have taken and could take the reins to accomplish social change on their own accord without the urging of programs or professionals. Each of these approaches carries a different set of implications for family professionals.

Family Science as a Disciplinary Catalyst

As a field, we have often portrayed Family Science as a young discipline still under development. A number of authors place its beginnings as no more than 60 years ago. Despite struggling with names for the discipline for more than 34 years (Burr & Leigh, 1983), we still can’t agree on what to call ourselves. In 2014, Raeann Hamon and Suzanne Smith pointed out the need for administrators of Family Science programs to describe and defend the discipline more consistently and effectively (Hamon & Smith, 2014). As we define ourselves, we are aware of our roots in other disciplines, primarily sociology and psychology. Some authors say that our foundational family systems theory originated in social work (Wood, 2008). Attachment theory, another core family framework, came from medicine, psychiatry, and psychoanalysis (Bretherton, 1992).

Family Science’s relative youth can make us feel like a younger sibling tagging along with our older and more experienced sister disciplines. But, as some of the articles in this collection have pointed out, the influence is and can be in the other direction. Kennan Ferguson noted ways that family theory can be a catalyst for political science. Sharon Jones-Eversley and Chimene Castor identify some ways that medical practices can be refined and enhanced by recognizing family systems and findings about family ecological networks. And Bridget Walsh proposed ways that Family Life Education (FLE) insights that include joint program leadership and recognition of family dynamics can improve home-visiting successes.

Perhaps we as family professionals could do more to capitalize on situations in which our unique perspectives and expertise embellish the findings of researchers and theorists in other fields. As a discipline, Family Science can be a catalyst for other scientific fields.
Recognizing Families as Catalysts in Community Services

Several articles in this edition of Family Focus outlined ways that family-serving programs could benefit from allowing families an increased role in program guidance and giving them opportunities to direct and shape the services meant to support them. A common theme among the articles is sharing power with participant families and recognizing their insider perspectives as legitimate and valuable in order to build on family capabilities that cannot be replicated by outside service providers.

For Jones-Eversley and Castor, this meant training caring relatives to serve as active members of the medical treatment team, making decisions about and caring for an ailing or at-risk family member. As they pointed out, those relatives know the patient better than medical professionals, they have more access to the patient, they are part of the system that makes ongoing lifestyle decisions that have an impact on health, and they truly care about the patient and the rest of the family. For Aragón, allowing parents to be program catalysts meant that family professionals could step back and give participants the opportunity to plan and lead activities that were consistent with their needs and their cultural perspectives rather than programmers trying to become culturally fluent as outsiders. Rather than doing things to or for their participants, these recommendations share program leadership and do things together. This shared-leadership approach was also part of Walsh’s vision of how FLE can transform home visiting.

To achieve the goal of greater family involvement in community programs, professionals may need to examine their organizational processes and identify where they do and could incorporate family leadership. It can be a delicate balance between professional, research-informed expertise, and empowerment of participants. To accomplish this, models could be based on the concept of nondirective (Campbell & Palm, 2004) or facilitator leadership (Powell & Cassidy, 2007). Honing this kind of shared-power approach is also consistent with the idea of practical wisdom as advanced by Small and Kupisk (2015).

Families Taking the Lead on Their Own

As we read in the articles by Julia Bernard and by Darbi Haynes-Lawrence, D’Lee Babb, and Alayna Hawkins (and somewhat in the Aragón piece), the role of family professionals facilitating families as catalysts is secondary and hard to identify in some instances. Families do not always need professionals to help them make a difference in the world. In fact, sometimes it is best for the professionals to just get out of the way. Families—and, in some cases, even children—see problems or identify needs and can and do move ahead on their own to effect change.

So, what is the implication for family professionals in these cases? Darbi Haynes-Lawrence was a family professional, but she and her family were not working within the confines or using the resources of an established service-dog awareness program; they did go to other organizations to implement their plans, but they created their plans and their materials on their own. The parenting and social-action groups listed by Bernard also sprouted from the grass roots. Is the only role for family professionals to stay out of the way?

Perhaps there are roles for us to play. As suggested by Bernard, there is a research role—we can document these grassroots efforts and begin to identify the processes that contribute to success and the outcomes that result for families and communities. And maybe we can pinpoint the types of skills and sensitivities to be nurtured in families and children to equip them to recognize needs and respond effectively as catalysts. We can explore how to identify situations and conditions that are likely to be receptive to family action. And maybe we can learn to prepare the ground for the planting of seeds that can sprout into grassroots action.

Don’t Forget the Children

In all of these situations, I would encourage us not to overlook the children. The story of one child was told here: Darbi Haynes-Lawrence’s daughter Sami. Sami is not alone in having made a difference. Malala Yousafzai survived political violence and a personal attack to become a global leader for human rights, and especially for girls’ rights to education; in the process, she became the youngest-ever winner of the Nobel Peace Prize. Just recently, Bishop Curry IV, an 11-year-old boy from Texas, invented a device to help to prevent deaths of children in hot cars after reading about such a tragedy in the news. As family researchers, we could help outline the characteristics of children and situations that allow these children to survive, thrive, and become catalysts. We could explore and facilitate the kinds of family, school, and community environments that nurture and support children to become positive catalysts in the world.

Conclusion

This theme was challenging. Families as catalysts is not a mind-set that many of us hold. But maybe this collection of articles opened some windows for you. And hopefully it whetted your appetite in preparation of the 2017 NCFR Annual Conference in Orlando in November. We have just scratched the surface here. Let’s consider ways we can dig deeper and understand and maximize the roles of families as catalysts! *

References


