

Family Relations

Family Life Education: Translational Family Science in Action

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Review

FAMILY LIFE EDUCATION

Running Head: Family Life Education

Family Life Education: Translational Family Science in Action

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Abstract

Translational family science lies at the intersection of family research and the practice of family life education (FLE). Discussion of the foundational principles of FLE (education, prevention, strengths-based, and research and theory-based) and its key components (culture, context, content, and practice) provide a framework for considering the reciprocal relationship between family science and family life education in the context of translational family science. Further discussion is provided regarding possible barriers to progress and the need to better integrate discovery science and practice science.

Key Words: Family life education, family life education methodology, family well-being, prevention–intervention science, translational family science

FAMILY LIFE EDUCATION

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3 Family science is the “scientific study of families and close interpersonal relationships”
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5 (National Council on Family Relations [NCFR], n.d.-b). Family life education (FLE) is rooted in
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7 research about individuals, families, and their environments; as such, FLE is the *practice* of
8
9 family science and is therefore inherently *translational*. Because of their location at the nexus of
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11 the sciences of practice and discovery, family life educators (FLEs) are often directly involved in
12
13 converting results from discovery science into real-world initiatives or programs that affect
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15 family well-being and benefit communities. Therefore, FLEs occupy a pivotal space for ensuring
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17 that the programs and services provided to families are based in solid evidence and in turn that
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19 research is informed by practice.
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25 The aim of this article is to demonstrate the integral nature of FLE to translational family
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27 science. To achieve this goal, the article begins with a brief overview of FLE, emphasizing its
28
29 foundational principles (education, prevention, strengths-based, and research and theory-based)
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31 with an eye toward how these principles are reflective of translation and the interaction between
32
33 the sciences of discovery and practice. Key components of FLE (culture, context, content, and
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35 practice) provide a basis for discussion of FLE as translational science. The article closes with
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37 discussion of possible barriers to progress and a call to action to more fully integrate discovery
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39 science and practice science.
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FAMILY LIFE EDUCATION—OVERVIEW

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45 The purpose and goals of FLE are “to increase knowledge and develop skills so families may
46
47 build on their strengths to function at their optimal level” (Myers-Walls, Ballard, Darling, &
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49 Myers-Bowman, 2011, p. 370). It provides a primarily preventive and educational approach to
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51 healthy family functioning within a family systems perspective (NCFR, n.d.-c). When translating
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53 family science to practice, FLE professionals consider societal issues such as economics,
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3 education, work–family balance, parenting, sexuality, gender, and more within the context of the
4 family. They believe that problems such as substance abuse, domestic violence, unemployment,
5 debt, and child abuse can be addressed most effectively from a perspective that considers
6 individuals and families within the context of larger systems, and that knowledge about healthy
7 family functioning can be applied to prevent or minimize many problems such as these. FLE
8 provides this information through an educational approach, often in a classroom-type setting or
9 through educational materials (NCFR, n.d.-d).

FOUNDATIONAL PRINCIPLES AND RELEVANCE TO TRANSLATIONAL SCIENCE

10
11 Four foundational principles undergird the practice of family life education and set it apart from
12 related professions: education, prevention, a strengths-based approach, and a foundation in
13 research and theory. Each is influenced by the reciprocal relationship between family science and
14 the practice of FLE.

Education

15
16 Education is an important underpinning of the practice of FLE. It is based on the premise that
17 individuals can be empowered to function at their optimal level through educational techniques
18 and approaches that teach knowledge and build skills. FLE content is shared in traditional
19 classroom venues but has evolved to include online learning opportunities, use of social media,
20 and increased individual instruction including coaching relationships.

21
22 Translational science is essential to facilitate the design and delivery of successful
23 evidence-based FLE programs. In translational family science, research involving the empirical
24 examination of families and their environments informs educators about family systems,
25 dynamics, and strengths, as well as the issues and problems families are facing. Programs can
26 then be designed to address these issues, and program evaluation provides opportunities to

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3 inform research about program and delivery effectiveness in real-world settings; this in turn can
4
5 identify areas for improvement to increase the likelihood of successful replication. Sustainability
6
7 provides a foundation for further exploration of successful program implementation and delivery.
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Prevention

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11
12 Prevention is another important foundational principle of FLE. FLE in prevention science
13
14 focuses on the structural factors (social, economic, and political contexts) and circumstances of
15
16 daily life, as well as individual risk and protective factors that affect the health and well-being of
17
18 individuals and families. FLE operates on the premise that many family problems are the result
19
20 of a lack of knowledge or skills relevant to day-to-day living. Providing education about
21
22 communication skills, child development, parenting, relationships, and management of resources
23
24 such as money and time can effectively minimize or avoid problems and enhance family
25
26 functioning.
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32 The translational science framework embraces *prevention science*—the systematic study
33
34 of efforts to reduce the incidence of problems by promoting adaptive behaviors, which is at the
35
36 core of FLE. FLE largely deals with *primary prevention*, which involves protecting people
37
38 before something happens, and *secondary prevention*, which involves intervening after
39
40 something has occurred to halt or slow the progress of the problem at its earliest stages.
41
42 However, it is often appropriate and prudent to implement FLE as *tertiary prevention*, that is,
43
44 helping people manage complicated, long-term problems to prevent further harm, with the
45
46 understanding that acquiring new knowledge and skills can reduce the likelihood that similar
47
48 issues or concerns will occur again in the future (Darling & Cassidy, 2014).
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A Strengths-Based Approach

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3 FLEs recognize the inherent knowledge and capability of individuals and value the role they can
4
5 play in their own learning. This strengths-based prevention and education approach to family
6
7 issues, while grounding practice in research and theory, differentiates FLE from other
8
9 approaches to working with and for families. For example, family life educators often emphasize
10
11 the importance and value of engaging learners in the educational experience rather than
12
13 approaching the situation as an opportunity to instill knowledge onto students (Freire, 1970). In
14
15 many situations, participation in FLE results from a *felt* need or desire to learn a particular topic
16
17 on the part of learners. This motivation to learn may result in a more positive and affirming
18
19 experience than a situation in which others compel learners (an *ascribed* need) to attend (Myers-
20
21 Walls et al., 2011).
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26
27 *A Foundation in Research and Theory*
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29 The proliferation of advice and information available on the Internet has provided opportunities
30
31 for most individuals to quickly find answers to questions. Additionally, people who have found
32
33 success in parenting, relationships, or any other number of personal experiences have multiple
34
35 opportunities to share their advice through blogs, books, articles, or classes. Although there are
36
37 certainly situations in which this information can be helpful and effective, the information may
38
39 be based on subjective experiences, beliefs, perceptions, or traditions rather than empirical
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41 evidence and research; one of the foundational principles of FLE is that it is research-based. FLE
42
43 programs are designed around and supported by research-based information about human
44
45 development, parenting techniques, relationship skills, and sexuality, as well as the best
46
47 environment for positive family functioning. Additionally, the approaches and methods used for
48
49 transmitting information are frequently evaluated in an effort to demonstrate cause, effect, and
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51 sustainability. Even if programs are not supported by robust evaluation, they can be influenced
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3 and informed by evidence-based programs and practices (Small, Cooney, & O’Conner, 2009).

4
5 The intentional nature of FLE also contributes to the integrity of the information provided.

6
7 Learning opportunities are typically well planned and designed, affording the ability to base
8
9 curricula on carefully formulated and executed research.

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11
12 The incorporation of research into the development and implementation of FLE programs
13 and activities includes the infusion of theories relevant to individual and family functioning (e.g.,
14 social exchange theory, family systems theory, family ecology, family developmental theory,
15 and family stress theories), as well as theories relevant to topic areas such as sexuality education,
16 parenting education, relationship skills, communication, and human development. Theories
17 relevant to adult learning, program planning, and implementation are also used. Thus, the
18 programming and content of FLE is theory-based research, which contributes to the effectiveness
19 of FLE.

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21
22 Research and theory as a foundational principle for FLE is also essential to translational
23 family science, which characterizes the process through which research findings are
24 implemented. The bidirectional nature of translational science provides information for the
25 development of practice or intervention, and considerations of practical problems stimulate
26 questions for researchers (Clay, 2011).

KEY COMPONENTS OF FAMILY LIFE EDUCATION

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29 There are four key operational components infused within the foundational principles of FLE.

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32 These components include *culture* to better recognize the characteristics, needs, issues, and
33 values of learners and teachers involved in FLE; *context* to better understand the environmental
34 conditions; *content* to address the relevant topics in daily family life; and *practice* to incorporate
35 the best possible methodology to facilitate participants’ learning experiences. When FLE
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3 functions as translational family science, there is a reciprocal relationship between how research
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5 and theory are incorporated into practice and, in turn, how implementation of FLE activities
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7 influences subsequent research.
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Culture

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12 Culture is an important component of FLE programming and practice. *Culture* is the total way of
13
14 life of people—the customs, beliefs, values, attitudes, and communication patterns that
15
16 characterize a group and provide a common sense of identity (Darling & Cassidy, 2014).
17

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19 Understanding the culture of individuals and families is essential for those who study and teach
20
21 about families because family professionals often need to extend their knowledge and the focus
22
23 of their programming to families from cultures different from their own. Those with ethnocentric
24
25 views of culture and families may be prone to judging other cultures by the values and standards
26
27 of their own culture. Therefore, FLEs and translational scientists need to incorporate an *ethno-*
28
29 *relative* approach in which cultural differences are understood relative to one another rather than
30
31 using a deficit approach (i.e., compared with the dominant culture or subjective ideal). For
32
33 example, cultural variations in family characteristics need simply to be viewed as differences,
34
35 not assessed hierarchically as better or worse than the dominant group.
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41 In addition to being nonjudgmental about cultural differences, within FLE it is important
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43 to address the needs of the audience, recognizing that the audience can vary by age and
44
45 developmental stage, socioeconomic status, gender, race or ethnicity, learned social roles, life or
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47 family circumstances, or family configuration. Understanding these differences is essential when
48
49 selecting and presenting content and creating prevention–intervention learning experiences.
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53 FLE plays an important role by moving discovery science forward, bringing to light
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55 differences across families, communities, and cultures. Implementation of programming in
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multiple settings and with multiple audiences can provide data that lead to a better understanding of what programs and methods work best in actual practice. This translational aspect of FLE is a major strength because it increases the effectiveness of programs. For example, basic research often does not directly address racial minority families due to limitations with regard to funding, access, and researcher interest. Data regarding FLE with diverse groups are needed to understand which programs and methods work best for them, and programs based on culturally relevant basic research may need to be developed, evaluated, and disseminated to ameliorate family concerns in a particular culture. Thus, the translational task of producing culturally relevant material is a key element of FLE.

With increasing international interest in FLE, a recent qualitative study of FLE in 38 countries on six continents indicated that FLE exists to differing degrees in various cultures, and the focus, content, and length of the programs vary considerably (Darling & Cassidy, 2014). Some FLE programs are in the public schools (Taiwan, Japan), others are in the community (Australia, United Kingdom, South Korea, Israel), and still others exist via social media (e.g., text messaging about HIV/AIDS in Nigeria). People in some countries are interested in marriage education; people in other countries attach stigma to attending such courses (e.g., China, Hong Kong, Malaysia, Japan). Other countries and cultures have major health issues that govern their programming efforts, such as people living with HIV/AIDS. In Europe, an evolving family crisis exists with the migration of refugees who require considerable support, and in Syria families face turmoil and conflict from a multiyear war.

Through dissemination research, FLE helps to identify next steps in discovery research focused on understanding how best to provide FLE education or to formulate policy in both the United States and abroad. Evaluating and recording the effectiveness of approaches in different

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3 settings and helping to identify next steps in discovery family science is a key contribution of
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5 FLE. For example, some countries have major government involvement, such as laws in
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7 Germany regarding the prohibition of violence in parenting or in Taiwan regarding the Family
8
9 Education Act, which requires all schools to provide FLE content each year (Darling & Cassidy,
10
11 2014; Darling & Turkki, 2009). Prevention–intervention and dissemination research are still in
12
13 their infancy in some countries because the basic family science on which they depend is only
14
15 beginning to emerge. In the United States, dissemination research must be grounded in pluralistic
16
17 perspectives of FLE, where “greater cultural awareness and sensitivity will enrich” FLE (Doucet
18
19 & Hamon, 2007, p. 39). Evaluation research is needed with consideration for cultural
20
21 characteristics in program content and development to provide the best dissemination possible on
22
23 family issues within the relevant cultural context. Part of enhancing quality of life and family
24
25 well-being is to assure that programs match family needs and the culture. This is done in FLE by
26
27 pairing program evaluation with discovery within specific ecological systems and contexts to
28
29 address underlying theoretical questions about how a prevention–intervention or educational
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31 program may work well in one setting and why it does not work in another setting. Evidence for
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33 program effectiveness may be sound in a program’s original culture, but the program may not be
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35 appropriate for other cultural contexts.
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Context

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45 FLE plays a key role in assessing the effectiveness of applied programs by evaluating how
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47 context affects programming and policy. Context is an important factor influencing basic family
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49 science, prevention–intervention program development, and dissemination of FLE research-
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51 based content among educators, policymakers, and the general public (Colditz, 2012). FLE
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53 research provides information about the interrelated conditions in which something occurs that
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3 can inform efforts to encourage, intervene, or prevent the same in others. For this reason, FLEs
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5 and translational family scientists need to understand characteristics of their audience or the
6
7 setting, as well as various methods of both education and research that may factor into outcomes.
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10 FLE needs to be translational in a way that effectively supports families from different
11
12 backgrounds in varied settings. Although theories are helpful for providing context, it is
13
14 important to incorporate theories that are broad enough to apply to a variety of populations,
15
16 behaviors, and outcomes and that allow modifications for specific situations and research
17
18 questions (Lemon et al., 2013). A family ecosystems approach and developmental theory are
19
20 good examples of broad contextual theories, although there are several other core theories and
21
22 frameworks frequently used by FLEs. To better understand family functioning and behaviors,
23
24 theories can be used to guide the research, content, strategies incorporated in FLE programs,
25
26 program development, and the interpretation of outcomes.
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31 FLE's focus on education, prevention, and intervention across all ages is another
32
33 mechanism through which FLE bridges discovery and applied practice. Families are
34
35 multigenerational, so integrating systems and ecosystems paradigms with a multigenerational
36
37 approach to family developmental theory can be helpful. Understanding the issues children,
38
39 adolescents, adults, and later adults are facing and the role of their multifaceted environments
40
41 can provide insight into the content, strategies, and programs that can best serve them. Success is
42
43 more likely for educational programs developed, presented, or evaluated following careful
44
45 consideration of how multiple factors might interact to shape audience needs and experiences.
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Content

50 FLE encompasses topics of relevance to daily family life. Specifically, the NCFR has identified
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55 10 FLE content areas, including families and individuals in societal context, internal dynamics of
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3 families, human growth and development across the life span, human sexuality across the life
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5 span, interpersonal relationships, family resource management, parenting education and
6
7 guidance, professional ethics and practice, family law and public policy, and FLE methodology
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9 (NCFR, n.d.-a). The NCFR's FLE Framework organizes content relevant to the life stages of
10
11 childhood, adolescence, adulthood, and later adulthood in each of the 10 content areas
12
13 (Bredehoft & Walcheski, 2011). FLEs can select the most appropriate organization of concepts
14
15 and methodologies to meet the needs of their specific audiences. Each content area includes
16
17 pertinent theories and consideration of how communication, decision-making, and problem-
18
19 solving relate to the topic area.
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25 FLE's translational nature and the task of connecting basic science to applied practice
26
27 and then practice to science necessitates a unique and broad preparation. Providing research-
28
29 based content requires that educators be both informed consumers of research and capable of
30
31 program development and dissemination. Consistent with a goal to ensure competent FLEs, in
32
33 2007 the NCFR launched a national exam for obtaining the Certified Family Life Educator
34
35 (CFLE). The development of the 2007 exam and the update in 2014 included a practice analysis
36
37 designed to confirm the expectations for entry-level FLEs with regard to knowledge, skills, and
38
39 abilities (Darling, Fleming, & Cassidy, 2009; Schroeder Measurement Technologies, 2014). This
40
41 practice analysis is an example of prevention-intervention research in that it was designed to
42
43 provide a better understanding of what is needed to be a competent teacher and provider of FLE.
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47 The CFLE practice analysis ensured that the exam used to assess candidates reflected the
48
49 industry-identified knowledge, skills, and abilities for the practice of FLE, reinforcing the
50
51 translational nature of the practice of FLE.
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55 In this way, areas of need can be identified as a means to ensure that training provides the
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FAMILY LIFE EDUCATION

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1
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3 content necessary to be an effective and well-rounded educator (Table 1). The NCFR practice
4
5 analysis identified the two content areas with the lowest mean scores of importance as *human*
6
7 *sexuality across the life span* and *family law and public policy*, and opinions on the importance
8
9 of competencies for these two areas were widely disbursed as well. This is likely reflective of
10
11 divergent cultural values concerning sexuality, as well as a relatively low regard for law and
12
13 policy, which may be due to several reasons: Some FLEs may lack full understanding of the
14
15 policy-making process, do not see the relevance of law and policy to their practice, feel
16
17 frustration due to ongoing changes and complexities in laws and policies, are employed in
18
19 settings with restrictions on political involvement, or have insufficient time and resources to
20
21 address policy-related issues (Darling et al., 2009).
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27 Although progress is being made in prevention–intervention research concerning the
28
29 qualities of competent teachers, including both necessary knowledge and skills, additional
30
31 research is needed to determine whether competent teachers actually provide better programs as
32
33 well as what types of approaches and programs work best with different audiences and in
34
35 different settings (Ballard & Taylor, 2012; Darling & Cassidy, 2014). Some evidence-based
36
37 programs are noted in the literature, but their overall success regarding replication has not been
38
39 sufficiently documented to expand dissemination. Continued study of best practices will enhance
40
41 the effectiveness of FLE.
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Practice

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48 FLE is more effective when professional practice carefully considers and incorporates culture,
49
50 context, and content. Three of the 10 FLE content areas reflect the practice of FLE rather than
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52 content: *professional ethics and practice*, *FLE methodology*, and *family law and public policy*.
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55 Prevention–intervention science provides empirical information about appropriate ethical
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FAMILY LIFE EDUCATION

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3 interactions, relevant and effective curricula, and proven teaching methodologies. FLEs
4
5 frequently work within settings affected by policy and therefore have the ability to make unique
6
7 contributions to policy decisions based on daily practice.
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10 *Professional ethics and practice.* In 2009, with a goal of promoting guidelines for
11 professional decision-making and assurance of professional standards to the public, NCFR
12 introduced a code of ethics based on ethical guidelines developed by the Minnesota Council on
13 Family Relations (MCFR, 2009). These guidelines resulted from a series of workshops and focus
14 groups with family professionals conducted by the Ethics Committee of MCFR and reflect the
15 application of research to practice.
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24 A critical process when dealing with a potential ethical situation involves consideration
25 of a series of questions including the following: Is sufficient and credible information available?
26
27 What are alternative courses of action, and which alternative will provide the most benefit in the
28 present situation? Perhaps because ethics often involve both inner reflection and dynamic
29 interactions throughout a complicated and often ambiguous process, it might appear that
30 definitive success cannot be measured and there is no guarantee of successful solutions to ethical
31 dilemmas.
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40 Fortunately, prevention–intervention research reminds us of the importance of the
41 “translation, transformation, and exchange of the cognitive (information) and affective
42 (motivation) elements of meaning systems” (Palinkas & Soydan, 2012, p. 89). Prevention–
43 intervention research findings have shown that education improves ethical reasoning processes
44 within the context of FLE (Cummings, Maddux, Cladianos, & Richmond, 2010; Klugman &
45 Stump, 2006). On the basis of various ethical approaches, programs and courses focused on
46 ethics have been created to provide knowledge about related principles, to nurture development
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FAMILY LIFE EDUCATION

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3 of critical thinking processes, and to engage in co-learning within the context of meaningful
4
5 human relationships. Discovery research has helped to inform this aspect of FLE, but there is a
6
7 need for more prevention–intervention research to answer questions such as the following: What
8
9 causes values to change or remain stable? What role do values play in solving ethical dilemmas
10
11 and to what extent? Is there a pattern of how critical thinking skills emerge and in what order?
12
13 How are perceptions affected by cultural expectations?
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16
17 Because of its translational nature, FLEs are not only able to address the tensions in
18
19 application between personal morals and the socially constructed nature of ethics in the
20
21 application of programs, but they are also able to translate needed areas of consideration for
22
23 further study. For example, important questions exist, such as do ethical knowledge and skilled
24
25 critical thinking learned in one setting transfer to other settings, and especially to professional
26
27 practice? Are the ethical meaning systems—that is, shared understandings of what is appropriate
28
29 behavior—similar to or compatible between research and practice? The social exchange of
30
31 knowledge, attitudes, and practices enables practitioners and their stakeholders to develop
32
33 synergy, trust, and ability to honor differences—all supported by a professional ethical
34
35 foundation. As Schillinger (2010) noted, effectiveness is an essential criterion so discoveries
36
37 (universal or particular) are not only applied in individual practice but also will attract funding
38
39 sources, support of family-related organizations, and become widely used to benefit those we
40
41 serve.
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49 *Family life education methodology.* The aforementioned aspects of FLE are translated
50
51 into application through construction of a mindful design—the purposeful process of arranging
52
53 many essential components into a coherent big picture. A typical model of educational design is
54
55 to integrate learning objectives, use teaching and learning strategies that will meet those
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3 objectives, and assess student success or level of achievement (Fink, 2005). This and similar
4
5 conceptual frameworks have been disseminated to most educators and broadly implemented,
6
7 illustrating how “universal” interventions can be efficient, effective, and widely replicated in
8
9 educational design (Spoth, 2008).
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13 The dissemination and application of discovery science to inform applied practice is
14
15 evident in FLE. Situational and structural factors—such as the program type (formal or
16
17 nonformal), format (traditional, online, or hybrid), setting (county extension office, prison,
18
19 online), social expectations, learner characteristics (culture, age, gender), instructor
20
21 characteristics (experience, knowledge, personality), class size, and so on—need to be
22
23 considered when designing FLE for specific situations. FLE within a program to teach life skills
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25 to incarcerated adults will differ dramatically from a government program to assist military
26
27 families deal with stress and anxiety. Spoth (2008) suggested that educators “identify which
28
29 intervention components are those that most contribute to positive outcomes” (p. 418). For
30
31 example, learner characteristics are important to consider as a component of design (Sternberg
32
33 1997), and these have been studied quite extensively. Gardner (1999) discovered that students
34
35 have different “intelligences” and thus learn through varying modes. Whereas a person with a
36
37 linguistic preference will learn best through reading, writing, and discussion, a person with a
38
39 visual preference will learn better with video media, charts, graphs, drawing, and art. Despite
40
41 improved focus on translating and adapting prevention–intervention models and research
42
43 evidence into the diverse settings of FLE practice, more research is needed to answer design
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45 questions such as: What will have the biggest impact on families in general, as well as families
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47 with unique needs? What outcomes should be tracked to know if well-being is enhanced? How
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3 long will it take to show progress and how will it be observed? How can this information be
4
5 integrated into the next steps of discovery science (Colditz, 2012)?
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8 Within the translational framework, it is important to determine how effective particular
9
10 educational designs and methods have been; therefore, FLEs need to assess how well learners
11
12 have met objectives (Fink, 2005; Spoth, 2008). Research experiments, scores on tests and other
13
14 measures, student reports of their experiences, and observations of actions or products typically
15
16 provide one-time evidence that teaching methods and learner activities improved learning.
17
18 However, prevention–intervention science and FLE are practiced in postmodern society where
19
20 objectives may be hard to identify, complexity seems constant, and multiple viewpoints often
21
22 conflict. What objectives are most important to document learning within a pluralistic and
23
24 continually changing environment? Even a basic research question such as “What should be
25
26 done about my child’s negative behavior?” is challenging because learners will have various
27
28 understandings and situations relative to family needs, understanding of child development,
29
30 family culture, religious considerations, and multiple other relevant aspects of the situation.
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36 FLEs cannot always provide the “right” answers, given the multifaceted nature of family
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38 issues, which poses challenges in working with diverse families and dynamic contexts.
39
40 Simultaneously, the challenge of examining the application outcomes scientifically and having
41
42 these inform next questions in discovery is a strength that FLE provides to family education,
43
44 programming, and policy. Given the diversity of learners, FLEs must help them identify their
45
46 own needs, set their own objectives and goals, analyze and critique their situations, obtain
47
48 individually necessary needed skills and resources, communicate with others for common
49
50 decisions, consider alternatives and their consequences, and take actions in a way that is
51
52 meaningful. Helping learners set their own objectives via critical science allows adaptation and
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FAMILY LIFE EDUCATION

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1
2
3 flexibility to meet the needs of diverse learners (Allison & Rehm, 2011). Although it may not be
4
5 as efficient in providing specific feedback and assessment that can be generalized to wide
6
7 audiences, this approach may be effective by translating specific information and approaches to
8
9 meet unique needs (Spoth, 2008).
10
11

12 Building on information from evaluations of applied practice, discovery science helps
13
14 FLEs construct and examine new formats and methods that are available through technologies.
15
16 FLE can be taught fully or partially online, Twitter and Instagram can provide modern ways to
17
18 communicate, and family problems or tasks can be simulated in virtual environments such as
19
20 Second Life. FLE practitioners need to understand which methods of using technology work best
21
22 and how best to implement those technologies in learning contexts (Rehm, Allison, Bencomo, &
23
24 Godfrey, 2013). The effectiveness and integration of this information within family systems is
25
26 one way that evaluation informs discovery.
27
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30

31 Further translation of how to best use these tools to serve and support families is a
32
33 challenge, and FLE provides the foundation to answer these questions and create effective
34
35 interventions. Research often starts with giving a pretest, then a variable such as a teaching
36
37 method is introduced, and a posttest is conducted after the intervention is completed. Changes in
38
39 performance indicated through the posttest are generally attributed to the intervention, but with
40
41 due caution based on threats to the validity that cannot be ruled out based on the pre–post
42
43 research design implemented. Internal validity can be assessed regarding the extent to which
44
45 changes in the level of some dependent variable, such as improving family communication or
46
47 nutrition status, is the result of a program or intervention (Dearing, n.d.). Prevention–intervention
48
49 research can be used to assess how well internally valid interventions fare when tested under
50
51 real-world field conditions. FLEs recognize that successful interventions are context-dependent
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FAMILY LIFE EDUCATION

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1
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3 and that situational factors may or may not transfer to other people or contexts. Translational
4
5 research gains external validity when FLE programs achieve positive effects across different
6
7 sites. In sum, data collected throughout formative and summative evaluations of interventions
8
9 can be used to identify and confirm effective educational approaches and content.
10
11

12 *Family law and public policy.* Although FLEs generally focus on the development and
13
14 implementation of their curricula, some may have opportunities to educate politicians or
15
16 legislators about a specific issue that families are facing, to promote certain evidence-based
17
18 programs, or to describe public support around requiring credentials for practitioners. For
19
20 example, CFLEs are recognized in Texas as qualified to provide court-mandated parenting
21
22 education (Darling & Cassidy, 2014). Policymakers generally want empirical data so that their
23
24 decisions can be translated into effective results. Engaging in prevention–intervention and
25
26 translational science strengthens the skill and knowledge base of FLEs and positions them to
27
28 make unique contributions as “approved providers” of family-related education at the federal,
29
30 state, and local levels. For example, FLEs can provide evidence of broadly valued
31
32 implementation outcomes such as efficacy, safety, effectiveness, equity, client- or learner-
33
34 centeredness, and timeliness.
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41 Translational science and prevention–intervention science play critical roles in
42
43 communicating programmatic efforts to establish policies capable of enhancing the well-being of
44
45 families. Data can be used to draw conclusions as well as to gain feedback from those served
46
47 (Grimshaw, Eccles, Lavis, Hill, & Squires, 2012) and then disseminated through networks that
48
49 are visible to politicians, policymakers, and other community leaders. Translational family
50
51 research can be used to improve the way policy is carried out in practice. For example, the
52
53 Adverse Childhood Experiences Study has identified the long-term and negative impact that
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FAMILY LIFE EDUCATION

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2
3 experiencing sexual and physical abuse, neglect, parental divorce, or poverty in childhood can
4
5 have on the health and well-being in adulthood (Felitti et al., 1998). These findings hint at
6
7 numerous policy initiatives focused on preventive efforts to reduce the incidence or impact of
8
9 adverse experiences for children that FLEs could pursue.
10
11

OUTCOME: FAMILY WELL-BEING

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14
15 *Outcomes* are the end results of prevention–intervention programs designed for individuals or
16
17 families and ideally include results people and communities desire, such as health, family
18
19 functioning, quality of life, satisfaction, or family well-being (Schillinger, 2010). Various health-
20
21 related preventions and interventions can be readily evaluated and disseminated. The
22
23 development of outcome measures for prevention–intervention and dissemination methods
24
25 within FLE, however, often focus on the success of the program at enhancing participant
26
27 psychosocial well-being (Schillinger, 2010). That said, compared with most health-related
28
29 outcomes, the measurement of well-being and related constructs, such as feelings of happiness or
30
31 satisfaction with life, is more subjective because they cannot be directly measured with self-
32
33 reports or observation (Centers for Disease Control and Prevention [CDC], 2013). Thus,
34
35 replicated, longitudinal, or triangulated findings are likely to be most credible and influential for
36
37 informing the decision-making of public policymakers. Measurement challenges aside, well-
38
39 being is associated with numerous health, work, and family benefits, including decreased risk of
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41 disease, illness, and injury; better immune functioning; increased work productivity; and
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43 longevity (CDC, 2013).
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CONCLUSION

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53 Translational science is still a relatively new field. Although FLE has incorporated applied
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55 research and evidenced-based practice for some time, the term *translational research* was first
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FAMILY LIFE EDUCATION

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1
2
3 noted in the Medline database in 1993, and in those early years, there were few references to
4
5 translational science outside of cancer research (Rubio et al., 2010). Currently, various models
6
7 for translational science exist, with some being source-based through the lens of the researchers
8
9 and their context, community-centered focused on practice settings, or systems-oriented to
10
11 conceptualize the overall paradigm of implementation and dissemination (Colditz, 2012).
12
13 Although the goals of translational science are still evolving in multiple fields, as that process
14
15 unfolds in family science, we believe that translational family science will emerge as an
16
17 integrated social science that incorporates FLE methodology and practice because translational
18
19 family science is FLE in action and FLEs are the quintessential disseminators of research-based
20
21 knowledge about and for families.
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26

27 Just as translational science is evolving, so too is the profession of FLE and the
28
29 intersection of these two paradigms. Nonetheless, FLE has a longer history than translational
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31 science, and although both fields involve colleagues from multiple disciplines, FLE is relatively
32
33 advantaged by being associated with a national organization that brings family educators and
34
35 scholars together in one professional environment via conferences, journals, and ongoing
36
37 communication. Further, NCFR has a certification credential (CFLE) to promote competence of
38
39 FLE providers and an online resource bank to assist FLEs with program preparation. Conversely,
40
41 although various resources can be found online, there is no unifying professional organization for
42
43 translational science to coordinate and facilitate implementation and dissemination.
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47

48 Regardless of paradigm, translating research into practice is essential but not without
49
50 challenges (Evans, 2012). Many programs or approaches may be effective but lack funding and
51
52 staffing, which makes it difficult to afford and implement an extensive and well-designed
53
54 evaluation. Another issue is the dearth of funding available for large-scale implementation
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FAMILY LIFE EDUCATION

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1
2
3 research. For these reasons, translational science is far more advanced in the medical field than
4
5 in the social sciences. Although 2015 expenditures for U.S. medical and health-related research
6
7 and development were \$158.7 billion (Research America, 2016), funding of health services
8
9 prevention–intervention research, models of care, and service innovations tend to represent less
10
11 than 5% of research funding (Dorsey et al., 2010; Woolf, 2008). This exemplifies the low
12
13 priority of research designed to develop and expand scientifically validated approaches to care.
14
15 There is also an apparent 17-year gap between the funding of research and putting it into practice
16
17 (Balas & Boren, 2000). These numbers suggest that it may be fruitful to assess the economic
18
19 benefits of family preventative interventions, both with cost-effectiveness and benefit–cost
20
21 analyses. Some programs have been evaluated along these lines, and positive outcomes have
22
23 been found (e.g., Rose & McCullough, 2017; Waldrop, 2014), but most preventative
24
25 interventions have not been evaluated for their economic benefits (Spath, 2008). That said,
26
27 research indicates that every dollar spent for preventive interventions returns \$2 to \$42 in future
28
29 costs, summing to a savings of as much as \$31,000 per participant (Catalano et al., 2012).
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37 Given that funding for implementation and dissemination research is low, it follows that
38
39 publications on implementation and dissemination research are scarce (Colditz, 2012), and that
40
41 the number of journals focused on translational research is also small. Consequently, those
42
43 articles that do exist based on translational science tend to be published in a variety of journals
44
45 related to specific areas of content and practice. To enhance the funding and publication
46
47 prospects of translational research, elements that might limit or enhance translation need to be
48
49 examined. For example, using small and unrepresentative samples of participants and settings
50
51 precludes generalization of the results (Schillinger, 2010), and research is needed that can inform
52
53 decisions concerning what and how to implement or disseminate programming (Colditz, 2012).
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FAMILY LIFE EDUCATION

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3 Indeed, although FLE has resulted in many evidence-based programs, emphasis must also go
4
5 beyond individual program evaluation to include translation, implementation, and dissemination
6
7 of evidence-based best practices and programs. All said, even as science and practice and the
8
9 relationship between them continues to evolve, we can be sure that translating and
10
11 communicating successful practices, programs, and policies must take a more prominent role in
12
13 the future development, effectiveness, and promotion of FLE programs.
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REFERENCES

- 17
18
19
20 Allison, B. N., & Rehm, M. L. (2011). English language learners: Effective teaching strategies,
21
22 practices for FCS teachers. *Journal of Family and Consumer Sciences, 103*, 22–27.
23
24
25 Balas, E., & Boren, A. (2000). Managing clinical knowledge for health care improvement. In J.
26
27 Bommel & A. T. McCray (Eds.), *Yearbook of medical informatics 2000: Patient-*
28
29 *centered systems* (pp. 65–70). Stuttgart, Germany: Schattauer Verlagsgesellschaft.
30
31
32 Ballard, S. M., & Taylor, A. C. (2012). Best practices in family life education. In S. Ballard & A.
33
34 Taylor (Eds.), *Family life education with diverse populations* (pp. 1–18). Thousand Oaks,
35
36 CA: Sage.
37
38
39 Bredehoft, D. J., & Walcheski, M. J. (Eds.). (2011). *The family life education framework* [Poster
40
41 and PowerPoint presentation]. Minneapolis, MN: National Council on Family Relations.
42
43
44 Catalano, R., Fagan, A., Gavin, L., Greenberg, M., Irwin, C. Ross, D., & Shek, D. (2012).
45
46 Worldwide application of prevention science in adolescent health. *The Lancet, 379*,
47
48 1653–1664. doi:10.1016/S0140-6736(12)60238-4
49
50
51 Centers for Disease Control and Prevention. (2013). *Well-being concepts*. Retrieved from
52
53 <http://www.cdc.gov/hrqol/wellbeing.htm>
54
55
56
57
58
59
60

FAMILY LIFE EDUCATION

- 1
2
3 Clay, R. (2011). *Postgrad growth area: Translational science*. Retrieved from
4
5 <http://www.apa.org/gradpsych/2011/01/postgrad.aspx>
6
7
- 8 Colditz, G. (2012). The promise and challenges of dissemination and implementation research.
9
10 In R. Bronson, G. Colditz, & E. Proctor (Eds.), *Dissemination and implementation*
11 *research in health: Translating science into practice* (pp. 3–22). Oxford, England:
12
13 Oxford University Press.
14
15
- 16
17 Cummings, R., Maddux, C., Cladianos, A., & Richmond, A. (2010). Moral reasoning of
18
19 education students: The effects of direct instruction in moral development theory and
20
21 participation in moral dilemma discussion. *Teachers College Record*, 112, 621–644.
22
23
- 24 Darling, C., & Cassidy, D. (2014). *Family life education: Working with families across the*
25
26 *lifespan* (3rd ed.). Long Grove, IL: Waveland Press.
27
28
- 29 Darling, C., Fleming, W. M., & Cassidy, D. (2009). Professionalization of family life education:
30
31 Defining the field. *Family Relations*, 58, 330–345. doi:10.1111/j.1741-
32
33 3729.2009.00556.x
34
35
- 36 Darling, C. A., & Turkki, K. (2009). Global family concerns and the role of family life
37
38 education: An ecosystemic analysis. *Family Relations*, 58, 14–27. doi:10.1111/j.1741-
39
40 3729.2008.00531.x
41
42
- 43 Dearing, J. W. (n.d.). *The science of translational research: What we know (and what we need to*
44
45 *know) for closing evidence-practice gaps*. Retrieved from
46
47 [http://www.ucdenver.edu/research/CCTSI/community-](http://www.ucdenver.edu/research/CCTSI/community-engagement/resources/Documents/ScienceofTranslationalResearch.pdf)
48
49 [engagement/resources/Documents/ScienceofTranslationalResearch.pdf](http://www.ucdenver.edu/research/CCTSI/community-engagement/resources/Documents/ScienceofTranslationalResearch.pdf)
50
51
52
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55
56
57
58
59
60

FAMILY LIFE EDUCATION

24

- 1
2
3 Dorsey, E., de Roulet, J., Thompson, J., Reminick, J., Thai, A., White-Stellato, Z. . . . Moses, H.
4
5 (2010). Funding of US biomedical research, 2003–2008. *Journal of the American*
6
7 *Medical Association, 303*, 137–143. doi:10.1001/jama.2009.1987
8
9
- 10 Doucet, F., & Hamon, R. R. (2007). A nation of diversity: Demographics of the United States of
11
12 America and their implications for families. In B. Sherif-Trask & R. R. Hamon (Eds.),
13
14 *Cultural diversity and families: Expanding perspectives* (pp. 20–43). Thousand Oaks,
15
16 CA: Sage.
17
18
- 19 Evans, V. J. (2012). Translation in the social and behavioral sciences: Looking back and looking
20
21 forward. In E. Wethington & R. E. Dunifon (Eds.), *Research for the public good:*
22
23 *Applying the methods of translational research to improve human health and wellbeing*
24
25 (pp. 23–31). Washington, DC: American Psychological Association.
26
27
28
- 29 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V. . . . Marks, J.
30
31 (1998). Relationship of childhood abuse and household dysfunction to many of the
32
33 leading causes of death in adults. The adverse childhood experiences (ACE) study.
34
35 *American Journal of Preventive Medicine, 14*, 245–258. doi:10.1016/S0749-
36
37 3797(98)00017-8
38
39
- 40 Fink, L. (2005). *A self-directed guide to designing courses for significant learning*. Retrieved
41
42 from www.deefinkandassociates.com/GuidetoCourseDesignAug05.pdf
43
44
45
- 46 Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum.
47
- 48 Gardner, H. (1999). *Intelligence reframed: Multiple intelligences for the 21st century*. New
49
50 York, NY: Basic Books.
51
52
53
54
55
56
57
58
59
60

FAMILY LIFE EDUCATION

25

- 1
2
3 Grimshaw, J. M., Eccles, M. P., Lavis, J. N., Hill, S. J., & Squires, J. E. (2012). Knowledge
4 translation of research findings. *Implementation Science*, 9(30), 1–17. doi:10.1186/1748-
5 5908-7-50
6
7
8
9
10 Klugman, C., & Stump, B. (2006). The effect of ethics training upon individual choice. *Journal*
11 *of Further and Higher Education*, 30, 181–192.
12
13
14
15 Lemon, S. C., Bowen, D. J., Rosal, M. C., Pagoto, S. L., Schneider, L. L., Pbert, L. . . . Ockene,
16 J. K. (2013). Translational research phases in the behavioral and social sciences: Adaptations
17 from the biomedical sciences. In K. A. Riekert, J. K. Ockene, & L. Pbert (Eds.),
18 *Handbook of health behavior change* (3rd ed., pp. 483–497). New York, NY: Springer.
19
20
21
22
23
24
25 Minnesota Council on Family Relations. (2009). Ethical thinking and practice for parent and
26 family life educators. In D. Bredehoft & M. Walcheski (Eds.), *Family life education:*
27 *Integrating theory and practice* (pp. 233–239). Minneapolis, MN: National Council on
28 Family Relations.
29
30
31
32
33
34 Myers-Walls, J., Ballard, S., Darling, C. A., & Myers-Bowman, K. (2011). Re-conceptualizing
35 the domain and boundaries of family life education. *Family Relations*, 60, 357–372.
36 doi:10.1111/j.1741-3729.2011.00659.x
37
38
39
40
41 National Council on Family Relations. (n.d.-a). *Family life education content areas*. Retrieved
42 from <http://www.ncfr.org/cfle-certification/what-family-life-education>
43
44
45
46 National Council on Family Relations. (n.d.-b). *We are family science*. Retrieved from
47 <http://family.science/what-is-family-science/>
48
49
50
51 National Council on Family Relations. (n.d.-c). *What is family life education?* Retrieved from
52 <https://www.ncfr.org/cfle-certification/what-family-life-education>
53
54
55
56
57
58
59
60

FAMILY LIFE EDUCATION

26

- 1
2
3 Palinkas, L., & Soydan, H. (2012). New horizons of translational research and research
4 translation in social work. *Research on Social Work Practice, 22*, 85–92.
5
6 doi:10.1177/1049731511408738
7
8
9
- 10 Rehm, M., Allison, B. N., Bencomo, A., & Godfrey, R. V. (2013). Online education in family
11 and consumer sciences university programs and four models for teaching online. *Family
12 and Consumer Sciences Research Journal, 41*, 235–253. doi:10.1111/fcsr.12011
13
14
15
16
- 17 Research America: An Alliance for Discoveries in Health. (2016). *U.S. investments in medical
18 and health research and development, 2013–2015*. Arlington, VA: Author. Retrieved
19
20 from <https://www.researchamerica.org>
21
22
23
- 24 Rose, A. J., & McCullough, M. B. (2017). A practical guide to using the positive deviance
25 method in health services research. *Health Services Research, 52*, 1207–1222.
26
27 doi:10.1111/1475-6773.12524
28
29
30
- 31 Rubio, D., Schoenbaum, E., Lee, L., Schteingart, D., Marantz, P., Anderson, K., . . . Esposito, K.
32 (2010). Defining translational research: Implications for training. *Academic Medicine, 85*,
33
34 470–475. doi:10.1097/ACM.0b013e3181ccd618
35
36
37
- 38 Schillinger, D. (2010). *An introduction to effectiveness, dissemination, and implementation
39 research: A resource manual for community-engaged research*. San Francisco, CA:
40
41 Translational Science Institute Community Engagement Program. Retrieved from
42
43
44 https://accelerate.ucsf.edu/files/CE/edi_introguide.pdf
45
46
47
- 48 Schroeder Measurement Technologies. (2014). *National Council on Family Relations Certified
49 Family Life Educator, 2014 Job Analysis Report*. Clearwater, FL: Author. Unpublished
50
51
52
53
54
55
56
57
58
59
60

FAMILY LIFE EDUCATION

27

- 1
2
3 Small, S. A., Cooney, S. M., & O'Connor, C. (2009). Evidence-informed program improvement:
4
5 Using principles of effectiveness to enhance the quality and impact of family-based
6
7 prevention program. *Family Relations*, 58, 1–13. doi:10.1111/j.1741-3729.2008.00530.x
8
9
- 10 Spoth, R. (2008). Translating family-focused prevention science into effective practice: Toward
11
12 a translational impact paradigm. *Current Directions in Psychological Science*, 17, 415–
13
14 421. doi:10.1111/j.1467-8721.2008.00617.x
15
16
- 17 Sternberg, R. (1997). *Thinking styles*. New York, NY: Cambridge University Press.
18
19
- 20 Waldrop, D. (2014). Exploring hospice decisions: The road from the Institute on Aging and
21
22 Social Work to an ARRA challenge grant. *Educational Gerontology*, 40, 248–257.
23
24 doi:10.1080/03601277.2014.852931
25
26
- 27 Woolf, S. (2008). The meaning of translational research and why it matters. *Journal of the*
28
29 *American Medical Association*, 299, 211–213. doi:10.1001/jama.2007.26
30
31
32
33
34
35
36
37
38
39
40
41
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FAMILY LIFE EDUCATION

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Table 1

FLE Content Areas Ranked by Mean Order of Importance With Top Two Competencies per Area

Ranked FLE Content Areas and Top 2 Competencies/Area	<i>M</i>	<i>SD</i>
Professional Ethics and Practice (<i>n</i> = 7 competencies)	4.36	0.78
1. Demonstrate respect for diverse values		
2. Demonstrate professional attitudes, values, behaviors, and responsibilities to clients, colleagues, and the broader community that are reflective of ethical standards and practice: Establish and maintain appropriate personal and professional boundaries		
Family Life Education Methodology (<i>n</i> = 15 competencies)	4.33	0.90
1. Create learning environments that are respectful of individual, vulnerabilities, needs, and learning styles		
2. Demonstrate sensitivity to diversity and community needs, concerns, and interests		
Parenting Education and Guidance (<i>n</i> = 12 competencies)	4.27	0.83
1. Promote healthy parenting from a child's and parent's developmental perspective		
2. Apply strategies based on the child's age/stage of development to promote effective developmental outcomes		
Internal Dynamics of Families (<i>n</i> = 8 competencies)	4.24	0.81
1. Develop, recognize, and reinforce strategies that help families function effectively		
2. Facilitate and strengthen communication processes, conflict-management, and problem-solving skills		
Human Growth & Development Across the Life Span (<i>n</i> = 6 competencies)	4.11	0.84
1. Recognize the impact of individual health and wellness on families		
2. Assist individuals and families in effective developmental transactions		
Interpersonal Relationships (<i>n</i> = 7 competencies)	4.09	0.88
1. Develop and implement effective communication, problem-solving, and anger/conflict management strategies		
2. Recognize the impact of personality and communication styles		
Family Resource Management (<i>n</i> = 15 competencies)	4.07	0.87

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3	1. Apply and facilitate effective decision-making processes: assessment of individual and		
4	family needs		
5			
6			
7	2. Apply and facilitate effective decision-making processes: identification and evaluation		
8	of options and resources		
9			
10			
11	Families and Individuals in Societal Contexts (<i>n</i> = 6 competencies)	4.05	0.85
12			
13	1. Identify factors that influence the relationship between work, personal, and family life		
14			
15	2. Recognize the reciprocal interaction between individuals, families, and various social		
16	systems (e.g., workplace, health, legal, educational, religious/spiritual)		
17			
18			
19	Human Sexuality Across the Life Span (<i>n</i> = 9 competencies)	3.70	1.05
20			
21	1. Recognize the psychosocial aspects of human sexuality: risk factors (e.g., substance		
22	abuse, social pressures, media)		
23			
24			
25	2. Recognize the psychosocial aspects of human sexuality: characteristics of healthy and		
26	unhealthy sexual relationships		
27			
28			
29	Family Law and Public Policy (<i>n</i> = 8 competencies)	3.53	1.00
30			
31	1. Identify current laws, public policies, and initiatives that affect families		
32			
33	2. Identify current laws, public policies, and initiatives that regulate and influence		
34	professional conduct and services		
35			

Note. Range: 1 (*of no importance*) to 5 (*extremely important*). FLE = family life education.