2009-2010 Strengthening Families
Statewide Outcomes

Program:
Strengthening Families is a parent, youth, and family skills-building curriculum designed to prevent teen substance abuse and other behavior problems, strengthen parenting skills, and build family strengths. The program was developed by professionals at Iowa State University Extension.1

The program is delivered in 7 two-hour sessions in which parents and youth meet separately for the first hour, and then the families practice skills and have fun together during the second hour. Sessions are highly interactive and include role-playing, discussions, games, and family projects.2

This report documents outcomes from six series of the Strengthening Families Program offered by Cornell Cooperative Extension educators from September 2009 to September 2010 across 3 counties. The 3 counties offering the program were: Albany (1 series), Orange (4 series), and Rockland (1 series).

Statewide, 81 caregivers and 91 youth participated in the program. Average attendance for parents/caregivers was 72%, and average attendance for youth was 67%. Both groups experienced a gradual decline in attendance throughout the course of the program.

The following charts illustrate caregiver and youth participation by county.

1 http://www.extension.iastate.edu/sfp
2 http://www.extension.iastate.edu/sfp/inside/curr.php
Caregiver Demographics:
Statewide, the majority of caregivers attending the program were parents: 67.9% were mothers and 18.5% were fathers. Other adults/caregivers attending the Program included grandparents, step-parents, and guardians.

Caregivers' Relationship to Child
- Mother 67.9%
- Father 18.5%
- Step-Parent 1.2%
- Grandparent 11.1%
- Guardian 1.2%

The average age of caregiver participants was 44.3 years. A majority of caregivers reported White as their race; however, African American and Hispanic participants also constituted a large percentage of the caregiver population.

Caregivers' Educational Attainment
- Some College 27%
- HS Diploma/GED 14%
- Less than HS 6%
- Graduate Degree 5%
- College Degree 14%
- Nonresponse 34%

Caregivers also reported diverse educational attainment levels, with 6.2% of participants completing less than high school, to 4.9% who had completed a graduate degree. A large percentage of caregivers declined to report their education levels.

Caregivers' Race/Ethnicity
- White/Caucasian 44%
- Hispanic 24%
- Black/African American 22.2%
- Other 2%
- Nonresponse 6%
- Asian 1%
The majority of caregivers were employed full-time or not employed (45.7% and 22.2%, respectively), and participants were equally distributed in the remaining employment categories.

**Caregivers’ Employment Status**

- Employed Full-time: 45.7%
- Employed Part-time: 9.9%
- Self-Employed: 4.9%
- Other: 6.2%
- Not Employed: 22.2%
- Retired: 6.2%
- Nonresponse: 4.9%

Caregivers’ marital status varied, but a majority of participants reported being married or living together (45.7%). The remaining participants almost equally reported single or separated/divorced/widowed.

**Caregivers’ Marital Status**

- Married/Living Together: 45.7%
- Single: 22%
- Separated/Divorced/Widowed: 25.9%
- Nonresponse: 6%

Caregivers reported an average of 2.4 children living at home. Children ranged in age from infancy to 20 years. The average age of the youngest child was 8.7 years and average age of the oldest child was 13.7 years.

**Caregiver Results:**

This study used a pre- and post-test evaluation, in which participants are asked a series of questions at both the beginning of a program (pre-test) and then again at the program’s completion (post-test). This design allows researchers to measure changes in participant knowledge, attitudes, or behaviors that may have resulted from participation in the program (although such a design cannot definitely point to the program itself as the cause of any change; it is possible that caregivers or youth would have experienced changes even if they had not participated in the program).

Results for pre- and post-test surveys are determined by interpreting the p-value generated by a statistical procedure called a t-test. The p-value is a numerical estimate of the reliability of our assumption that the difference in means on pre and post surveys is real and not due to chance. In general, researchers say that a p-value of .10 or less is statistically significant, which indicates a 90% certainty that the result observed are not due to chance. The following results for the Strengthening Families Program are reported at the p-value levels of .01, .05, and .10.
When looking at the results of the pre- and post-tests given to the caregivers, very positive results are observed, with statistically significant outcomes for 9 out of 20 questions asked of caregivers before participating in the Strengthening Families Program and again following Program completion. A summary of these results are further discussed in the Conclusion.

In comparing the caregiver pre- and post-test survey results, the following three questions showed significant positive changes at the 1% level, indicating a 99% certainty that the results are not due to chance.

In comparing caregiver pre- and post-test survey results, the following five questions showed significant positive changes at the 5% level, indicating a 95% certainty that the results are not due to chance.

In comparing the caregiver pre- and post-test survey results, one question showed a significant positive change at the 10% level, indicating a 90% certainty that the results are not due to chance.
These results are encouraging, with nine of the twenty questions asked of caregivers showing significant positive changes.

Please refer to the Appendix for a complete list of Caregiver Questions.

**Youth Demographics:**
The amount of male and female youths participating in the program was not equal, with more girls than boys participating.

**Youth Gender**

Youth Results:
The statistical tests used to evaluate youths’ pre- and post-tests were conducted in the same manner as the caregivers’. Five out of 15 questions showed significant positive changes, and 2 out of 15 questions showed significant negative changes. A summary of the results are further discussed in the Conclusion.

In comparing the youth pre- and post-test survey results, the following four questions showed significant positive changes at the 5% level, which indicates a 95% certainty that the results are not due to chance.
In comparing the youth pre- and post-test survey results, the following question showed significant positive change at the 10% level, indicating a 90% certainty the results are not due to chance:

These results for youth are encouraging. Five out of 15 questions showed positive significant changes. However, 2 questions showed negative significant changes at a highly significant level.

The results of the negative significant changes are perplexing given that these questions are similar to two of the questions that showed positive significant changes. Specifically, youth showed improvements in identifying qualities that are important in a true friend; however, they also reported having difficulty getting out of situations with friends that could get them into trouble. Additionally, youth showed improvements in dealing with stress, yet they reported having difficulties recognizing when they are under stress.

In comparing these results to the 2007-2008 and 2007-2009 Strengthening Families Program youth results, similar trends for these specific questions were not observed. These outcomes appear to be unique to the 2009-2010 data only, and not indicative of the Strengthening Families Program as a whole.

Please refer to the Appendix for a complete list of Youth Questions.

**Conclusion:**

The Strengthening Families Program continues to experience positive outcomes across New York State, with a total of 81 caregivers and 91 youth participating in the Strengthening Families Program in 2009-2010. Throughout 2009-2010, caregivers and youth both showed significant positive changes in their results.
Specifically, Caregivers indicated that the program was highly successful in helping them calm down before addressing problems with their youth, work collaboratively to solve problems together, and view situations from their teen’s perspective. Caregivers also felt that they better understood normal teenage development, spent more time doing things together as a family, and expressed to their child how they feel when their child misbehaves. Additionally, caregivers reported spending more one-on-one time with their youth, listening to their youth when he or she is upset, and discussing peer pressure with their youth.

Youth indicated that the program helped them to be more purposeful in plans for achieving goals and to appreciate the things their caregivers do for them. Youth also reported more occurrences of family meetings and being better able to identify good qualities in a friend and cope with stress.

Since Strengthening Families Programming began in New York State, a totally of 276 caregivers, 285 youth, and eight counties have participated in 26 series of Strengthening Families. The highly significant results reported by both caregivers and youth demonstrated throughout the entirety of this program are evidence of the substantial impact and success of Strengthening Families.

Appendix

Caregiver Questions:
1. I wait to deal with problems with my child until I have cooled down.
2. I remember that it is normal for children to be harder to get along with at this age.
3. I help my youth understand what the family and house rules are.
4. I take time to do something fun together as a family.
5. I let my youth know what the consequences are for breaking rules.
6. I find ways to keep my children involved in family work activities, like chores.
7. I follow through with consequences each time he or she breaks a rule.
8. I talk with my child about his or her future goals without criticizing.
9. I often tell my child how I feel when he or she misbehaves.
10. I find ways to include my child in family decisions about fun and work activities.
11. I spend special time one-on-one with my youth.
12. I let my youth know the reason for the rules we have.
13. I listen to my youth when he or she is upset.
15. I work together with my youth to solve problems that come up.
16. I try to see things from my youth’s point of view.
17. I talk with my child about ways to resist peer pressure.
18. I give compliments and rewards when my child does chores at home or learns to follow rules.
19. I show my child love and respect.
20. I explain to my child the consequences of not following my rules concerning alcohol use.
Youth Questions:
1. When I have a goal, I make a plan for how to achieve it.
2. I do things to help me feel better when I am under stress.
3. I appreciate the things my parent(s)/caregiver(s) do for me.
4. If a friend suggests that we do something that can get us both into trouble, I am able to get out of doing it.
5. We have family meetings to discuss plans, schedules, and rules.
6. I know how to tell when I am under stress.
7. I listen to my parent(s)/caregiver(s)’ point of view.
8. I understand the values and beliefs my family has.
9. I know there are consequences when I don’t follow a given rule.
10. My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad.
11. I know the qualities that are important in a true friend.
12. I know what my parents/caregivers think I should do about drugs and alcohol.
13. My parent(s)/caregiver(s) are calm when they discipline me.
14. I feel truly loved and respected by my parent(s)/caregiver(s).
15. I am able to tell when my parent(s)/caregiver(s) are stressed or having a problem.

Visit the Parenting in Context project at: http://www.parenting.cit.cornell.edu

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