

# Lapathee and Family Support Group (LAFS) Pilot Program Evaluation

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## 1. Introduction

The social work team at Access Alliance implemented the Lapathee (Karen for ‘tea’) and Family Support Group (LAFS) program as a pilot program from June to August 2008; the pilot phase of this program involved 6 sessions with 5 Karen families. This report summarizes key findings from the evaluation of this pilot program. Data generated from Participant Evaluation Forms (completed by participants at the end of the program) and program debriefing reports have been used to generate this report.

Findings from the evaluation indicate that the pilot program succeeded in meeting its key objectives of bringing together Karen families to engage in multi-family group work to address post-migration family transitions and parent-child relationships issues.

The strongly positive evaluation suggests three elements that contributed to the success of the program:

1. Multi-family group work model is an effective, constructive approach for enabling refugee families to (a) discuss shared experiences among each other about family transition and parent-child relationships in post-migration setting; and (b) learn from facilitators as well as from their peers and families about positive, family-centered strategies for addressing these issues. As well, multi-family group work model can be effective even with very recently arrived refugees who have been in Canada for less than two years.
2. Access Alliance’s trained Peer Outreach Worker played a significant role in contributing the group success. The Karen speaking Peer Outreach Worker was seen as “an insider” and “expert.” She was invited in the group planning process, participated in each debriefing session and interpreted in every group session. Her language skills, expertise, and knowledge made the program more culturally sensitive and minimized the language barriers.
3. The group facilitator understood the background and experiences of participants and was able to use the games and metaphors that were easy and familiar to the group participants, stimulating their thoughts and enhancing their enthusiasm in group discussion, sharing, and learning.

## 1. Program Background

### Purpose

In the beginning of 2008, Access Alliance conducted a mental health project with Government Assisted Refugees. As a part of this project, about 20 Karen people were invited to participate in a half-day focus group. Information shared in this meeting brought the social worker's attention that Karen families have increased experiencing stress related with acculturation and parenting issues. Although most of these participants reported they felt good and relieved after talking out their emotions and feelings, they also reported they tend not to talk about their difficulties in daily life; they are not familiar with mental health services and do not know where to seek help besides their own community. As a consequence, with the support of management team, a family program coordinator of Access Alliance arranged a community meeting with Karen to discuss about their needs further. In consistent of the focus group, the issues were brought up as the major concerns. As a response to the need of Karen community, Lapathee (Karen for 'tea') and Family Support Group (LAFS) pilot program was developed. The purposes of this group are to address Karen families' experiencing of acculturation-related stress and parenting issues.

Several studies on immigrant and refugee health have highlighted that acculturation-related stress can have negative impact on family relationships, particularly on parent-child relationships, mental health and well-being (Weine et al., 2003; 2004; 2006; 2008). At the same time, there is growing evidence that multi-family group work is an effective approach for enabling refugee families to develop positive, family-centred strategies for addressing post-migration stresses on family and parent-child relationship (Weine et al., 2003; 2004; 2006; 2008)

### Conceptual Model

The framework for the program was derived from an evidence-based conceptual model: The Family Consequences of Refugee Trauma (FAMCORT) model, which was designed as a prevention and access intervention specifically to address the unique mental health needs of refugee families (Weine et al., 2003; 2004; 2006; 2008).

The FAMCORT model starts from the understanding that the political violence and the experiences of displacement and resettlement can have an adverse affect on refugee families, not just individuals, changing and/or disrupting:

- family roles and obligations;
- family memories and communications;
- family relationships with other family members; and
- family connections with ethnic community and nation (Weine et al., 2004).

The FAMCORT model proposes a family-oriented preventive intervention that assists refugee families in rebuilding their lives in a way that respects the family-oriented behaviours and culture of refugees (Weine et al., 2004). This model was implemented with Bosnian, Bosnia-Herzegovina, and Kosovar refugees in Chicago to enable refugee families to be better able to draw on the families' strengths and resources to cope together under pre-migration factors and post-migration stresses, and to improve the ways family members relate with each other. It offers "an alternative to mainstream clinical mental health approaches that emphasizes the individual and do not address either the family as the unit of interest or the specific circumstances of families that are recovering from trauma, adjusting to the circumstances of forced-migration, and facing cultural transition" (Weine et al, 2004: pg 273).

Clinical strengths of Multiple Family Group are:

- Decrease the stigma associated with mental health services and increase engagement of “ at risk” children and families.
- Allow families to explore and practice new behaviors / skills as a family in a safe environment.
- Change and motivation are achieved by participants in three folds: Learning from peer fellows (parents to parents / children to children), within the family (parents to children / children to parents) and among families.
- Reduce overall social isolation and increase social support by attending the group ((McKay et al., 1995; Brodsky, G., 1999).

### **Program Design and Delivery**

**Location:** The group sessions were held in Oakdale Community Centre, 350 Grandravine Drive, Toronto, Ontario. This location was selected because a large group of Karens live in this location, and Access Alliance aims to provide services in clients’ neighborhood / community.

### **Session Dates and Times:**

- First Session: Saturday, June 28, 2008, 10:00am-3:00pm.
- Middle Sessions: Saturdays, July 6-27, 2:00pm – 5:00pm
- Last Session: Saturday, August 2, 2008, 10:00am-3:00pm.

### **Eligibility**

Six Karen families, limited to parents and children over age 12 (‘family member’ was defined as people who are living in the same household). McKay *et al.* (1995) suggests that four to five families is the ideal size. Six families were a good number as the group may have some drop out at the beginning stage.

### **Outreach**

Participants were recruited by a Sgaw-speaking Peer Outreach Worker who has strong ties in the community. The Peer Outreach Worker directly contacted families who were eligible (had children over 12 years of age). The Peer Outreach Worker also made an announcement at a community meeting attended by Karen community members.

### **Participants**

- A total of 5 families participated in the program; in total there were 9 adults and 10 children (12 years or older).
- An average of 13 participants attended per session, excluding the session that was cancelled because traffic was blocked by a big street festival and only two participants showed up. Of the remaining five sessions, the number of participants per session ranged from 6 to 17.
- All families had been in Canada less than two years.

## **Topics Covered & Specific Aims**

### **Phase I: Families in transition**

- Teach families about families in transitions
- Help families to recognize their uniqueness of family transitions
- Identify and promote family strengths
- Increase connections between families
- Establishing collaborative helping relationships

### **Phase II: Defining the family, its needs and obligations: family as a system and family beliefs**

- Reframing roles of child and parent as being competence based
- Creating a context for more positive interaction patterns between children and parents
- Helping group members connect within a positive, potentially less threatening format
- Members having the opportunity to examine the organizational structure within the family
- Members having exposure to information regarding effective parenting strategies
- Members being challenged to address rules that are not being followed or easily enforced
- Options for reward and consequences being explored

### **Phase III: Working together in the family—communication within families**

- Help families to more effectively identify, communicate and manage transitions, distress and problems in the family.
- Identify problem-solving strategies for common dilemmas.

## 2. Resources Required

<b>Suggested Budget for future programs:</b>		
<b>Food &amp; Beverages:</b>		
Picnic	\$50	<i>Paper plates, cups, plastic cutlery, beverages, desserts.</i>
Barbeque/Outdoor Lunch	\$6 x 50 people = <b>\$300</b>	<i>Food &amp; beverages.</i>
Snacks per indoor session	\$3 x 50 people x 4 sessions = <b>\$600</b>	
<b>Supplies:</b>		
Family portrait	\$12 \$100	<i>\$2 x six 8x10 photographs Six frames</i>
Other supplies	\$100	<i>e.g., supplies for games and activities</i>
<b>Logistics:</b>		
Cost of Space	\$0	<i>Oakdale Community Centre provides free space to not-for-profit organizations</i>
Cost of Childcare	\$12 x 3 hours x 3 workers x 6 sessions (2 outdoor and 4 indoor.) = <b>\$648</b>	
Cost of Transportation	\$2.75 per adult x 12 adults per session x 2 ways x 4 sessions; + \$1.85 per student x 18 students x 2 ways x 4 sessions; + \$0.70 per child x 12 children x 2 ways x 4 session = <b>Total TTC fare: \$598</b>	
Cost of Interpretation	\$35 per hour x 22 hours x 2 interpreters = <b>\$1540</b>	<i>\$35/hour Access Alliance Interpreter Services rate for CHCs; for other service providers, the rate is \$50/hour</i>
<b>(LAFS) Total</b>	<b>\$3,948.00</b>	

### Staff, Interpreters and Volunteers

#	Position	Role
1	Social Worker, MSW	Facilitator, coordinated planning and logistics.
1	MSW Student	Assisted with planning, logistics and taking notes for the debrief sessions.
1	Karen Interpreter/Peer Outreach Worker	Outreach/recruitment of participants. Provided interpretation between the facilitator and participants.
3	Karen volunteers	Each volunteer worked with two assigned families. They sat-in on small group discussions to assist in facilitating by clarifying and explaining group discussion topics or activities as needed.
2	Childcare providers per session	Minded the children who were under 12 years old.

### 3. Evaluation Method

#### **Evaluation Tools and Debriefing Forms**

The staff members coordinating the program held a debriefing meeting after each session in order to identify what was working in terms of the process and what issues may require attention. The details of each session were recorded on a debriefing form. For example, six families were registered for the program, but there were only three families attended the first group session. Specific barriers were discussed in debriefing session. The group originally asked for the whole family to attend. Given some families were unable to attend due to work and week-end ESL class related obligations, the facilitator changed the eligibility criteria for group participation, and the Peer Outreach Worker recruited more families by announcing to families with members that were unable to attend and by giving phone contacts to interested families.

Fifteen participants filled out an evaluation form at the end of the program (out of total of 19 participants). The first part of the evaluation form required participants to indicate their responses in a 5 point Likert-scale (Yes, a lot; Yes, a little; Not Sure; Not so much; Not at all); this part included a total of 15 questions inquiring about program logistics, learnings, and other impacts. The second part of the evaluation consisted of 5 open-ended questions inquiring about what participants liked, disliked, and learned as well as a very open-ended “is there anything else you would like to tell Access Alliance” question. The form was translated into Sgaw by the Karen interpreter and the responses were then back-translated into English. The interpreter also helped the participants to fill out the form, as many were unfamiliar with evaluation forms. Those who did not complete the evaluation form were not able to do so because of low literacy levels in Karen language.

#### **Limitations**

Some participants may have been reluctant to provide negative feedback given that the interpreter, employed by Access Alliance, was helping them complete the form (as discussed below, the feedback was almost exclusively positive). The Karen interpreter also pointed out that members of the Karen community are typically not openly critical or outspoken. Therefore, stakeholders reading this evaluation report will need to take into consideration the above mentioned logistical and cultural context.

It is worth noting that the evaluation questions were designed to document self-reported responses with respect to what participants liked or disliked about the program, what they learned, how else they benefited from the program, and what changes they intend to make (if at all). A more in-depth follow up study would be required to assess the impacts of this program on family relationships, parenting practices and health.

## 4. Summary of Evaluation Findings

### General Feedback

- 14 of 15 respondents that filled out an evaluation form (96%) said that they enjoyed participating in the program
- 86% said that they would recommend the program to friends
- Most respondents responded positively about the location, food and the environment of the meeting room

### What Participants Liked about the Program

Participants identified several things they liked about the program including the games and particular ‘lessons’ that were taught during the program. Games and activities were enjoyed by all the participants, both adults and children. The facilitator chose games that were easy and familiar to the group participants and were enthusiastically received by all the participants. Two participants mentioned that they enjoyed an exercise in which a tree was used as a metaphor for a nurturing family:  
*“for a tree to grow it needs to be watered and get light from the sun.”*

Another exercise was also mentioned:

*“My favorite lesson is from the wolf and chicken: parents have to protect children from dangers which is not an easy job.”*

Two participants said they liked “everything” about the program. One indicated that they liked learning about healthy family relationships and another said they liked that the “facilitator explains things clearly to us.”

### What Participants Did Not Like about the Program

Most of the participants did not specify anything that they didn’t like. One participant mentioned that they did not like “playing a game”, but it wasn’t clear what they were referring.

### What Participants Learned from the Program

Participants responded very positively to the structured questions about the learning that they acquired in the program:

- 100% of respondents indicated that the program helped them *a lot* to understand their children/parents.
- 12 of 15 respondents (80%) indicated that they learned *a lot* from others families in the program; the remaining 20% checked the “Yes, *a little*” option
- 12 of 14 respondents (86%) said that they *a lot* about effective strategies to talk with their children/parents; 14% checked the “Yes, *a little*” option
- 10 of 14 respondents (71%) said that they are now *a lot* more aware of how to listen to their children/parents; 29% said they are *a little* more aware.

In the open-ended question section, some respondents also identified specific things that they learned from participating in the program. A few participants mentioned that the program enhanced their understanding of parent-child relationship issues. For example, one respondent indicated that:

*“I am satisfied to know that not only children have to understand parents but parents also have to try to understand children.”*

Another parent gave a specific example of how they could better understand their children:

*“Parents really need to pay the attention to children, their action, facial expression, the way they speak to know what is really happening to the child.”*

One person indicated that they learned about the importance of *“unity in the family”*.

The group model served as an opportunity for Karen families to explore the need to adjust attitudes and beliefs in parent and child relationship in the new country setting. As one participant said:

*“Since we are now in a new country we can’t dwell on with our old habits. We have to renew our old life.”*

The collective reference to “we” and “our” in the above statement suggests a possible contribution of the family support group model in promoting shared, rather than individualized, sense of responsibility. Several participants gave examples of things they plan to do differently as a parent/child after attending the group, such as:

- not using corporal punishment (*“not to spank the child”*)
- changes in their attitude towards parenting (*“try to have a better mind set”*)
- listening and communicating better (*“parents really need to pay the attention to children....the way they speak to know what is really happening to the child.” “we need to listen, respect, and love” “...listen to my parents.”*)

## **5. Lessons Learned and Recommendations**

The following lessons and recommendations were identified by the staff members and through the evaluation process. Staff and evaluators suggest that these recommendations be thoughtfully incorporated in implementing/replicating such refugee family support groups in the future:

- Allocate at least 3 weeks for recruitment before the program begins.
- Outreach (for recent newcomer communities) should include a range of strategies, some of which target specific families and others that reach the community through other programs or service providers; ideally by someone who has established ties to the community.
- Call families to reconfirm registration before the first session.
- Better coordinate timing of the program to avoid scheduling conflicts with other programs for the same group of people.
- Schedule eight sessions, instead of six, to avoid having to cover two sessions worth of content in one session and to allow more flexibility in the event that one of the sessions is cancelled.
- Hold the sessions on a bi-weekly basis instead of weekly, in order to put less of a burden on the facilitator(s) and participants.
- Don’t do a potluck on the first day. Provide snacks instead.
- For a group of this size (5-6 families), it is recommended to have at least two interpreters that have undergone some training related to working with newcomer families.



- Ensure that all staff members, interpreters and volunteers receive some training/orientation on the multi-family group therapy model.
- Offering small prizes helped to encourage participation in exercises.
- The use of games / activities facilitated interactions. They were well received by participants because they were familiar to many of them or easy to learn.
- The family format was effective, allowing parents and children to share their own perspectives, to learn from each other, and to develop problem solving strategies together.

## **6. Conclusion**

Evaluation findings indicate that the Lapathee and Family Support Group pilot project succeeded in meeting its key objective: bringing together Karen refugee families in a multi-group setting to discuss shared experiences in terms of post-migration family transition and parent-child relationship and to promote creative, family-oriented strategies for adjusting to these changes. Five families benefited from the 6-week program which addressed issues of post-migration family transitions and parent-child relationships. While linguistic and literacy barriers may have affected the evaluation results, the overwhelmingly positive feedback from respondents suggest that most participants learned “a lot” from the program, found the program to be well designed and accessible, and found the facilitators to be well qualified., Participant feedback indicated that the family support group model promotes a positive, family-centred (as opposed to individualized) approach to addressing post-migration stresses on family and parent-child relationships. A more in-depth follow up study would be required to assess the impacts of this program on family relationships, parenting practices and health.

It is recommended that Access Alliance offer a similar program to the Karen families who will arrive in Canada in late 2008, one year after arrival (hence the program should be offered in late 2009), if similar concerns arise in amongst the new group of families.

For future family support groups, it is strongly recommended improvements be made to the program through incorporation of the ‘lessons learned’ from this pilot project.

## Appendix 1: Evaluation Form








### Multicultural Health and Community Services

340 College Street, Suite 500 Toronto, Ontario M5T 3A9  
Tel: (416) 324-0927






Thank you for taking part in the Lapathee and Family Support Group (LAFS) program. Access Alliance would like to know about your experience in the program. The information you give to us will help us make the program better in the future.

Please take a few minutes to answer the questions, below. Your answers are private and confidential. Do not put your name on this form. Any information that you provide will not affect the services you receive from Access Alliance or any other organizations.

**Questions about your experience in the program. Please check one box  for each question.**

	 Yes, a lot!	 Yes, a little	 Not Sure	 Not so much	 Not at all!
1. The location was easy for me and my family to get to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The environment of the meeting room is good & appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The food and beverages in the group are good & appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The program helps me understand my children / parents more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The program improves my family relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I learned new things from the other families in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am now more aware about how to listen my children / parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I learned some effective strategies to talk with my children / parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I enjoyed participating in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I will recommend that my friends attend this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Questions about the program leader. Please check one box  for each question.**

	 Yes, a lot!	 Yes, a little	 Not Sure	 Not so much	 Not at all
1. Jasmine explained things in a way I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Jasmine made me feel comfortable to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Jasmine answered my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Jasmine gave me enough time to ask questions and make comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am happy that Jasmine was my program facilitator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **PART II**

1. What parts of the program did you **like** very much? Why?
2. What parts of the program did you **not like** very much? Why?
3. Please tell us some **new things that you learned** from the program.
4. Thinking about what you learned in this program, what do you **plan to do differently** as a parent / child?
5. Is there anything else that you would like to tell Access Alliance?

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