

**An Independent Program Evaluation of Santa Clara  
County's Family Wellness Program:  
Survival Skills for Healthy Families**

**November 5, 2007**

**Family Wellness Associates contracted with Keith Research & Evaluation, LLC (KR&E, [www.keithresearch.com](http://www.keithresearch.com)) to conduct this independent program evaluation. KR&E is responsible for the entire report.**

**For more information about the Survival Skills for Healthy Families Program or if you have any questions, contact Joe Hernandez, Ph.D. ([joe@familywellness.com](mailto:joe@familywellness.com)).**

## Abstract

The Department of Family and Child Services in Santa Clara, California has sponsored “Survival Skills for Healthy Families” training to community members for a number of years. Keith Research & Evaluation conducted an independent evaluation to determine if the Program had a positive influence on 193 participants attending classes from April 11, 2005 to July 27, 2007. Using the Adult-Adolescent Parenting Inventory (AAPI-2) Form A as the pretest and Form B as the post-test, statistically significant positive improvements were demonstrated by participants on the Expectations, Empathy, Family Role, Independence, and Punishments Scales. Males and females, regardless of their ethnic backgrounds, showed equivalent positive improvements for most outcomes. Santa Clara County’s use of Survival Skills for Healthy Families was very successful in providing meaningful family, relationship, and marriage education to English and Spanish-speaking community members.

## Executive Summary

The Department of Family and Child Services in Santa Clara, California has sponsored “Survival Skills for Healthy Families” training to community members for many years. This six to eight week program is taught by a Family Wellness (FW) trainer. Sessions are conducted in English or Spanish and are held in Community Centers. At the beginning and end of the training, participants are asked to take the Adult-Adolescent Parenting Inventory (AAPI-2) inventory. Form A was used as the pretest and Form B was administered as the post-test.

Keith Research & Evaluation, LLC conducted an independent evaluation of participants attending classes from April 11, 2005 to April 17, 2007. The majority of participants were male (54%), of Hispanic<sup>1</sup> descent (58%), and ranged in age from 16 to 61. For the most part community participants were mandated to take these courses. FWA trainers report that individuals required to take the program often appear angry at the onset of the course. Over time, this anger goes away as strong positive group bonds develop and as course materials bring about honest conversations about building positive family relationships and developing healthy parenting practices.

Evaluation data were gathered and entered into SPSS. A series of analyses were conducted along with follow up tests for interactions. Effect sizes were calculated to determine the magnitude of change and whether improvements were of practical significance.

Results show that participants scored statistically significantly higher on *all scales* of the AAPI-2 at the end of the Program. These improvements were meaningful and ranged in size from medium to large. Males had higher average scores than females on all the subscales except the Independence Scale. Additionally, non-Hispanics had significantly higher average scores on most measures than Hispanics. AAPI-2 scale results are described below.

- *Expectation Scale* results showed that *all participants* improved in appropriate parental expectations for their children, understanding normal child growth and development, being more supportive of children, and allowing them to express normal developmental behaviors. Although males and females both showed positive improvements on the scale, the increase was only statistically significant for males. Both ethnic groups showed statistically significant improvements.
- *Empathy Scale* results suggest that *all participants* significantly increased in levels of empathy, communication, and recognizing of children’s feelings, needs, and values. Males and females both made statistically significant improvements. Both ethnic groups made statistically significant improvements.

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<sup>1</sup> Includes Latino/a, Chico/a, Mexican-American, Mexican, etc.

- *Family Roles Scale* results illustrate that *all participants* significantly improved in their understanding of family roles, seeking support from peers, and taking ownership of behaviors. Although males and females made statistically significant improvements, males showed higher average scores and greater improvements than females. Both ethnic groups made statistically significant improvements.
- *Independence Scale* results show that *all participants* made significant improvements in placing more importance on children's problem solving, communication, and making good choices. Although males and females both made statistically significant improvements, males made greater progress than females. Both ethnic groups showed statistically significant improvements.
- *Punishment Scale* results demonstrate that *all participants* improved in their understanding of alternatives to corporal punishment, being more democratic in decision making, respecting children's needs, and valuing a mutual parent-child relationship. Both males and females made statistically significant improvements. Both ethnic groups showed statistically significant improvements. Non-Hispanics and males not only had higher scores at the pretest, they also showed the most improvement.

Based on the results of this evaluation, Santa Clara County's use of the FW Survival Skills for Healthy Families Program was very successful in providing meaningful family, relationship, and marriage education, along with parent training. Participants increased in their understanding of family roles, parent-child relationships, effective communication, problem solving, and child growth and development. Furthermore, the AAPI-2 appears to be a sensitive instrument with which to measure the program's desired outcomes. In the future, a six-month qualitative follow-up investigation of program participants could yield additional program information.

## Technical Report

The Department of Family and Child Services in Santa Clara, California has been sponsoring “Survival Skills for Healthy Families” training to community members for many years. This six to eight week course is lead by a Family Wellness (FW) trainer. Sessions are conducted in English or Spanish and are held in Community Centers.

Topics covered in the program are: parents in healthy families; children in healthy families; couples in healthy families; as children grow & change in healthy families; solving family problems; and sex, drugs & you, passing on your values. A number of teaching techniques are used to present program materials (e.g. role playing, group exercise, visual aids or handouts, personal life examples). Course participants are encouraged to bring family members above the age of eight to each session.

Keith Research & Evaluation, LLC has conducted an independent evaluation of this FW Program of participants attending classes from April 11, 2005 to April 17, 2007.

### Participants and Analysis

There were 193 participants in this evaluation study; 30 participants received this program in Spanish. The majority of participants were male (54%, 104 male and 89 female), were of Hispanic<sup>2</sup> descent (58%), and ranged in age from 16 to 61. For the most part community participants were mandated to take these courses. FWA trainers reported that often individuals required to take the program appeared to be angry at the onset of the course. Over time, this anger dissipated as strong positive group bonds developed and as course materials brought about honest conversations regarding building relationships and parenting practices.

At the beginning and end of the training, participants are asked take the Adult-Adolescent Parenting Inventory (AAPI-2) inventory. Program outcomes were measured by using Form A as the pretest and Form B as the post-test. Raw and standardized stenine scores for each of the five AAPI-2 scales (Expectations, Empathy, Family Role, Independence, and Punishment) were entered into SPSS, Version 15. Higher scores on AAPI-2 scales indicate more positive attributes within that scale; stenine scores are based on a normal curve and range from 1 to 10.

Each participant was coded for gender, language in which the program was administered, and ethnicity. The AAPI-2 ethnicity variable (White, Black, Asian, Hispanic, Native American, Pacific Islander, and Other) was recoded into two ethnicity categories (Hispanic  $n=98$  and non-Hispanic  $n=95$ ) to allow for statistical analysis. Eleven participants did not complete the post-test.

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<sup>2</sup> Includes Latino/a, Chico/a, Mexican-American, Mexican, etc.

## Results and Discussion

The first analysis consisted of repeated measures *t*-tests to determine if there was a significant increase in scores for each of the 5 scales from pre to post-test. Results showed a statistically significant increase from pre to post-test for *all participants*, with *t* values ranging from 4.70 to 10.37,  $p < .05$ . Basically, this means that participants reported statistically significantly, higher and more positive attitudes, in all areas of the AAPI-2 at the conclusion of the program. See table below for individual scale *t* values.

Table 1: Results of paired samples t-tests

<b>AAPI-2 Scales</b>	<b><i>df</i></b>	<b>Mean</b>	<b>Std Dev</b>	<b><i>t</i> value</b>	<b><i>p</i></b>
<b>Expectations</b>	181	.890	2.043	5.876	<.001
<b>Empathy</b>	181	1.302	2.124	8.272	<.001
<b>Family Role</b>	181	1.423	1.851	10.370	<.001
<b>Independence</b>	181	.758	2.176	4.700	<.001
<b>Punishment</b>	181	.797	1.579	6.805	<.001

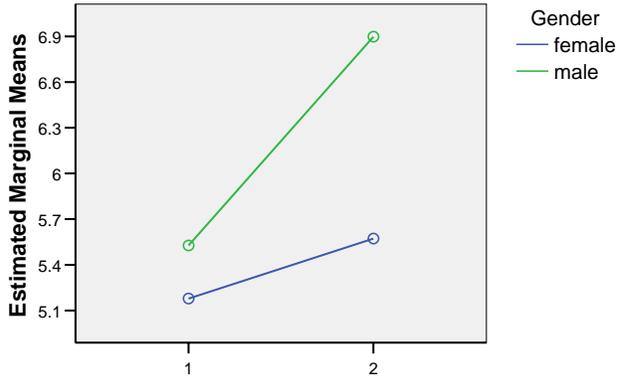
Additional analyses tested the effects of gender and ethnicity on the pre and post-test scores. Each scale was tested with a repeated measure ANOVA that included gender and ethnicity as between-subject variables. The results of these analyses are explained below, with each scale discussed separately.

## Expectations Scale

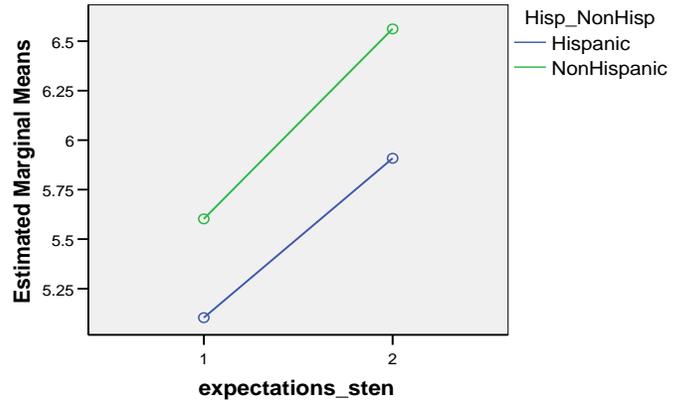
The Expectations Scale is designed to assess appropriate parental expectations for their adolescent children including understanding normal child growth and development, being supportive of children, and allowing children to express normal developmental behaviors. The results of the repeated measure ANOVA indicated a statistically significant increase in Expectations for all groups ( $F(1, 178) = 34.81, p < .05, \eta_p^2 = .16$ ) and a medium effect size ( $\eta_p^2$ ) using conventional rules of thumb. A medium effect size is one that would likely be noticeable to a knowledgeable observer. There was a significant main effect for Hispanic vs. non-Hispanic participants ( $F(1, 178) = 7.90, p < .05, \eta_p^2 = .04$ ). This means that although the average scores for all of the participants increased significantly from pre to post-test, non-Hispanic participants scored higher than did Hispanic participants at both pre and post-test.

There was a significant interaction between Expectations and Gender ( $F(1,178) = 10.68, p < .05, \eta_p^2 = .06$ ) and also a significant main effect for Gender ( $F(1,178) = 16.67, p < .05, \eta_p^2 = .096$ ). Although both males and females increased their expectations from pre to post-test, as shown in the graph below, the average male score was higher than the average female score at both pre and post-test. More importantly, the increase from pre to post was larger for males than females. Follow-up tests of simple main effects showed that the increase was significant for males ( $F(1,33) = 39.81, p < .05, \eta_p^2 = .30$ ), but not for females ( $F(1,86) = 3.49, p > .05, \eta_p^2 = .04$ ). This means that males' Expectations scores increased significantly from pre to post-test, while the increase in females' scores was not significant.

Estimated Marginal Means of Expectations



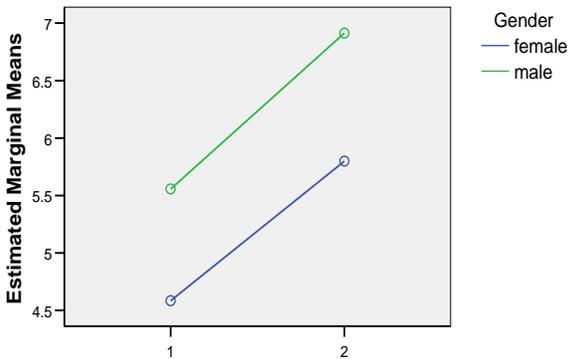
Estimated Marginal Means of Expectations



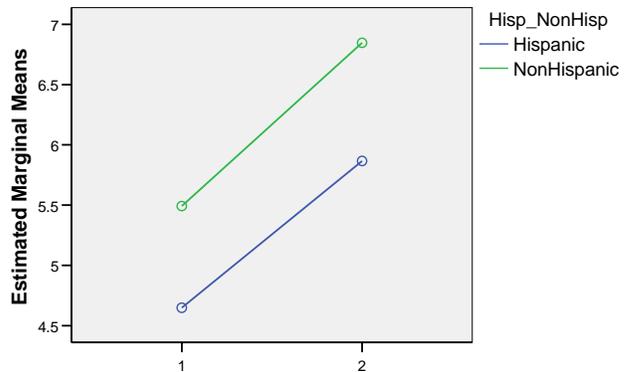
Empathy Scale

The Empathy Scale is designed to evaluate whether parents report appropriate levels of empathy for their children, including recognizing the feelings of children, communicating with children, and understanding and valuing children’s needs. The repeated measures ANOVA for Empathy, gender, and Hispanic vs. non-Hispanic descent showed a statistically significant increase in scores for all groups from pre to post-test ( $F(1, 178) = 64.41, p < .05, \eta_p^2 = .27$ ). There was a significant main effect for both Gender ( $F(1, 178) = 13.04, p < .05, \eta_p^2 = .07$ ) and Ethnicity ( $F(1, 178) = 9.98, p < .05, \eta_p^2 = .05$ ). These results indicate that males had a higher average score than females at both pre and post-test and that non-Hispanics also had a higher average score than Hispanics at pre and post-test. Thus, although males and non-Hispanics had higher average scores, all groups made significant improvements from pre to post-test.

Estimated Marginal Means of Empathy



Estimated Marginal Means of Empathy

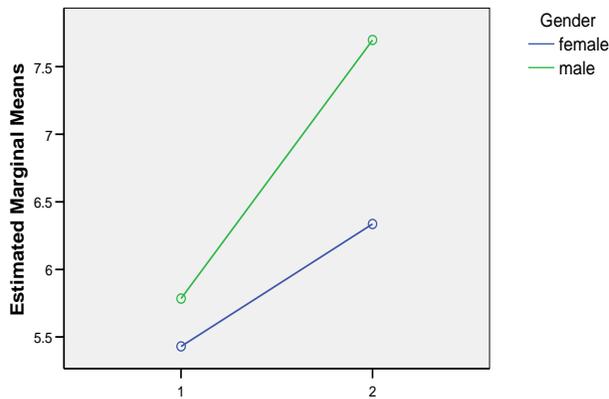


Family Role Scale

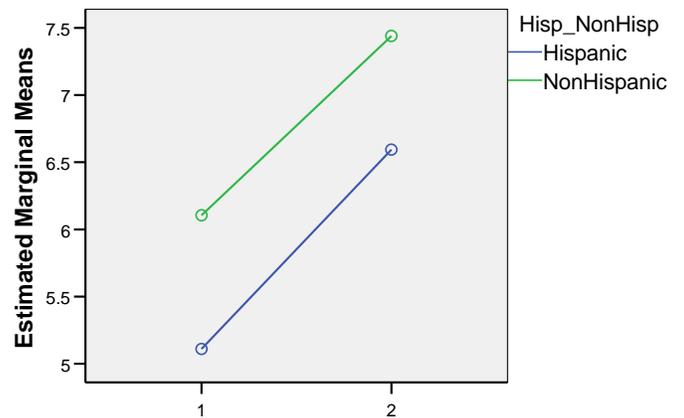
The Family Role Scale is designed to assess whether parents view themselves and their children in appropriate roles. For instance, higher scores indicate that parents have their needs met appropriately by seeking support, comfort, and companionship from peers, take ownership of their behavior, and allow children to express developmental needs. The results of the Family Role repeated measure ANOVA included a significant increase in score across all groups ( $F(1,178) = 109.53, p < .05, \eta_p^2 = .38$ ) and a significant interaction between Gender and role scores

( $F(1,178) = 13.98, p < .05, \eta_p^2 = .07$ ) with males scoring higher than females as seen in the graph below. Follow up analyses indicate that both males ( $F(1, 94) = 99.27, p < .05, \eta_p^2 = .51$ ) and females ( $F(1, 86) = 24.36, p < .05, \eta_p^2 = .22$ ) had significant increases from pre to post-tests. Thus, the interaction suggests that males had a greater increase than did females. Additionally, a main effect for Ethnicity ( $F(1, 178) = 10.17, p < .05, \eta_p^2 = .05$ ) indicates that non-Hispanics had higher average scores for both pre to post-test than Hispanics. Of importance is the evidence that both groups made significant improvements after attending the program

Estimated Marginal Means of Family\_Role



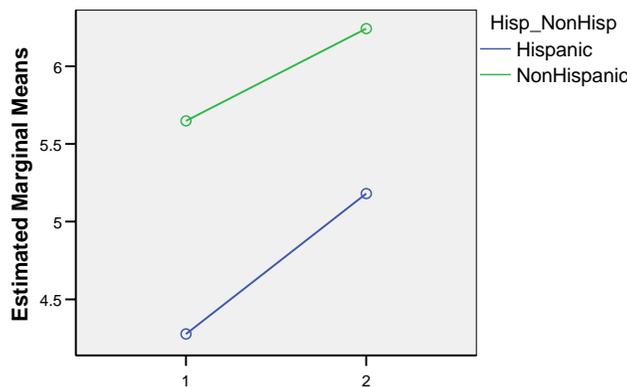
Estimated Marginal Means of Family\_Role



### Independence Scale

The Independence Scale indicates the extent to which parents value the power and independence of children, including placing high importance on children’s problem solving, allowing children to express views but expecting cooperation, and empowering children to make good choices. The repeated measures ANOVA showed a significant increase in Independence scores across all participants ( $F(1,178) = 20.91, p < .05, \eta_p^2 = .10$ ) and a significant main effect for Ethnicity ( $F(1,178) = 22.13, p < .05, \eta_p^2 = .11$ ). This means that both Hispanics and non-Hispanics had positive score increases from pre to post-test, but non-Hispanics had a significantly higher average score than Hispanics at both pretest and post-test.

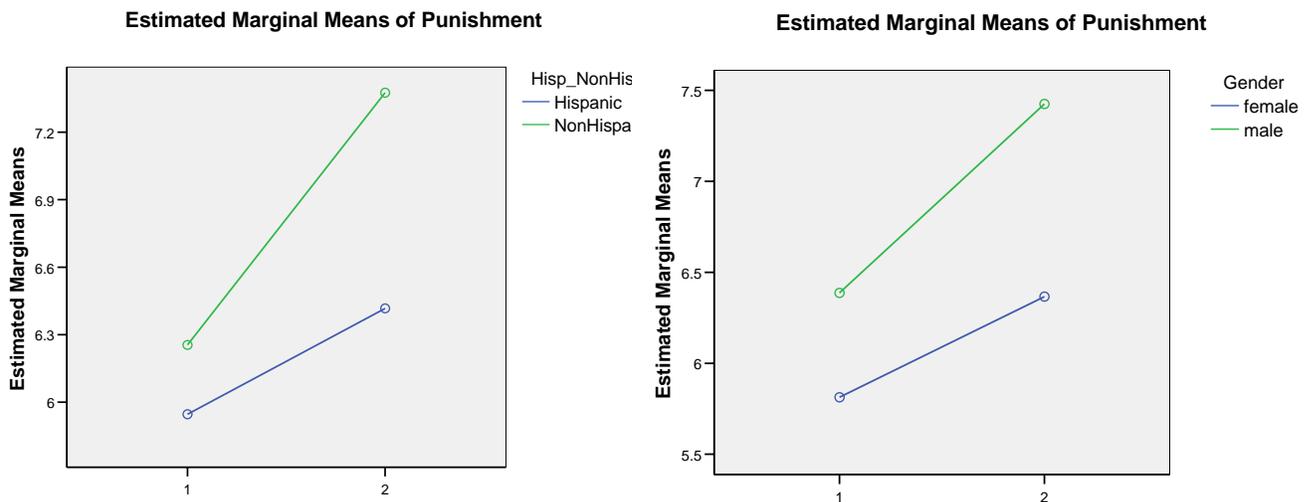
Estimated Marginal Means of Independence



Punishment Scale

The Punishment scale measures the degree to which parents value alternatives to corporal punishment, tend to be democratic in decision making, have respect for children and their needs, and value a mutual parent-child relationship. The repeated measure ANOVA indicated a significant increase in average scores for all participants from pre to post-test ( $F(1,178) = 48.09, p < .05, \eta_p^2 = .21$ ). The results also indicate a significant interaction between Ethnicity and Punishment scores ( $F(1,178) = 8.05, p < .05, \eta_p^2 = .04$ ) as shown in the graph below. Follow up tests of simple main effects indicated that there was a significant increase in scores for non-Hispanic participants ( $F(1,90) = 59.96, p < .05, \eta_p^2 = .40$ ), as well as for Hispanic participants ( $F(1,90) = 6.42, p < .05, \eta_p^2 = .07$ ) from pre to post-test. These results indicate that non-Hispanics had a greater increase from pre to post-test than did Hispanics.

Also of interest was the significant interaction between Gender and the Punishment scores ( $F(1,178) = 4.48, p < .05, \eta_p^2 = .02$ ) as illustrated in the graph below. Follow up analysis of simple main effects indicate that both females ( $F(1, 86) = 8.17, p < .05, \eta_p^2 = .08$ ) and males ( $F(1, 94) = 48.45, p < .05, \eta_p^2 = .34$ ) showed significant increases from pre to post-test. This means that although the both males and females had significant increases, males had a greater increase than females from pre to post-test. Thus, males and non-Hispanics maintained more adaptive views of punishment than females and Hispanics throughout the program.



## Summary

This evaluation of the Survival Skills for Healthy Family Program, based on analysis of AAPI-2 data, indicates that participants scored significantly higher on the Expectations, Empathy, Family Role, Independence, and Punishment scales at the end of the program. Interesting, males made significantly more improvements than females on the Punishment and Family Role scales, while female results on the Expectations scale were not significant. Additionally, non-Hispanics made significantly more improvements than Hispanics on the Punishment scale. These differences could indicate that participants respond differently to the constructs measured by on the AAPI-2 and to different program session materials based on their gender and ethnic group. Nonetheless, all program participant groups made significant improvements on the AAPI-2 as a result of attending the training.

The AAPI-2 appears to be a sensitive instrument with which to measure program outcomes for the Survival Skills for Healthy Families Program. Future evaluation studies may want to investigate program results based on participant's age, enrollment status, family structure, and whether family members attended the Program.