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Evaluating the Impact of Family-Based Intervention in Burmese Communities in Thailand

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Description of project

- Overall Goal: Improve the safety, well-being and development of vulnerable girls and boys in Tak
 - Outcome 1: Families and communities reduce child abuse, exploitation and neglect
 - Outcome 2: Children access basic services and are supported by a comprehensive child protection response system
- Target: 20 communities (approximately 24,000)
- Funded by DCOF/USAID
- August 2010 – July 2013

Outcome 1: Choosing interventions with the greatest evidence



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Review

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Evidence-based treatments in child abuse and neglect

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Abstract

This article summarizes the background and basic concepts of evidence-based practice (EBP), contrasts EBP with traditional approaches, and examines how EBP fits within child welfare and child maltreatment related service systems. The emerging recommendations of best practice workgroups are reviewed, along with evidence across a range of child welfare target areas, including prevention, treatment and foster care settings. The article concludes with a review of challenges and possible solutions for implementing EBP's in child welfare and child maltreatment related service systems.

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Hypotheses for family-based intervention

Primary outcomes

- Increase in positive parenting practices
- Decrease in use of harsh forms of discipline
- Increase in positive family functioning

Secondary outcomes

- Increase in child psychosocial well-being, resilience
- Decrease in parental alcohol use

Research and evaluation design

1. Literature review
2. Qualitative research
3. Selection and cultural adaptation of family intervention and measures
4. Pilot testing
5. Randomized waitlist controlled trial
 - 400 families in 20 communities
 - Baseline; 1 month post-intervention follow up; 6 month follow up
6. Qualitative interviews post-intervention

Qualitative research design

- Purpose
 - Understand local definitions of child and family well-being
 - Identify risk factors and protective processes
 - Feed into selection and adaptation of family intervention and measures
- Approach
 - Family resilience; strength-based; social ecology
- Respondents
 - 10 community leaders; 53 female parents/caregivers; 50 male parents/caregivers; 68 children (50% female; 42.6% out of school)
- Methods
 - Free listing interviews; semi-structured interviews; focus groups



Boys (aged 9 to 15) participating in drawing activity



Key Findings

Protective Processes for Family Well-Being

Individual	Family	Environmental
Head of household	Economic security	Religious beliefs and practices
	<i>Metta</i>	Community social support

Risk Factors for Family Well-Being

Use of alcohol/drugs	Family separation	Lack of community social support
	Poverty and economic insecurity	Negative community role modeling
	Parental conflict	

Key Findings

Protective Processes for Child Well-Being

Individual	Family	Environmental
Innate characteristics	Parental guidance, supervision and monitoring	Community role modeling and monitoring
	<i>Metta</i>	Religious beliefs and practices
	Discipline	
	Family intactness	
	Household economic security	

Key Findings

Risk Factors for Child Well-Being

Individual	Family	Environmental
Innate characteristics	Poverty and economic insecurity	Negative community role modeling
Child labor	Alcohol use	Discrimination
	Parental stress and fatigue	
	Family conflict	
	Inappropriate parental expectations	
	Lack of parental guidance and supervision	
	Harsh discipline tactics	
	Family separation	

Application to intervention selection

- Intervention selection and adaptation
 - Determine which risk factors to target for reduction and which protective processes to target for enhancement → resulting in increased child and family resilience
 - Culturally adapt Strengthening Families Program (SFP) for Burmese migrant and displaced context

Strengthening Families Program (SFP)

www.strengtheningfamiliesprogram.org

- Overview

- Originally developed in 1980s for substance abusing parents and their children
- 14 weekly 2-hour sessions: simultaneous parent and children groups followed by family group
- Strong evidence base
- Implemented in 17 countries, including southern Thailand

- Why SFP

- Behavioral change NOT clinical therapeutic model
- Skills-focused
- Family-based

Application to measurement development: Selecting and adapting measures

- Qualitative research
 - Local constructs, definitions and examples of child and family well-being
- Literature review of measures
 - Previous use in Thailand or similar context
 - Good psychometric properties
 - Good fit with qualitative data
- Pilot testing and cognitive interviewing

Measurement selection and adaptation

- Parental discipline and behavior (physical punishment, positive discipline, parental rejection)
 - Measures from Duke study
 - Adapt phrasing and examples (e.g. “How many times did you scare your child into behaving, for example, by saying *he/she will drown in the hot oil pot*”)
- Family functioning (communication, problem solving)
 - Create from qualitative data (e.g. “People in my family have *metta* towards each other;” “People in my family speak softly and sweetly to each other using the appropriate pronouns”)
- Child behavior
 - Select specific subscales of Child Behavior Checklist (internalizing, externalizing, social problems)
- Child resilience
 - Create from qualitative data (e.g. “I often feel inferior to other children;” “I believe I can achieve the goals I set for myself if I work hard”)
- AUDIT

Research and evaluation design

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6. Qualitative interviews post-intervention (focused on motivation, retention, experience, change, maintenance)

Other IRC mixed methods evaluations

- Impact of savings programs and family discussion groups
- Impact of Economic and Social Empowerment (EASE)
- Impact of CDR
- Impact of savings and/or mental health on survivors of sexual violence



**Thank
you!**