Collaborative Family Program Development: Research Methods That Investigate and Foster Resilience and Engagement in Marginalized Communities

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Introduction

This chapter presents the ten-step Collaborative Family Program Development model (CFPD; Fraenkel, 2006a, 2007a, 2007b) for engaging disempowered and socioculturally and economically marginalized families as experts in teaching researchers about their unique challenges and in creating and evaluating community-based programs to serve families' needs and to foster family resilience. Programs and interventions for marginalized families and communities are typically created and evaluated by academics or social service professionals from their "expert position," relying heavily on quantitative assessments, and based on what is already known about the community's challenges primarily from other experts' research. But this approach fails to incorporate members' detailed expertise on their own lives, the unique qualities of the specific community, and community members' ideas about what would make a program useful. As a result, these expert-driven community-based programs fail to enroll many families, or result in high attrition, because the programs do not recognize families' self-perceived needs and the constraints they face in attending a program – such as timing, location, and cost. In contrast, the approach described in this chapter reverses the typical hierarchy between professional psychologist/researcher and the families who are recipients of programs, such that the psychologist –typically in the role of expert – instead becomes the learner and the family is viewed as the expert on their own lives and

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program needs. The research and program development approach described here is paradigmatically and methodologically similar to participatory action research (Chevalier & Buckles, 2019), cooperative inquiry (Reason & Heron, 1995), and contemporary qualitative social justice and evaluation research that engages multiple perspectives and all stakeholders and, therefore, is interdisciplinary (Charmaz, Thornberg, & Keane, 2018; Dahler-Larsen, 2018; Reitinger, 2008).

The approach will be illustrated by a program called Fresh Start for Families (Fraenkel, 2006b; Fraenkel, Hameline, & Shannon, 2009), a 6- to 8-week multiple family discussion group (MFDG) created, conducted, and evaluated by the author and his students at The City College of New York and the Ackerman Institute for the Family, in collaboration with families and frontline workers, to serve families living in homeless shelters, including a shelter for families that had specifically escaped domestic violence. However, the emphasis of the chapter is to articulate details of the methodology, rather than to describe in detail the significant plight of homeless families in the United States, with the idea that the program development methods can readily be utilized to create and evaluate programs for families facing other sorts of challenges besides homelessness – for instance, adjustment to a new country after immigration (Fraenkel, Shannon, & Diaz Alarcon, 2009), chronic drug and alcohol abuse, reintegration of a parent who had been incarcerated, or severe mental illness. Indeed, the CFPD model can be utilized for creating and evaluating programs for families of all levels of socioeconomic, educational, and cultural privilege, but the emphasis here is on the method's empowering effects for multi-stressed families (Madsen, 2007) whose opinions about their lives and needs are frequently overlooked, because it is often implicitly assumed that they are at least somewhat to blame for their challenging circumstances.

Expert-Driven Versus Collaboratively - Created Family Programs: A Brief Review

The usual model followed by psychologists to develop a program bases it upon expert knowledge about families accumulated largely through large sample quantitative methodologies. The program is then implemented based upon psychologists' and other professional stakeholders' judgments about the program's optimal location/setting, timing (meeting schedule, frequency, length of sessions), content and activities, and other processes. And the program's impact is then evaluated, usually only in a pre-/post-/follow-up framework, using standardized instruments to assess target mental health and other desired outcomes. Based on the Institute of Medicine model (Institute of Medicine, 2003; Mrazek & Haggerty, 1994), and known in the fields of prevention-intervention science more informally as the "top-down" approach, it has, in the terse assessment of eminent American developmental psychologist/community health interventionist Kenneth Dodge, "not succeeded" (Dodge, 2018, p. 1118). Dodge writes: "…psychologists often assume that progress

moves unidirectionally from laboratory science to small randomized controlled efficacy trials to community-based effectiveness trials to impact through community-wide scaling up" (p. 1118). Dodge lists several factors leading to failure of these programs (and by way of introducing the CFPD approach and the resulting Fresh Start program, the present author describes how the CFPD and Fresh Start program evaded each of these failure factors):

1. "Scale-up failures," due largely to a lack of match between the children and families who participate in laboratory-based interventions and others in actual communities, wherein the former subgroup are often more economically advantaged and better functioning and, thus, able to come to a lab on a regular basis, versus the latter subgroup in the same community, who are less advantaged and less well-functioning and who therefore do not benefit from the same interventions, whereas the better functioning families don't need as much intervention in the first place. Given the limits of grants, per child funding for scale-up in the community also typically gets reduced, which negatively impacts fidelity to the original, usually more extensive intervention.

   In contrast, the basic research on challenges faced by homeless families leading to creation of the Fresh Start for Families program developed through the CFPD approach was conducted entirely on site, as was the program itself, in the community where the families lived – namely, in the shelters. There was therefore no accidental selection bias in accessing families for the research or ensuing program and no struggle around transportation or other issues (e.g., obtaining childcare for infants and toddlers) for families to participate – the program came to them, rather than requiring that they come to the program.
2. "Poor incentives," meaning that grant limitations often result in only short-term, partial implementation of programs, resulting in no long-term support of families to achieve desired outcomes. When the government or other institutional funding source (and perhaps the researcher himself or herself) advertises success, this may inadvertently lead policy makers to conclude that a problem has been solved, resulting in decremental funding for future, long-term, potentially more effective programs. A parallel process occurs often in large-scale international aid interventions on material challenges – for instance, when a bridge is built in a rural area that does not yet have complete roads on either side, or, in one extreme notable case, when hundreds of refrigerators were shipped to a remote area of the Sudanese desert that had no electricity, and the refrigerators were used instead as protective places to sleep in to avoid bites from desert insects (Hancock, 1989).

   In contrast to the types of multi-million dollar grants usually sought from the federal government for community interventions from the National Institute of Mental Health (NIMH) or similar federal granting agencies (SAMSHA, NIDA), the Fresh Start for Families program was operated for 14 consecutive years with a director (the present author) and staff of 10 doctoral- and masters-level graduate students on a limited but sustainable series of small grants from private foundations and small federal, state, and city grants, with a typical yearly budget of

about $220,000. This allowed the kind of flexibility, creativity, and changes of course needed to adapt to the fluctuating real-life conditions experienced by families.

3. "Family context matters": As Dodge (2018) writes, "By starting in a university laboratory, psychologists sometimes develop interventions without sufficient regard to a young child and family's working and community context…many programs to improve a child's parenting have not kept pace with trends in family ecology and are therefore constrained in their ability to achieve population impact." (p. 1119). For example, without conferring with families about their daily routines, researcher-interventionists may attempt to launch a program in the late afternoon, when parents are still at work or when they have just returned from work and need to gather children from childcare, prepare meals, and supervise homework.

   In contrast, the detailed interviews conducted through the CFPD approach specifically asked families to identify factors that might limit their ability to engage in the program and asked for recommendations about such issues as what time of the day to hold program sessions. Based on consistent parent input, it was decided to serve dinner at the start of each weekly early evening meeting (the program met from 18:00 to 19:30 hours once a week, for 8 weeks), because parents said they wouldn't be able to come otherwise, as their responsible commitment was to feed their children.

4. "Peer context matters": without ascertaining the academic and social functioning of an intervention-targeted child's peers, the negative impact of a less-well-functioning peer group may override any potential beneficial effects of the intervention. This finding speaks to the need to implement the same intervention for all members of a community, so that the entire peer group of children and families benefit and can support one another directly, or indirectly, through observing one another's progress.

   In contrast, the format of the Fresh Start program was a multiple family discussion group, with 6–8 families in each group, with some activities conducted with all families present together in the room and some activities in separate kids/teens groups and parents' groups (Fraenkel, 2007a, 2007b; Fraenkel & Shannon, 1999). This multimodal approach allowed for fostering of mutual support among the kids/teens across ages 5 through 18, opportunities for parents to discuss parenting and other adult issues without kids present, and among the families as a whole.

5. "Resource context matters": Top-down programs typically do not consider that the resources families need to improve through the program's interventions are scarce and not equally distributed – resources such as employment, housing, food, childcare, and so on. An employment and permanent housing program for homeless parents is likely to fail when jobs and apartments are not available to all program participants.

   In contrast, because the program was developed and implemented as a service within the homeless family shelter, it was linked to other services provided to families, such as job training and placement, permanent housing search

specialists, social services (assistance with welfare benefits, court cases around child custody and child welfare), mental health referrals, and recreational services. In the early stages of program development, staff members of the shelter from all levels of the employment hierarchy (from shelter director to security guards and cleaning staff) were interviewed to ascertain their sense of the challenges families faced, families' strengths, what families most needed in a program, what would facilitate and what would block their participation, and how the program could best complement their professional efforts to support the families.

Reed (2015) elegantly summarizes the spirit and general methodological approach of the "bottom-up," collaborative, or as he terms it, "community-engaged" approach to program evaluation that mirrors well the CFPD approach. He traces the history of this approach to the challenges posed to positivism by critical theory (see review by Kincheloe, McLaren, Steinberg, & Monzo, 2018), postmodern thinking (Foucault, 1980), and the liberation psychology of Paulo Freire (1968/2000). He writes:

> Theories of community-engaged research emerged from within this tradition as an approach to research conducted in community contexts, and encouraged the development of collaborative strategies for advancing community wellbeing, in so doing seeking to foster and support partnerships between 'researchers' and 'researched' characterized by two-way learning built on a commitment to knowledge exchange and mutual respect and recognition. (pp. 118–119)

Reed argues that engaging community members as collaborators in program evaluation (and by easy extension, the earlier stages of program development and implementation) provides clear benefits, especially that (a) the research process itself – alongside the actual programs being studied – leads to emancipation/empowerment rather than enforcing continued social control and marginalization and (b) treating participants with the respect due to them creates greater trust, which results in better quality, more valid, illuminative data, minimizing the tendency of oppressed groups to tell researchers what they think the researchers want to hear.

Although the literature on collaborative program development/evaluation methods has grown since the present author's original (2006a) publication on the CFPD approach, Reed notes that community-engaged research is far from the dominant approach – a point clearly noted by Dodge (2018) as well, in his plea for combining bottom-up with top-down interventions. Reed writes, "The current literature on community engagement is emergent rather than established, and the frameworks that do exist are varied in quality, detail, scope and applicability" (p. 122).

The Effects of Homelessness on Families

There is a growing incidence of homeless families in the United States, particularly in urban areas. New York City reports the highest rates in the nation: In November 2016, there were 16,000 families – 48,000 people – sleeping in shelters, 14% more

than in January of 2014 (Routhier, 2017). Although the rates of families in shelters are alarmingly high, even more concerning is the case of San Bernardino, California, which has a warmer year-round climate than New York and where many homeless families are literally living outdoors – in cars, in parks, and so on (Lobo, 2018). The following summary of effects of homelessness on families is taken verbatim and with permission from a dissertation (Lobo, 2018, pp. 4–6) on which the present author served as a committee member[1]:

> Homelessness impacts families and family life in multiple ways. The instability, stress and potentially traumatic experiences associated with homelessness impacts all members of the household (Bassuk, 2010; Moore & McArthur, 2011). In children, this often results in decreased physical health (Markos & Lima, 2003), poor academic performance (Bassuk, 2010; Fetherman & Burke, 2015; Perlman & Fantuzzo, 2010), and significant mental health challenges leading to behavioral issues (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013; Park, Metraux, Culhane, & Mandell, 2012; Piehler et al., 2014; Ziol-Guest & McKenna, 2014) and other long-term consequences such as increased risk for incarceration (Fowler, Henry, & Marcal, 2015) and suicide (Cleverley & Kidd, 2011). Adults in homeless families also face numerous stressors and mental health issues, including potential impact of past trauma and abuse (L. Anderson, Stuttafod, & Vostanis, 2006; Anooshian, 2005; Barrow & Lawinski, 2009), the stressors of parenting and meeting children's needs while homeless (Hilton & Trella, 2014; Holtrop, McNeil, & McWey, 2015; McNeil Smith, Holtrop, & Reynolds, 2015; Swick et al., 2014), and their own mental health challenges, often including depression (Bassuk & Beardslee, 2014; Park, Ostler, & Fertig, 2015; Toy, Tripodis, Yang, Cook, & Garg, 2016). Additionally, families as a whole face difficult transitions and stressors while experiencing homelessness. These may include temporary separations of family members (Barrow & Lawinski, 2009), limited social networks to access for support (Howard, Cartwright, & Barajas, 2009), and challenges in maintaining family rituals and routines (Mayberry, Shinn, Benton, & Wise, 2014). Parenting processes and parent-child relationships are also significantly affected (Holtrop et al., 2015; Schulz, 2009; Swick et al., 2014), with higher levels of conflict (Park et al., 2015; Swick, 2008) and the focus on meeting physical needs leaving emotional needs for children neglected. (Hilton & Trella, 2014)

This quite recent review of the devastating concomitants and effects of homelessness unfortunately mirrors the one published a decade ago by the present author (Fraenkel & Carmichael, 2008).

Steps in the Collaborative Family Program Development Approach: Application to Families in Homeless Shelters

Table 1 lists the 10 steps of the CFPD. Given that this section illustrates how the CFPD approach was utilized in creating what became the Fresh Start for Families program, it will shift from third person ("the present author") into first person ("I", "we", "us", "our") grammar as the story is told.

[1] Listing the original references summarized in this review would lead this chapter to exceed page limits.

Table 1 Steps in the Collaborative Family Program Development model

1. Initiating the project, forming the collaborative professional relationships, and engaging cultural consultants
2. Intensive interviewing of family members
3. Intensive interviewing of agency professionals
4. Phrase-by-phrase qualitative coding
5. Creating program formats and contents and writing an initial manual
6. Piloting of the group with session-by-session evaluations by participants
7. Revising the program and manual
8. Intensive interviewing of families for each subsequent group cycle
9. Evaluating the effectiveness in comparison or randomized designs
10. Disseminating and adapting the program to other settings

Step 1: Initiating the Project, Forming the Collaborative Professional Relationships, and Engaging Cultural Consultants

A project may be initiated by a professional researcher/program developer interested in a particular problem in a community; by a mental health, social service, religious, or other professional working with a particular community; or by members of the community itself, who may seek guidance in creating the program from a professional researcher/program developer. Initial meetings will center on answering, at least preliminarily, a number of key questions:

Passion and purpose Do members of the potential collaborative partnership have enough passion and sense of common purpose to sustain the joint effort of researching a problem and build a program? Far from being dispassionate scientists seeking solely to advance knowledge, applied social science researchers, like professionals working with the community and community members themselves, generally care deeply about the communities they engage with to study problems and design interventions. First meetings among stakeholders can and should be passionate affairs, with opportunities for all to express their interests, concerns, and desires about the problems facing the community. Members of the emerging partnership should be invited to express these passions, either in their role as a professional, as a person, or both, as is warranted and comfortable for them. Often, these passions are revealed as people share accounts of how they came to be interested in or involved with the problem, the challenges they've faced, and the fantasies they've held about how best to address it. As in psychotherapy, self-help, and other working groups, the interactive processes that occur in collaborative partnerships provide psychosocial benefits to their members, which in turn contribute to the energy needed to fulfill project goals. Each member's passion is validated and even amplified by hearing others with similar as well as different but related passions about the target problems. Identifying overlapping passions and goals builds a sense of group cohesion, a sense of no longer being alone with one's concerns but rather part of a community dedicated to making a difference. The relational, emotional, intellectual, and pragmatic

benefits of sharing and linking passions and purposes in these initial meetings are crucial as the group commits to embark on a path of joint endeavor that will inevitably be strewn with roadblocks.

In addition to increasing group cohesion and strengthening collective emotional resilience for the tasks that lie ahead by sharing personal/professional passions, one of the principles of the CFPD approach is to ground all aspects of the program in the narratives of families and other persons (including ourselves) involved in the program, so that the program is relevant to the "local knowledge" (Geertz, 1983) and needs of the persons for whom it is designed. In this way, following Reason and Heron (1995), "practical knowledge" (how to do something – like conduct research and a program) and "propositional knowledge" (beliefs and theories about the social-psychological conditions the program is designed to address and about the nature of the program's potential impact) need to be grounded in "experiential knowledge" ("direct encounter face-to-face with persons, places, or things" [p. 123]). Thus, sharing respective passions and their sources in professional and personal histories is an important first step in the collaborative program development process.

In our case, our program for families that are homeless in transition from welfare to work began when an agency (HELP USA) requested assistance from a family therapy training and research institute (Ackerman). The representatives of these two institutions (Tom Hameline, Ph.D., and myself, respectively) spoke emotionally about our shared concerns for poor families. Tom spoke of the new challenges these families and the agencies that served them faced following enactment of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act. Agencies across the country that served poor families were scrambling to develop programs to assist parents to develop "job readiness" skills (such as the ability to search effectively for employment, interviewing skills, good work habits and attitudes, and so on) and to find employment. An agency's success in meeting welfare-to-work goals affected their funding and capacity to provide services. HELP's ability to continue to provide housing was dependent on meeting welfare-to-work goals.

HELP found that although shelter residents were repeatedly reminded, by on-site case managers, welfare agency workers, and employment specialists that they needed to obtain employment and that their welfare benefits would end, few residents were engaging in the job programs. Although 65–70% of those who completed the 1-week readiness program and got placed in employment still had their jobs 6 months later, by 1 year, less than 50% remained employed. These outcomes mirrored those obtained nationally: One review indicated that although national welfare rolls decreased and more persons previously on welfare obtained employment, job loss was common: 25% stopped work within the first 3 months, 50% were not working within 1 year, and periods between jobs were often long (Strawn & Martinson, 2000). Existing employment skills and placement programs tended to be created solely by experts with little input from recipients. The guiding premise of such programs is that persons on welfare lack positive work attitudes and skills and need to learn them and/or lack adequate motivation and must be challenged

forcefully. Neither type of program addressed the challenges related to the changes necessary in family life when a parent makes the transition from welfare to work that Tom was hearing about from speaking with case workers, employment specialists, and participants in the employment programs at HELP.

In addition to urgent issues about families' and the agency's survival, Tom brought a passion for creating coordinated services, and I brought an abiding interest in how families create and sustain family time (Fraenkel, 2001) and how they balance work and family responsibilities (Fraenkel & Capstick, 2012), which had not been explored extensively in poor families and families of color. I also brought an interest in collaborative approaches to intervention, developed over 8 years in work with sexually abused children and their families (Sheinberg & Fraenkel, 2001), and in qualitative study of family members' perceptions of what was useful about the therapy (Fraenkel et al., 1998). Having witnessed the powerful impact of providing families opportunities to take charge of their therapy and to comment about it in some detail, I responded to Tom's casting the main problem as parents' lack of "engagement" in work programs by suggesting a collaborative approach to research and program development featuring qualitative interviews. The interviews would focus on what families see as the challenges they face and what they wanted in a program to serve their needs.

The fundamental premise of treating families as experts who could inform us in building and evaluating the program made good sense to all the participants in the process: to Tom and his colleagues at HELP USA, to the staff of the shelter whom we met with to obtain their guidance and assistance, to me and my students as the main conductors of the research and program, to senior colleagues of color whom I engaged as mentors (see below), and, most important, to the participant families. Having the research and program development practices make good sense to all strengthened everyone's commitment to the project. Thus, having the fundamental premise of one's approach to program development hold a certain "face validity" is one important way to address the issue of "engagement" for all involved.

Multiple perspectives Do the persons assembled in the collaborative team represent a diverse enough range of ideas, skills, and goals? Just as qualitative research seeks out diversity in experiences about the phenomenon of study in order to build an inclusive, comprehensive theory, a well-functioning collaborative team requires diverse contributions. Hearing different passions, concerns, and goals issuing from members' differing perspectives and sources of expertise also lends members a sense that they are part of an emerging team, that they will not need to solve all the problems or seek out all relevant information themselves (thereby decreasing the sense of overwhelm that can discourage change efforts), and that they stand to learn something from one another. An open discussion of the range of possible goals for the project at the beginning also allows for a sense of inclusiveness of all members' concerns and for thoughtful planning, so that foci that could have been addressed are not discovered after most of the data are collected, and allows the group to prioritize and sequence goals realistically.

Although the point of the collaborative approach is to include and even prioritize the perspective of persons who will participate in the program, in many cases, especially when working with communities that represent multi-stressed, vulnerable populations, early meetings will be solely among professionals (e.g., researchers and agency directors). This is because of the need to decide whether a project and partnership is even feasible before involving members of the community, and because of various legal or institutional regulations regarding confidentiality and researcher access to community members. However, in the CFPD model, community members are involved in the project as soon as these conditions are met, so that the project does not develop without their contributions.

Following the initial meeting between Tom and me, the next meeting included HELP's regional director, the director of the shelter where Tom thought the research and program might best take place, and the director of social services for that shelter. These professionals, all of whom had master's degrees in social work and exposure to family systems theory and community research, were quite excited about the possibility of a program to help parents move into the workforce, as they too shared a concern, and some frustration, about the inconsistent attendance of the parents in job readiness, training, and placement programs, especially given the specter of the new welfare time limits. Importantly, these professionals were all African-American or Afro-Caribbean, and their years of experience in the field enabled them to serve as senior mentors to me. They did not voice concerns about the idea of developing the program through collaborative research in terms of the race or ethnicity of the residents. Rather, they responded enthusiastically to the stance of approaching families as experts and were cautiously optimistic about the potential for this stance to engage resident families.

Expert cultural knowledge Do members of the team include persons who can provide insider knowledge about the cultures of the communities of the persons who will participate in the program? Although the CFPD model's guiding premise of "families as the experts" and the correspondingly respectful approach to interviewing increase the likelihood that program participants will speak openly about their cultural beliefs and traditions, about the impact on their lives of racism, sexism, ethnicism, classism, and other oppressive societal practices, and about the adequacy and sensitivity of the research methods and program in addressing these themes, there are a number of forces that may restrict participants from speaking fully on these topics.

First, no matter how friendly and collaborative the interview, there remains an implicit hierarchy and power differential between an interviewer, who, even if of the same racial and ethnic background as the interviewee, will be of a higher social class and educational level. The hierarchy is likely to be even greater when interviewers and program developers are white and participating families are persons of color. Second, interviewees may be gracious and forgiving when questions are worded in ways that are linguistically awkward or even unwittingly insensitive from a cultural perspective or when program elements don't have the best cultural fit. Unfortunately, their graciousness may limit the degree of critical feedback to

program developers that might greatly improve the research and program. Third, one of the major beliefs in most communities of color, at least in the United States, is that one does not share intimate details of family problems with outsiders (Boyd-Franklin, 2006; Falicov, 2015). This may apply particularly to the intimate details about experiences of oppression, which often carry painful, highly charged, and incompletely metabolized emotions. Fourth, the pernicious effects of internalized racism (Watson, 2019) and internalized classism (Walsh, 2019) may extend to interview and program participants silencing their anguish and well-deserved rage about these forms of social injustice, blaming themselves instead for failing to overcome adversity in the manner of the great American myth of the rugged individual (Walsh, 2019). Fifth, although there are outstanding examples of oppressed persons who have written and spoken eloquently about their experiences, most persons struggling with multiple sources of marginalization and limited resources may not have been afforded the luxury to research and reflect on the larger social forces that silence them. As a result, senior social scientists and interventionists who have to some degree focused their professional efforts on issues of race, ethnicity, class, gender, and other dimensions of difference which they also inhabit as persons provide a unique and crucial resource for program developers who need cultural consultation.

Importantly, it is not sufficient to include a multiracial, multiethnic, and multiclass team if the director of the project is white and educationally and economically privileged and all other members of the team are students or junior colleagues. For instance, in my experience, despite engaging bright, clinically sensitive, advanced, and outspoken students of color as team members from the beginning, and despite my attempts to engage them to evaluate critically our interview protocol, they lodged few critiques that focused on the appropriateness of the language of questions from a cultural point of view. Only when I conveyed, repeatedly, my concern that we needed to do better at providing an opportunity for participants to talk about their experiences of oppression did they begin to offer suggestions about adding new questions and revising old ones. My attention to these issues was heightened by conversations with senior colleagues of color.

For all these reasons and more, it is essential that program developers obtain ongoing cultural consultation and mentoring from persons senior to him or her who can provide expert and insider information (Tamasese & Waldegrave, 1993). This is especially necessary when program developers inhabit locations on dimensions of difference such as race, ethnicity, education, and class that afford them more privilege than the persons who will participate in the program.

In our case, Patricia Gray, M.S.W., who was the shelter director, a senior social service professional, and a woman of color, agreed to consult with the research team on an ongoing basis in shaping the research methods and procedures, including reviewing the interview questions in terms suitability of language for the shelter population. She also consulted with us on the creation of the program. One useful suggestion that would not have occurred to us was to hold a graduation ceremony at the end of the group program, complete with diplomas, speeches, and dinner. She noted that a graduation ceremony – commonly included in programs offered in

social service contexts – would be a meaningful incentive to stay in the program, both for the adult residents who had completed high school and remembered the event with pride and for those who had not but longed to do so. Children would enjoy it as well, and it might provide them an incentive to stay in school so that they could experience those graduations. Interestingly, I realized from my initial critical reaction to her suggestion that this idea would not have occurred to me for two reasons. First, possibly as a result of my own educational privileges, I thought it might seem patronizing to hold a graduation for an 8-week group. Second, the program is not conducted as a psychoeducational course, but rather as a discussion and support group in which the families are the experts. We wanted to distinguish our program from the typically more hierarchical training programs offered.

However, Pat Gray turned out to be absolutely on target. The graduations were extremely moving experiences, with graduates dressing in their finest clothes, inviting family members living outside the shelter, and offering powerful accounts of the impact of the group in their lives as well as inspiring à cappella songs from the African-American popular and spiritual traditions. Importantly, a number of graduates referred to the program as the "Ackerman class," and most spoke of what they learned, and yet they were the instructors. Several noted with much emotion that this was their first graduation and that it inspired them to complete their high school degrees and go on to college – a lifelong dream. This is a good example of how it is critical to access and incorporate "insider knowledge" about the cultures of persons who will attend programs and of the institutions in which the programs will take place. It also illustrates the importance of forming collaborative teams of persons with different sorts of expertise that can complement and correct one another.

Roles What roles will each member of the team take in the project? The distribution of roles usually follows from the particular types of expertise and positions each member holds in their respective contexts. My area of expertise is family therapy, research, and program development: I took the lead in designing and conducting the research and implementing the program. Tom Hameline's area of expertise is the administration of social service programs; he took the lead in that area. Families offered their experiences, insights, and programmatic suggestions, as well as their time and energy to be in the program. Many of the key roles were filled by graduate students, who received funding, invaluable research and intervention experience, and in vivo training in "intersectional" or multicultural sensitivity (Johnson et al., 2010). Several students completed dissertations and master's theses based on the data collected in the project. Various agency staff members also fill critical roles: following up with families who do not show up for scheduled interviews, coordinating set-up, meals, and room scheduling, linking the family support program with the job readiness and placement program, and co-leading family groups.

Just as we needed to scale back our initial hopes that families might play an even more active role in the research, professionals also have their plates full. Unless someone expresses interest in serving a time-consuming new role, or has some of her or his other responsibilities scaled back, it is unlikely they will be able to follow through with research and programmatic responsibilities. We have had several

occasions when the staff person assigned to assist us in coordinating meals and logistics suddenly was deployed to another site or accrued additional responsibilities, but did not want nor feel able to withdraw from the project – with the result that critical tasks did not get accomplished. Therefore, it is important to outline carefully the tasks and time commitments for each responsibility, to negotiate with supervisors from host institutions release from other responsibilities for participating staff (or provide additional salary), and to encourage project staff to recognize and discuss when they cannot fulfill their role.

Step 2: In-Depth Interviewing of Family Members

Collaborative, community-engaged approaches to research typically utilize qualitative methods (Charmaz, 2006), especially interviews, either alone or in combination with quantitative methods. The goal of qualitative research is to develop detailed, multilayered, "thick descriptions" (Geertz, 1983) of the nature and meaning of events, situations, and experiences from the point of those interviewed (the insider, or "emic," perspective). Qualitative methods rely upon the researcher's ability to socialize with the respondent or participant in such a way that the relationship feels comfortable enough that the participant feels free to reveal intimate details of her or his experience. This quality of relationship between researcher and participant is sought so that the participant is more rather than less likely to go beyond the prestructured stimuli – for instance, to expand on the pre-set questions, or even suggest better or more important questions, and then answer them. All verbal and nonverbal behavior of the participant is noted and considered as potentially useful data, including comments made after the semistructured interview and formal video or audiotaping ends. In this approach, research is viewed as an inherently biased, socially constructed activity (Kidder & Fine, 1997); therefore, the qualitative researcher does not strive to control the interaction or data analysis so as to eliminate all biases but rather, through cultivating a curiosity about others' experiences and an enthusiasm for disconfirming their own views, poses open-ended questions that allow participants to share experiences that may disconfirm the researcher's preconceptions. These qualities of the researcher-community relationship may lead qualitative methods to be experienced as more inviting and less threatening for members of marginalized, oppressed communities than are traditional, quantitative methods.

In line with this emphasis on ascertaining the insider's viewpoint, the in-depth qualitative family interview is the heart of the CFPD approach. Through it, family members are explicitly engaged as experts on their experience and as consultants in constructing the program. For the Fresh Start program, the interview inquired into how families came to be in the shelter, how they coped with living in the shelter, their experiences with welfare and work, the challenges they faced or believed they would face as individuals and as a family as the parents moved into employment, their beliefs about family time and how this shifted or might shift with the transition into work, and what they recommended should be in a program to support them. For

the families-with-teens program, we conducted a whole family interview as well as separate interviews with parents, each teen, and, when there were two teens, a conjoint interview with the siblings.

Interviews need to be at least 2 hours long, preferably 3-to-4 hours, so that neither interviewer nor interviewee feels rushed. This allows the interviewer to indulge her or his genuine curiosity about the family's experience and ideas without anxiety about "getting through the interview," and allows family members to respond fully and go "off the path" of the question, where they sometimes share their most spontaneous and heartfelt memories and opinions. A longer interview also necessitates breaks, during which informal conversation occurs around snacks. These informal conversations help to create a feeling of "hanging out" together, which, without creating a false intimacy, almost imperceptibly shifts the frame from a formal interview to a more authentic conversation in which the underlying roles of interviewer and interviewee are softened although not abandoned, thereby encouraging families to describe their experiences even more intimately.

Families were also asked to evaluate the interview process. Along with some useful suggestions for rephrasing questions, families invariably reported that they enjoyed it and seemed in no rush to end it. They often confused the program development research interview with the program itself. They often remarked spontaneously that this interview was the first time they had been asked to give an account of their experience of being homeless, of their positive qualities as a family and means of coping with adversity, or for input about programs. For instance, one African-American man – who reported frequent run-ins with police as a teenager, time in prison as an adult, and consequently, mistrust of "the system" – noted with a warm smile, "You got a lot of answers out of us that no one else could get out of us!" His female partner – viewed by some staff of the shelter as "uncooperative" – noted with an enthusiastic tone, "It's a good program – you definitely are on the right track with the questions."

Prior to the interview, families must first be contacted to inform them about the research and program that will follow and to obtain the adult family members' oral agreement to participate with their children. In our program, we randomly selected families from a roster and called them in their units. In order to increase the likelihood that families would be able to participate both in the research and in the 8-week group program, we selected only families who had been in the shelter 12 weeks or less. Random selection also increased the likelihood that we would obtain a more representative sample of families and associated experiences and ideas, rather than incurring the usual biases endemic to self-referral (in our case, biases could include being more or less motivated, more or less available due to employment or lack thereof, greater or lesser levels of coping, etc.).

We then scheduled a time to describe the study to the family in more detail and have each member sign age-appropriate informed consent forms. In addition to the usual guidelines about confidentiality, we emphasized that, barring information that raised our concern about possible harm to self or other, we would not disclose anything families tell us to professional staff of the shelter. With their permission, we might share with senior staff related general themes – for instance, complaints about

the behavior of the shelter security guards or childcare workers – but would not link any particular comment to a particular family.

Among other things, included in this step was the information that we paid the family a small amount ($25) for their time in the interview and for completing questionnaires at three points ($25 for each point): following the interview, following completion of the group, and 1 year later. We also provided dinner on the night of the interview so that parents were able to participate into the early evening.

To facilitate families agreeing to participate in such extensive interviewing, it is recommended that they be seen in a setting that is most convenient and comfortable for them. This will vary depending on the community: some may prefer to be interviewed at home, in a community center, or other setting. In our case, all interviews occur in the shelters. Interviews were carried out in a comfortable, fairly quiet room in the social services wing of the shelters.

Step 3: In-Depth Interviewing of Community Professionals

Persons in a professional, service delivery role with members of the community offer unique perspectives that can powerfully shape the program. Whereas the initial planning meetings of Step 1 often involve professionals higher in an agency or institution's hierarchy, Step 3 involves interviewing professionals in all roles. Often, those lower in the hierarchy have more regular contact with the families served and so can provide the kind of detailed observations that provide a stimulus to creative program development. Interviewing these professionals also engages them as stakeholders and collaborators in mounting the program.

As informative as they can be, it is best to wait to interview professionals until one has had an opportunity to meet with several families and learn directly from them. This sequencing avoids inadvertently privileging the perspective of professionals, which often occurs in traditional program development. Sequencing the interviews this way also allows one to share with the professionals some of one's emerging observations and helps one to have referent experiences to help in understanding their comments.

In our work in the shelter, we interviewed the directors of all departments – childcare, employment, housing, social services, security, recreation, and maintenance, as well as workers at all levels of the hierarchy in these departments. In one focus group with these professionals at HELP's domestic violence shelter, a number of professionals described the frustrating experience of seeing women repeatedly miss appointments with them and respond in a belligerent or scattered manner when later reminded of these appointments. Asked for their opinions about what motivated this behavior, a number of the professionals spoke of the women's "low self-esteem." Further questioning led to the hypothesis that it was fear – remaining from the experience of battering and about taking next steps to locate housing and employment – that underlay low self-esteem and the women's resulting unproductive and uncooperative behavior. The importance of addressing fear and all the ways

women strove to hide their fear resulted in one of the central activities of the group program which we called the Mask of Fear, in which women were given paper plates and arts and crafts materials and asked to create a mask that depicts the face they use to hide their fear and, on the other side, to depict the fear and other emotions they hide. The masks became a stimulus for further discussion of how the women handled their emotions and the relational resources available to them to express themselves and obtain soothing.

Just as families may experience the research interview as therapeutic, interviews of professionals may change their perspectives and practices. According to the director of the domestic violence shelter, the focus group conversation led to a profound shift in the culture of the shelter, with professionals' discussions about residents taking a more psychological and sympathetic tone. Remarkably, without any additional efforts to institutionalize it, this shift in professionals' ways of thinking and talking about the resident families was reportedly sustained years later.

Step 4: Phrase-by-Phrase Qualitative Coding of Interviews

In order to locate themes of challenge and resilience, and to capture families' and staff members' suggestions for the format and content of the program, we qualitatively coded the video or audiotapes (Charmaz, 2006). In qualitative coding, with each new participant's interview, there is the opportunity to create new codes. Codes are retained even if generated in response to only one participant – the data are not reduced to the most frequently used codes. Indeed, rather than being viewed as outliers that threaten to dispel an existing theory, unique responses are highly valued for the diversity they bring to building a truly inclusive theory that captures the lived complexity of the phenomenon under study.

In order to do justice to the richness of the information and feelings interviewees shared, codes were created for the smallest meaningful unit of speech, termed a "thought unit." On average, a thought unit is approximately a sentence in length, although when an interviewee's sentences are long and include multiple ideas, a thought unit may be as short as a phrase (in written text, a dominant or subordinate clause – e.g., the material up to or following a comma). This approach to qualitative coding can be compared to microanalytic quantitatively driven coding systems of couple interaction versus more global approaches (see Markman & Notarius, 1987).

Because of our need to transform qualitative data fairly quickly into program materials, we did not have time to transcribe the interviews prior to coding. Instead, we coded directly from the tapes, recording the precise time code for the beginning and end of each thought unit.

Step 5: Creating Program Formats and Contents and Writing an Initial Manual

The created program represents a "dialogue" between themes named by the potential participants and our knowledge base as professional program developers. Rather than being rigid templates for how to conduct a set of interventions, manuals, adapted over time, become the document that captures that dialogue and evolving story of the collaboration between professionals and families. In the CFPD model, the program materials and activities were potentially revised based on new themes learned from each new family interview. Of course, in order to conduct valid evaluations of the program in matched comparison or randomized clinical trials (see Step 9), the manual would need to be at least temporarily stabilized for the period of the evaluation.

In response to the numerous statements by families in research interviews that they felt put down and stigmatized because of their homeless status – and in response to several families' urgings that we include attention to the positive things about them – we adopted the practice of eliciting stories of pride used previously in the Ackerman sex abuse project (Sheinberg & Fraenkel, 2001) and created an exercise that involves families stating one thing they feel proud about in general and then, in a second round, something they feel proud about having to do with work. In response to the numerous negative effects of homelessness identified by families, we adapted the narrative practice of externalization (White, 1988) and created an activity in which families externalized the impact of homelessness. In response to teens' request for activities and not only discussion, we created a number of exercises that utilize the arts to express challenges and coping, as well as a "game show" activity in which parents guess what their teens view as challenging about being in the shelter.

One of the specific methods through which we directly linked coded themes from the research interviews with program materials and activities was through a "card sort" activity. We placed each of the coded challenges named by at least one family on a single 4″× 4″ card and over the 12 years of the program assembled a stack of over 100 cards. We had three separate sets of cards – one representing challenges facing families as a whole, one facing the adults in their role as workers and employees, and one for teens. In the third session of the 8-week multiple family group, each family was given the entire stack of family-as-a-whole cards and asked to sort them into three envelopes, in terms of the degree to which they have experienced these challenges affecting their family, from Not at all (1) to Somewhat (2) or Definitely (3). Families then rejoined the circle and were asked to select a card from envelope #1 (not at all a problem) to share with the group. Inevitably, a card/challenge that one family viewed as Not at All a Challenge was viewed as Somewhat or Definitely a Challenge by another family, and this led to lively group discussion, as one family shared coping skills and ideas with another family. Conversely, the stories shared by a family that had experienced struggle with a particular challenge

helped families that had not yet experienced this challenge to anticipate how it might be a problem for them in the future.

Step 6: Piloting of the Group with Session-by-Session Evaluations by Participants

Families were invited to provide informal (oral) and more formal (written) feedback on the quality of their group experience and were reminded that they were helping to shape the program. We utilized an adaptation of a short evaluation form originally developed for research on the aforementioned family-based child sexual abuse treatment (Fraenkel et al., 1998). The scale asked family members to write a sentence in answer to the question, "What was the most important thing that happened or was said today?" They also rated the helpfulness of the group on a scale from 1 to 5 and were provided space to answer the question, "Was there anything you did not like about today's meeting? Or any suggestions you'd like to make for future meetings?"

Because all families who participated in group previously participated in the extensive family interview, they may have been more able to provide authentic critiques and suggestions on everything from logistics and formats to specific activities than if this had been the first time their opinions were being requested.

Step 7: Revising the Program and Manual

We utilized families' feedback, as well as the feedback provided by shelter staff and our own reflections on what worked and what didn't, to revise the program and manual periodically. For instance, one major change stimulated by families' evaluations was to revise the program to include time for parents to talk without children present. This necessitated obtaining (paid) after-hours assistance from the childcare service of the shelter. As another example, one intersession activity created on the suggestion of one group member (and with agreement of all other members) was for each family to think over the problems of another family between group and offer potential solutions in the following group session. This particular group member went beyond mere possible solutions and actually solved another family's long-standing difficulty finding permanent housing.

Step 8: Intensive Interviewing of Families for Each Subsequent Group Cycle

In a step that differs significantly from typical program development procedure (Dalton, Elias, & Wandersman, 2001), program development interviews were conducted with each new potential participant even after the program was created, and the program was revised as needed based on their comments. We maintained this time-consuming step because of our hypothesis that the interview experience was crucial to our high level of program engagement: Whereas the average rate of engagement in shelter-based programs at HELP at the time the program started was about 24%, 76% of the first 55 families we interviewed participated in the subsequent group cycle.

Step 9: Evaluating the Effectiveness of the Program in Matched Comparison or Randomized Designs

As Dodge (2018) realistically notes, "We are in an evidence-based era, so a system of care must provide interventions that have been proven to be effective through randomized controlled trials and other rigorous evaluation methods" (p. 1121). Ultimately, for scientific as well as funding purposes, collaboratively developed programs need to be subjected to rigorous matched comparison or randomized clinical designs to test their efficacy and effectiveness. Having obtained some quantitative, pre-post findings from the first 55 families suggesting that the Fresh Start program led to significant decreases in demoralization and in overall psychological distress for parents, we planned to conduct a randomized clinical trial of the program comparing it to a "no treatment" control. However, limits of access to enough families at any one time prevented us from carrying out this study. One challenge we anticipated if we had carried it out was how to maintain the collaborative atmosphere of the program while engaging in the more formal research endeavor of random assignment to treatments.

Step 10: Disseminating and Adapting the Program to Other Settings

Just as we interviewed each family for each new cycle of the program, we conducted entire new sets of interviews for each new shelter in the HELP USA agency that asked us to bring in the program, because each setting and its potential participants faced unique challenges and had unique sets of resources. This practice led to important changes (represented by separate manuals) in the content and format of

the program we developed for families homeless due to domestic violence and for the program we developed for families with teenagers.

Summary

The Collaborative Family Program Development model provides a philosophy and set of associated practices that links rigorous research methods with contemporary family therapy sensibilities that enjoin professionals to view families as holding untapped strengths and considerable expertise on their problems as well as on what they need to overcome these problems. Engaging families as experts seems to lead them to engage more actively and regularly in programs, as these are designed with their input. As an older single mother of two teenagers who had a history of imprisonment and a long history of reliance on welfare noted emotionally at the end of a post-program follow-up interview 6 months after she had left the shelter, "You didn't treat us like we were clients – you treated us like we were friends, and that's what made the difference, and let me stop now or I'll start crying!" Her informal evaluative comment, and many others like it, encouraged our confidence that this approach to building and evaluating programs for families serves to foster a process of "rehumanizing" and "re-spiriting" families who all too often have felt dehumanized and dispirited by the many oppressive forces in their lives and in our society.

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