

### **Cherish the Family**

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### **Abstract**

**Background:** Cherish the Family (CTF) program targets families with children (0-3) who have been impacted by substance abuse and/or HIV/AIDS. Focusing on promoting family reunification and stability using a service model grounded in attachment theory, CTF's approach involves collaboration with multiple community providers to provide culturally-competent services to strengthen a mother's ability to care for her child and to promote increased bonding and attachment. In addition, the program links families with substance abuse and/or HIV/AIDS to treatment, mental health services, job training and support, and counseling providers; and helps families connect to natural supports in the community. This comprehensive approach helps create a more effective service delivery system promoting stability and permanency for the child.

**Methods:** A multimodal, multi-source design capturing changes in the knowledge, attitudes, and beliefs of families and children. Using the North Carolina Family Assessment Scale-General, the Mahoney Maternal Behavior Rating Scale and the Parenting Stress Index- Short Form the evaluation seeks to answer the following research questions:

- Does the Cherish the Family program increase the protective factors and quality of life for participating families;
- Does the Cherish the Family program increase parents' ability to develop healthy and appropriate attachment to their children; and How effective is the Cherish the Family Program.

**Results:** During this past year, the program has served 50 families, who come from diverse backgrounds, comprised of 96% women and 4% men (68% white, 26% black or African American, 2% multiracial, 2% American Indian and 4% are unknown). Based on the findings the CTF participants are making incremental improvements in their quality life as exhibited by the results of the NCFAS-R scale. In addition, they are lowering their stress levels as outlined in the results for the PSI, and, there is some improvement in the domains that make up the MBRS.

- At the 12 month data point, we are seeing a continuation of the building of strengths in the domains of environment, parental capabilities, family interaction, child wellbeing, and an overall readiness for the participant to be reunified with her child.
- The treatment group has also made great strides in lowering their parenting stress as noted by the PSI results.
- CTF participants showed significant improvements in the area of maternal responsiveness. This indicates that CTF participants have shown statistically significant improvements in their ability be aware and understand their child's activity and play interests, respond appropriately to her child's behavior and gestures, and her ability to engage the child in play interaction.
- These findings suggest that the CTF program is succeeding in improving protective factors that promote family reunification among this population.

**"It's nice to have someone support me and look at me in a positive light. The court looks at me like I'm a bad person so it's nice to have at least one person on my side."** (Cherish the Family Participant)

**"I feel like I have someone on my side, helping me through this process."** (Cherish the Family Participant)

<u>Measure</u>	<u>Areas addressed</u>
<b>North Carolina Family Assessment Scale –Reunification (NCFAS-R)</b>  <b>(Kirk &amp; National Family Preservation Network, 2009)</b>	Assesses family functioning in the following domains: Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Caregiver/Child Ambivalence, and Readiness for Reunification.
<b>Parenting Stress Index (PSI)</b>  <b>(Abidin, 1995)</b>	Assesses the parent’s level of stress across various domains, as well as parental stress specifically related to the child’s level of adaptability, acceptability, demandingness, mood, distractibility, hyperactivity, and parent reinforcement.
<b>Maternal Behavior Rating Scales (MBRS)</b>  <b>(Mahoney, 1992)</b>	Assesses the parent’s interaction with the child with regards to observed expressiveness, enjoyment, warmth, sensitivity to child's interests, responsiveness, achievement orientation, inventiveness, praise, effectiveness, acceptance, pace, and directiveness.
<b>Qualitative Research Interviews</b>	Qualitative research interviews were conducted with CTF participants. For those we were able to engage, questions were asked such as: Do you feel that you are benefiting from this program?; What have you learned?; Have other relationships in your life changed?; and How do you feel about the future?

**Feeling supported by Family Central, Inc.**

- **Participants in the program consistently expressed feeling supported by our agency’s staff members and how this support played a paramount role in their feelings of self-efficacy. One participant expressed:**
  - **“I feel very supported by my family consultant and it’s nice to have someone to talk to. It’s also nice to have someone look at me in a positive light and speak for me to the Judge. The courts look at me in a very negative light and it’s nice to have someone on my side. I don’t know who could do this alone.”**
- **Another participant stressed the significant effect of this support on her world view and outlook on life:**
  - **“If I was by myself, I wouldn’t think I would get my children back. Because I have someone helping me through this, I’m hopeful that I will get my kids back. Now I look at things more positive. Before, I was very negative and felt alone.”**

**More positive world view.**

- **One participant expressed how participating in this program has changed the way she approaches her own self-care:**
  - **“I’m more positive. Before, I would always try to help everyone else even if it got me into trouble. Now, I’ve realized that I have to take care of myself and my family before anyone else.”**
- **Another participant expressed how participating in the program has changed the way she interprets her children’s behavior:**
  - **“I understand when they get an attitude. I’ve learned a more positive way to interact with her when she’s upset. My son used to avoid me during our visits and I would get very upset. Now, I don’t get upset and understand that that’s the way he copes.”**

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